Maryland New Hire Registry Reporting Form

Send completed forms to:
Maryland New Hire Registry
PO Box 1316
Baltimore, MD 21203-1316
Fax: (410) 281-6004 or toll-free fax 1 (888) 657-3534

To ensure the highest level of accuracy, please print neatly in capital letters and avoid contact with the edges of the boxes. The following will serve as an example:

A	B	C		1	2	3

EMPLOYER INFORMATION

Federal Employer Id Number (FEIN):

5	2		6	0	0	2	0	3	3

Please use the same FEIN that appears on quarterly wage reports.

State Unemployment Insurance Number (MD Only SUIN):

0	0	6	5	8	0	6	4	1	0

If SUIN not issued yet, please write "APPLIEDFOR" in the above box. If Exempt, write "EXEMPT".

Employer Name:

M O T O R V E H I C L E A D M I N

Employer Address *(Please indicate the address where the Income Withholding Orders should be sent):*

6 6 0 1 R I T C H I E H W Y N E R M 1 0 1

Employer City:

G L E N B U R N I E

Employer State: M D

Zip Code (5 digit): 2 1 0 6 2

Employer Phone (optional):

Employer Fax (optional): 4 1 0 7 6 8 7 1 6 8

Contact Name (optional):

Email (optional):

EMPLOYEE INFORMATION

Employee Social Security Number (SSN):

Date of Hire (mm/dd/yyyy):

Employee First Name:

Middle Initial (optional):

Employee Last Name:

Employee Address:

Employee City:

Employee State:

Zip Code (5 digit):

Date of Birth mm/dd/yyyy (optional):

Employee Salary (Dollars and Cents):

Hourly Monthly Yearly

Are health care benefits available to employee? (Y/N):

Employee Gender (M)ale/(F)emale:

Reports must be submitted within 20 days of the date of hire or rehire

Rev (09/02)

Questions? Call us at (410) 281-6000 or toll-free 1 (888) MDHIRES (634-4737). Report online at www.mdnewhire.com