

Maryland State Directory of New Hires

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):

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 0 6 3 8

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

Employer Name:

B O W I E S T A T E U N I V E R S I T Y

Employer Address:

1 4 0 0 0 J E R I C H O P A R K R O A D

Employer's Payroll Address (Please indicate the Employer's Payroll Address if different than the Employer's Address)

Employer City:

B O W I E

Employer State: Zip Code (5 digit):

M D 2 0 7 1 5

Employer Phone (optional):

3 0 1 8 6 0 3 4 5 0

Employer Fax (optional):

3 0 1 8 6 0 3 4 5 3

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 (03/18)

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