Maryland New Hire Reporting Center
Excel file layout

Col	Field	Max Length	Status	Type	Description
A	Employer Federal Employer Identification Number	9	Required	Num	Federal Employer Identification Number (FEIN). No dashes
B	Employer State Unemployment Insurance Number	10	Required	Num	State Unemployment Insurance Number (SUIN). No dashes.
C	Employer Name	45	Required	Char	The business's legal name as it appears on federal tax forms
D	Employer IWO Address Line 1	40	Required	Char	Mailing address for receiving Income Withholding Orders (IWO)
E	Employer IWO Address Line 2	40	Optional	Char	
F	Employer City	25	Required	Char	Valid state or territory abbreviation
G	Employer State Abbreviation	2	Required	Char	Example: "MD" for Maryland
H	Employer Postal Zip Code	20	Required	Num	Left-justify, fill remaining 15 digits with spaces
I	Employer Zip Code extension	4	Optional	Num	
J	Employer Country Code	2	Optional	Char	Example: "US" for United States
K	Employee First Name	16	Required	Char	Full legal first name
L	Employee Middle Name	16	Optional	Char	Full legal middle name
M	Employee Last Name	30	Required	Char	Full legal last name
N	Employee Social Security Number	9	Required	Num	Full valid Social Security Number (SSN) only.
O	Employee Physical Address Line 1	40	Required	Char	Physical location of residence
P	Employee Physical Address Line 2	40	Optional	Char	
Q	Employee City	25	Required	Char	
R	Employee State Abbreviation	2	Required	Char	Example: "MD" for Maryland
S	Employee Zip Code	20	Required	Num	Left-justify, fill remaining 15 digits with spaces
T	Employee Zip Code Extension	4	Optional	Num	
U	Employee Date of Birth	8	Optional	Num	MMDDYYYY Format
V	Employee Date of Hire	8	Required	Num	MMDDYYYY Format
W	Employee State of Hire	2	Optional	Char	The state where the employee reports to work. Example: "MD" for Maryland
X	Employee Salary	10	Required	Num	Right-justify. Include cents. Example: "23000.00"
Y	Employee Pay Frequency	1	Required	Char	The frequency the employee receives the salaray indicated in the previous field. (H)ourly, (B)i-weekly, (W)eekly, (S)emi-monthly, (M)onthly, (Y)early
Z	Employer Contact Phone Number	10	Optional	Num	No dashes
AA	Employer Contact Name	20	Optional	Char	

Columns cannot be omitted.
You may use the following cell-formattings where appropriate: General, Text