

**Maryland New Hire Reporting Center
Fixed-Width file layout**

#	Field	Max Length	Start	End	Status	Type	Description
1	Record Identifier	17	1	17	Required	Char	The text: "MD NEWHIRE RECORD"
2	Format Version	4	18	21	Required	Char	The text: "2.00"
3	Employee First Name	16	22	37	Required	Char	Full legal first name
4	Employee Middle Name	16	38	53	Optional	Char	Full legal middle name
5	Employee Last Name	30	54	83	Required	Char	Full legal last name
6	Employee Social Security Number	9	84	92	Required	Num	Full valid Social Security Number (SSN) only.
7	Employee Physical Address Line 1	40	93	132	Required	Char	Physical location of residence
8	Employee Physical Address Line 2	40	133	172	Optional	Char	
9	Employee Physical Address Line 3	40	173	212	Optional	Char	
10	Employee City	25	213	237	Required	Char	
11	Employee State Abbreviation	2	238	239	Required	Char	Example: "MD" for Maryland
12	Employee Zip Code	20	240	259	Required	Num	Left-justify, fill remaining 15 digits with spaces
13	Employee Zip Code Extension	4	260	263	Optional	Num	
14	Employee County Code	2	264	265	Optional	Char	Example: "US" for United States
15	Employee Date of Birth	8	266	273	Optional	Num	MMDDYYYY Format
16	Employee Date of Hire	8	274	281	Required	Num	MMDDYYYY Format
17	Employee State of Hire	2	282	283	Optional	Char	The state where the employee reports to work. Example: "MD" for Maryland
18	Medical Insurance Available	1	284	284	Optional	Char	The text "Y" or "N". If the employee is an independent contractor, use "Y".
19	Filler	1	285	285	Optional	Char	Fill with space
20	Employer Federal Employer Identification Number	9	286	294	Required	Num	Federal Employer Identification Number (FEIN). No dashes
21	Employer State Unemployment Insurance Number	10	295	304	Required	Num	State Unemployment Insurance Number (SUIN). No dashes.
22	Filler	2	305	306	Optional	Char	Fill with spaces
23	Employer Name	45	307	351	Required	Char	The business's legal name as it appears on federal tax forms
24	Employer IWO Address Line 1	40	352	391	Required	Char	Mailing address for receiving Income Withholding Orders (IWO)
25	Employer IWO Address Line 2	40	392	431	Optional	Char	
26	Employer IWO Address Line 3	40	432	471	Optional	Char	
27	Employer City	25	472	496	Required	Char	
28	Employer State Abbreviation	2	497	498	Required	Char	Example: "MD" for Maryland
29	Employer Postal Zip Code	20	499	518	Required	Num	Left-justify, fill remaining 15 digits with spaces
30	Employer Zip Code extension	4	519	522	Optional	Num	
31	Employer Country Code	2	523	524	Optional	Char	Example: "US" for United States
32	Employer Contact Phone Number	10	525	534	Optional	Num	No dashes
33	Employer Contact Phone Extension	6	535	540	Optional	Num	
34	Employer Contact Name	20	541	560	Optional	Char	
35	Filler	211	561	771	Optional	Char	
36	Employee Gender	1	772	772	Optional	Char	(M)ale or (F)emale
37	Filler	5	773	777	Optional	Char	Fill with spaces
38	Employer Fax Number	10	778	787	Optional	Num	No dashes
39	Employer Contact Email	50	788	837	Optional	Char	
40	Employee Salary	10	838	847	Required	Num	Right-justify. Include cents. Example: "23000.00"
41	Employee Pay Frequency	1	848	848	Required	Char	The frequency the employee receives the salary indicated in the previous field. (H)ourly, (W)eekly, (B)i-weekly, (S)emi-monthly, (M)onthly, (Y)early
42	Filler	12	849	860	Optional	Char	

Lines must end with CarriageReturn LineFeed (CRLF)

Use ANSI encoding.