Maryland New Hire Registry Reporting Form

Send completed forms to:
Maryland State Directory of New Hires
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):

52 60010103

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

State Unemployment Insurance Number (MD Only SUIN):

00658681 05

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

Employer Name:

ST MARYS COUNTY SCHOOLS

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

SUITE 106

23160 MOAKLEY STREET

Employer City: LEONARDTOWN

Employer State: MD

Zip Code (5 digit): 20650

Employer Phone (optional): 3014755511

Employer Fax (optional): 3014754201

Contact Name (optional): HR DIRECTOR

Email (optional): hrd@smcps.org

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