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	1	6	9	8	9

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

Employer Name:

U	N	I	V		O	F		M	D		B	I	O	T	E	C	H		I	N	S	T		

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

7	0	1		E	A	S	T		P	R	A	T	T		S	T	R	E	E	T				

S	U	I	T	E		2	0	0																

Employer City:

B	A	L	T	I	M	O	R	E							

Employer State:

M	D

Zip Code (5 digit):

2	1	2	0	2

Employer Phone (optional):

4	1	0	3	8	5	6	3	3	9

Employer Fax (optional):

4	1	0	3	8	5	6	3	4	5

Contact Name (optional):

K	A	R	E	N		S	T	U	K	E	S								

Email (optional):

S	T	U	K	E	S	@	U	M	B	I	.	U	M	D	.	E	D	U			

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