

MD Employer File Submission Layout - Create file using FIXED-WIDTH ASCII TEXT FORMAT.

Field	Type	Length	Start Position	End Position	Opt'l/Req'd	Comments
Record Identifier	Char	17	1	17	Required	The following text: "MD Newhire Record:. Case does not matter.
Format Version Number	Char	4	18	21	Required	The following text" "2.00"

Employee Information

Field	Type	Length	Start Position	End Position	Opt'l/Req'd	Comments
Employee First Name	Char	16	22	37	Required	At least one character, no special characters.
Employee Middle Name	Char	16	38	53	Optional	If non-blank must be at least one character, no special characters.
Employee Last Name	Char	30	54	83	Required	At least one character, no special characters except hyphen.
Employee SSN#	Numeric	9	84	92	Required	As reported by employee.
Employee Address Line 1	Char	40	93	132	Required	At least two characters, left justify
Employee Address Line 2	Char	40	133	172	Optional	Left justify. Spaces if unused.
Employee Address Line 3	Char	40	173	212	Optional	Left justify. Spaces if unused.
Employee City	Char	25	213	237	Required	At least two characters, no special characters except hyphen.
Employee State	Char	2	238	239	Required	Valid state or territory abbreviation. Not required for foreign address.
Employee Postal Code	Char	20	240	259	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	260	263	Optional	If present, must be 4-digits. Spaces if unknown or international address
Employee Country Code	Char	2	264	265	Optional	For foreign addresses only. Refer to U.S. Department of Commerce FIPS code manual, National Institute of Standards and Technology, FIPS PUB 10-4 (April 1995).
Employee Date of Birth	Numeric	8	266	273	Optional	If present, numeric. Format - MMDDYYYY
Employee Date of Hire	Numeric	8	274	281	Required	If present, numeric. Format - MMDDYYYY
Employee State of Hire	Char	2	282	283	Optional	Valid state or territory abbreviation. Field is required for registered Multistate employers that report all new hires directly to this state.
Is Medical Insurance Available to Employee?	Char	1	284	284	Required	"Y" if medical insurance is available to employee, otherwise "N". If unknown, please leave blank.
Filler	Char	1	285	285	Optional	Blank fill. Reserved for future use.

Employer Information

Field	Type	Length	Start Position	End Position	Opt'l/Req'd	Comments
Employer FEIN	Numeric	9	286	294	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	295	304	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.
Filler	Char	2	305	306	Optional	Blank fill. Reserved for future use.
Employer Name	Char	45	307	351	Required	At least two characters, left justify.
Employer Address Line 1	Char	40	352	391	Required	At least two characters, left justify
Employer Address Line 2	Char	40	392	431	Optional	Left justify if present. Spaces if unused
Employer Address Line 3	Char	40	432	471	Optional	Left justify if present. Spaces if unused
Employer City	Char	25	472	496	Required	At least two characters, left justify
Employer State	Char	2	497	498	Required	Valid state or territory abbreviation. Not required for foreign address.
Employer Postal Code	Char	20	499	518	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	519	522	Optional	If present, must be 4-digits. Spaces if unknown or international address
Employer Country Code	Char	2	523	524	Optional	For foreign addresses only
Employer Phone Number	Numeric	10	525	534	Optional	Employer contact ten-digit phone number including area code (no hyphens or parentheses).
Employer Phone Extension	Numeric	6	535	540	Optional	Employer contact extension (numeric only).
Employer Contact	Char	20	541	560	Optional	Name of contact for employer.
Filler	Char	211	561	771	Optional	Blank fill. Reserved for future use.
Employee Gender	Char	1	772	772	Optional	Indicate Gender of Employee (M for Male, F for Female)
Filler	Char	5	773	777	Optional	Blank fill. Reserved for future use.
Employer Fax Number	Numeric	10	778	787	Optional	Employer Fax - ten digit fax number including area code. No parentheses or dashes (hyphens).
Employer Contact Email	Char	50	788	837	Optional	Employer contact's email address
Employee Salary	Numeric	10	838	847	Required	\$\$\$\$\$.cc (Use decimal point if including cents)
Employee Salary Frequency	Char	1	848	848	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
Filler	Char	12	849	860	Optional	Blank fill. Reserved for future use.

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.txt**

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

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.