
MARYLAND LABOR - DIVISION OF UNEMPLOYMENT INSURANCE

INFORMATION AND DOCUMENTS NEEDED FOR CLAIMS FILING

PERSONAL INFORMATION

- NAME
- DATE OF BIRTH
- SOCIAL SECURITY NUMBER
- RESIDENTIAL AND MAILING ADDRESS
- TELEPHONE NUMBER AND EMAIL ADDRESS
- NAME, DATE OF BIRTH, AND SOCIAL SECURITY NUMBER FOR EACH DEPENDENT UNDER AGE 16:

IMPORTANT: A DEPENDENT IS DEFINED AS A SON, DAUGHTER, STEPCHILD OR LEGALLY ADOPTED CHILD UNDER THE AGE OF 16 WHOM YOU SUPPORT.

AT THE TIME YOU FILE YOUR INITIAL CLAIM, ONLY ONE PARENT MAY CLAIM A DEPENDENT(S), UP TO A MAXIMUM OF FIVE (5), DURING ANY ONE-YEAR BENEFIT PERIOD.

- ALIEN REGISTRATION NUMBER (IF YOU ARE NOT ARE NOT A U.S. CITIZEN OR NATIONAL)

EMPLOYMENT HISTORY FOR THE LAST 18 MONTHS:

- NAME, ADDRESS AND TELEPHONE NUMBER OF EACH EMPLOYER COVERING THE 18 MONTHS PRIOR TO THE DATE YOU FILE YOUR INITIAL CLAIM
(I.E., BUSINESS/COMPANY NAME, COMPLETE PAYROLL ADDRESS)
- EMPLOYMENT START AND END DATE, RETURN-TO-WORK DATE
- REASON FOR SEPARATION FROM EACH EMPLOYER YOU WORKED FOR IN THE LAST 18 MONTHS PRIOR TO FILING YOUR CLAIM
- UNION NAME AND LOCAL NUMBER (IF YOU ARE A UNION MEMBER)
- FORMER MILITARY STATUS, IF APPLICABLE: (IF YOU WERE IN THE MILITARY WITHIN THE LAST 18 MONTH)
- DD214 - MEMBER 4 DOCUMENT (IF YOU WERE IN THE MILITARY)
- FORM 50 OR SF-8 (IF YOU WERE A FEDERAL EMPLOYEE)

DOCUMENTS THAT MAY BE NEEDED

- PAY STUBS
- FORM W-2
- FORM 1099
- INCOME TAX K-1 SCHEDULE
- SUMMARY OF QUARTERLY REPORTS
- ACCOUNTS RECEIVABLE STATEMENT
- PROFIT AND LOSS STATEMENT
- OBITUARY OR DEATH DD-214 FOR MILITARY SERVICE
- NOTIFICATION THAT SHOWS A TRAVEL RESTRICTION PREVENTING YOU FROM GOING TO WORK
- BUSINESS FORMATION PAPERS (BUSINESS REGISTRATION OR CHARTER, EIN, ETC.)
- INDEPENDENT CONTRACTOR AGREEMENT
- TAX RETURN - SCHEDULE C

COVID-19 RELATED CORRESPONDENCE

- LETTER FROM YOUR EMPLOYER STATING THAT YOU WERE TO BEGIN WORKING, HOWEVER CANNOT NOW DUE TO COVID-19
- CORRESPONDENCE FROM YOUR EMPLOYER STATING THAT COVID-19 CAUSED THE BUSINESS TO CLOSE
- CORRESPONDENCE FROM YOUR CHILD'S SCHOOL OR CHILDCARE FACILITY THAT COVID-19 CAUSED THEM TO CLOSE
- DOCUMENTATION FROM MEDICAL PERSONNEL SHOWING THAT SOMEONE IN YOUR HOUSEHOLD WAS DIAGNOSED WITH OR SOUGHT TREATMENT FOR COVID-19