

**MD Employer File Submission Layout - Create MS Excel file.**

Field	Type	Max Length	Col	Opt'l/Req'd	Comments
Employer FEIN	Numeric	9	A	Required	Federal Employer Identification Number (no hyphens). Use the same FEIN for which listed employee(s) quarterly wages will be reported under. If you have questions, please contact our Registry.
Employer SUIN	Numeric	10	B	Required	State Unemployment Insurance Number, all numeric, has leading zeros which are required. Special note: Use "EXEMPT" if exempt, or "APPLIEDFOR" if company has applied for a SUIN.
Employer Name	Char	45	C	Required	At least two characters, left justify.
Employer Address Line 1	Char	40	D	Required	At least two characters, left justify
Employer Address Line 2	Char	40	E	Optional	Left justify if present. Spaces if unused
Employer City	Char	25	F	Required	At least two characters, left justify
Employer State	Char	2	G	Required	Valid state or territory abbreviation. Not required for foreign address.
Employer Postal Code	Char	20	H	Required	If a non-foreign address then only U.S. 5 digit zip code, left justified. If foreign address then left justify
Employer Zip+4	Char	4	I	Optional	If present, must be 4-digits. Spaces if unknown or international address
Employer Country Code	Char	2	J	Optional	For foreign addresses only
Employee First Name	Char	16	K	Required	At least one character, no special characters.
Employee Middle Name	Char	16	L	Optional	If non-blank must be at least one character, no special characters.
Employee Last Name	Char	30	M	Required	At least one character, no special characters except hyphen.
Employee SSN#	Numeric	9	N	Required	As reported by employee.
Employee Address Line 1	Char	40	O	Required	At least two characters, left justify
Employee Address Line 2	Char	40	P	Optional	Left justify. Spaces if unused.
Employee City	Char	25	Q	Required	At least two characters, no special characters except hyphen.
Employee State	Char	2	R	Required	Valid state or territory abbreviation. Not required for foreign address.
Employee Postal Code	Char	20	S	Required	If a non-foreign address then only U.S. 5 digit zip code, left justified. If foreign address then left justify.
Employee Zip+4	Numeric	4	T	Optional	If present, must be 4-digits. Spaces if unknown or international address
Employee Date of Birth	Numeric	8	U	Optional	If present, numeric. Format - MMDDYYYY
Employee Date of Hire	Numeric	8	V	Required	If present, numeric. Format - MMDDYYYY
Employee State of Hire	Char	2	W	Optional	Valid state or territory abbreviation. Field is required for registered Multistate employers that report all new hires directly to this state.
Employee Salary	Numeric	10	X	Required	\$\$\$\$\$.cc (Use decimal point if including cents)
Employee Salary Frequency	Char	1	Y	Required	Please indicate the frequency that the Employee Salary (previous field) is paid to employee. H=Hourly; B=Bi-Weekly; W=Weekly; S=Semi-Monthly; M=Monthly; Y=Yearly
Employer Phone Number	Numeric	10	Z	Optional	Employer contact ten-digit phone number including area code (no hyphens or parentheses).
Employer Contact	Char	20	AA	Optional	Name of contact for employer.

## **File Naming Guidelines**

When you are ready to save your file, please name the file with the first four characters of your company name, plus the day and month you are creating it.

For example:

Acme Incorporated, file created on December 1st - **acme1201.xls**

Microsoft Corporation, file created February 14th - **micr0214.xls**

If you are unable to use this naming convention, please name your file as uniquely as possible. Using 4-8 letters that are an acronym of your company name, or actually spelling your company name is acceptable. If you are sending multiple files, please provide a unique name for each file. Multiple files with the same name cannot be processed.

**Please do not use "newhire" or any variation of "newhire" for your file name.**