	Maryland New Hire Reg															-			-								
Send completed forms to: Maryland New Hire Registry												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:															
PO Box 1316 Baltimore, MD 21203-1316													111	le lo			B	C	as a 	nex	amp [	1 ne.	-	2	3		
Fax: (410) 281-6004 or toll-free fax 1 (888) 657-3534																	D	U				•		2	<u> </u>		
EMPLOYER INFORMATION																											
Federal Employer Id Number (FEIN):													State Unemployment Insurance Number (MD Only SUIN):														
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Employer Address (Please indicate the address where the Income Withholding Orders should be sent):														_													
Employer City: Employer State: Zip Code (5 digit):																											
Employer Phone (optional): Employer Fax (optional):																											
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Email (optional):																$\frac{1}{1}$		4									
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Date of Birth mm/dd/yyyy (optional): Employee Salary (Dollars and Cents): Hourly Monthly Yearly													 rly														
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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