

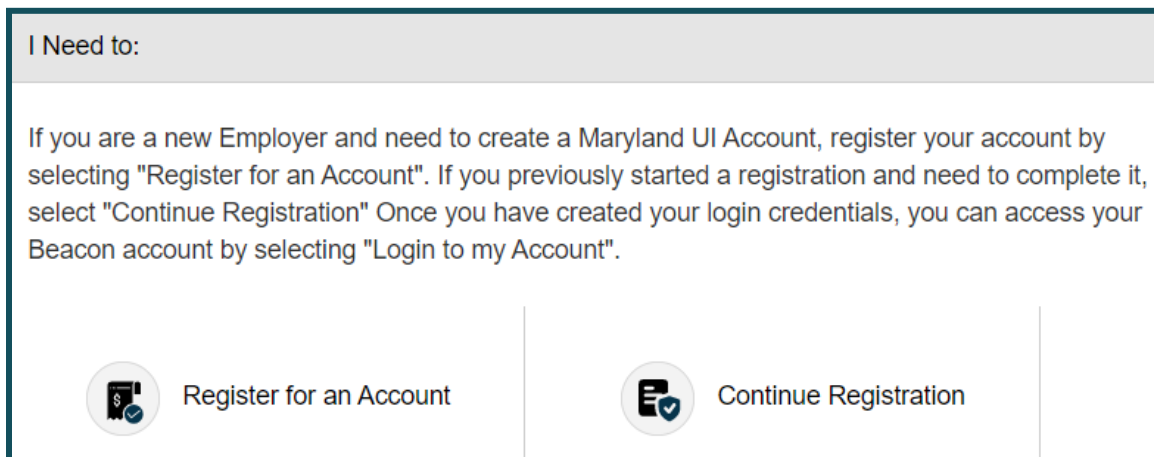
# BEACON New Employer Account Registration

**Note: This document is intended for a new employer who does not have a Maryland unemployment insurance (UI) account. An employer who has a Maryland UI account should refer to the instructional guide entitled, [BEACON Account Activation for Employers with an Unemployment Insurance Account](#).**

**BEACON** is the Maryland Division of Unemployment Insurance's (Division) modernized UI system, which integrates benefits, appeals, and tax functions. In BEACON, employers can submit required reports, access tax rates, submit wage reports, pay contributions, file appeals, and much more.


## To register for a Maryland UI account:


- Go to the BEACON employer website (<https://employer.beacon.labor.md.gov/>)
- If you are a new employer who does not have a Maryland UI account, select **"Register for an Account."**



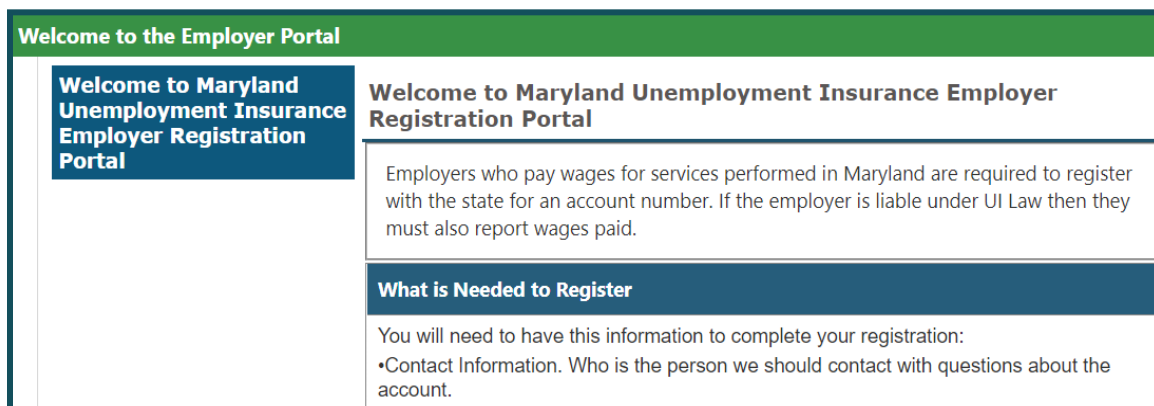
I Need to:

If you are a new Employer and need to create a Maryland UI Account, register your account by selecting "Register for an Account". If you previously started a registration and need to complete it, select "Continue Registration" Once you have created your login credentials, you can access your Beacon account by selecting "Login to my Account".

 Register for an Account

 Continue Registration

- You will be taken to the Employer Registration Portal.



Welcome to the Employer Portal

**Welcome to Maryland Unemployment Insurance Employer Registration Portal**

Welcome to Maryland Unemployment Insurance Employer Registration Portal

Employers who pay wages for services performed in Maryland are required to register with the state for an account number. If the employer is liable under UI Law then they must also report wages paid.

**What is Needed to Register**

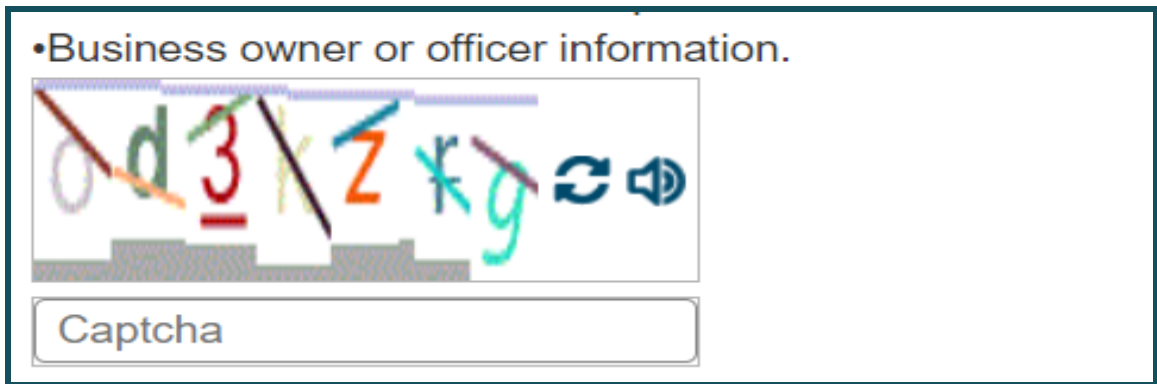
You will need to have this information to complete your registration:

- Contact Information. Who is the person we should contact with questions about the account.

**You will need the following information to register:**

<b>Contact Information</b>	<b>Date Wages Will Be/Were First Paid for Services Performed in Maryland</b>	<b>Federal Employer Identification Number (FEIN)</b>	<b>State in which the Business was Formed</b>	<b>Date of Business Formation/ Incorporation</b>
<b>Business Entity Type</b>	<b>Business Name, including:</b> <ul style="list-style-type: none"> <li>• Legal</li> <li>• Trade</li> <li>• Doing Business As (DBA)</li> </ul>	<b>IRS 501(c) 3 Exemption Letter (if Applying for Non-Profit)</b>	<ul style="list-style-type: none"> <li>• Mailing Address</li> <li>• Address of Where Work is Performed in MD</li> <li>• Benefit Charge Statement Mailing Address</li> </ul>	<b>Business Owner/Officer Information</b>

- On the same screen, enter the **Captcha code** and select “Next.”



- On the next screen, create your username and select “**Validate.**” Then, **choose your password and security questions.** Select, “Next” to continue.

**Welcome to Maryland Unemployment Insurance Employer Registration Portal**

**Create Account**

**Create Account**

**Create Login Credentials**

Enter a user name below. Your user name must be at least 8 characters and no more than 64 characters long. It can contain ANY alphanumeric characters (numbers or letters).

Enter a Username:

- You will have the option to print a copy of your credentials. Select “Next” to continue.
- Provide a **point of contact** for the business. Select “Add” to enter your information.

- Enter information for the **primary contact**, including name, job title, email address, and etc. Select “Next” to continue.

- Confirm the **contact information** and select “Next.”
- Answer the **initial questions** and select “Next.”
- Enter the **requested business information** and select your **preferred communication method**. Select “Next” to continue.

- Enter **additional information about your business** and select “Next.”

**Welcome to Maryland Unemployment Insurance Employer Registration Portal**

**Additional Business Information**

**Business Information**

Business Entity Type: LLC (single owner)  
 Business Type: Regular  
 FEIN:

Will this employer act as a Professional Employer Organization? \*  Yes  No  
 Is this employer the client of a Professional Employer Organization? \*  Yes  No  
 Is this business registering because the FEIN has changed? \*  Yes  No  
 Is this business registering because of an acquisition, merger, entity change or consolidation with another business or businesses operating in Maryland? \*  Yes  No  
 How many business locations are currently operating in Maryland? \*

- Add your address types: **physical; mailing; legal; and benefit information**. Select “Add” to add a new address. If the same address is used for multiple address types, check the applicable box under Update Other Address Types, as shown below. After you enter each address type, select “Save.”

**Address Maintenance**

**Address Type:** \* Mailing  
**Country:** \* UNITED STATES OF AMERICA (USA)  
**Address Line 1:** \*   
**City:** \* BALTIMORE  
**Zip/Postal Code:** \* 21202 -   
**Address Line 2:**   
**State:** \* MARYLAND  
**County:** \* BALTIMORE CITY

**Update Other Address Types**

Select address types that are same as the address above.

Benefit Charge Statements  Benefit Information  Business/Legal  
 Physical Location  Rate Notice  Trustee Address  Wage Reporting  
 Appeals

- Confirm the **address information** and select “Next” to continue.

**Business Address**

Please enter addresses for the account. You must enter Physical, Mailing, Legal, and Benefit Information address types. Once registration is completed, you may update or add address types in Account Maintenance. You may also update preferred method of communication for each business area, to which an address type belongs.

Select	Address Type	Address Line 1	Address Line 2	City	State	ZIP
<input checked="" type="radio"/>	Mailing	<input type="text"/>	<input type="text"/>	BALTIMORE	MARYLAND	21202
<input type="radio"/>	Benefit Information	<input type="text"/>	<input type="text"/>	BALTIMORE	MARYLAND	21202
<input type="radio"/>	Business/Legal	<input type="text"/>	<input type="text"/>	BALTIMORE	MARYLAND	21202
<input type="radio"/>	Physical Location	<input type="text"/>	<input type="text"/>	BALTIMORE	MARYLAND	21202

**Add** **Modify** **Delete**

- Enter the **NAICS classification information** and select “Next” to continue.

**NAICS Classification**

**NAICS**

Select the best description of the main function of the business from the menus below.

1st Classification: \*

2nd Classification: \*

3rd Classification: \*

4th Classification: \*

5th Classification: \*

Describe in detail your business activity and/or major source of sales that generate sales and use tax; specify the product manufactured and/or sold, or the type of service performed.

\*

- Select “Add” to enter the **ownership information**.

**Ownership Information**

Owner/Officer Information

- Click the Add button to add an owner or officer. You must provide information about all owners of the business or at least three officers.
- To change any information select the checkbox and then click Modify
- To delete a row select the checkbox by that row and click Delete
- Click Next when you are done entering owner or officer information
- You can supply the State with supporting materials to confirm ownership information. Supporting materials may include :
  - Articles of incorporation, articles of organization

<input type="checkbox"/>	Owner Name	Address	SSN	Ownership Percentage
No records to display.				

- Enter the **owner/officer information** and the **additional information** requested and select “Next” when finished.

**Owner/Officer Detail**

Owner/Officer Information

Enter information about the owner(s) or officer(s) of the business.  
 Enter the owner or officer’s residential address; do not enter a business address on this page.  
 For Governmental entities, please provide information for a single contact within the organization’s senior management (commissioner, secretary, director, mayor, etc).

Owner Type: \* Sole Proprietor

First Name:  Middle Initial:

Last Name:  Social Security No: \*

Please do not put your FEIN. Please provide your SSN. If you need to obtain a FEIN, please click [here](#)

- To enter **information for more than one employer**, select “Add” and repeat the process. Review the owner information and select “Next” to continue.

**Ownership Information**

Owner/Officer Information

- Click the Add button to add an owner or officer. You must provide information about all owners of the business or at least three officers.
- To change any information select the checkbox and then click Modify
- To delete a row select the checkbox by that row and click Delete
- Click Next when you are done entering owner or officer information
- You can supply the State with supporting materials to confirm ownership information. Supporting materials may include :
  - Articles of incorporation, articles of organization

<input type="checkbox"/>	Owner Name	Address	SSN	Ownership Percentage
<input type="checkbox"/>		BALTIMORE, MARYLAND 21202	XXX-XX-2029	100

Add   Modify   Delete

- Review the information contained in each of the tabs shown below. Select “Edit” to change incorrect information.

**Registration Summary**

You are almost done!  
Review the information below to be sure it is correct before submitting. Click Next to submit after you have finished reviewing.

**Employer Information**

User Information   **Contact Information**   Initial Questions   Business Information   Additional Business Information

Address Information   NAICS Classification   Ownership Information

First Name	Last Name	Contact Type	Email	Phone Number	Phone Extension Number
		Human Resources	USER.TEST@MARYLAND.GOV		

Edit

- On the same screen, select the box to **certify that the application is true, correct, and complete**. Enter the **preparer’s information** and select “Next” when finished.

**Certification of Completeness and Accuracy**

By checking this box, I certify that under penalties of perjury I have examined this application and to the best of my knowledge and belief it is true, correct and complete.  
When you click Next you are agreeing to the Terms and Conditions of this website.

**Preparer’s Information**

Preparer’s Full Name: \*

Preparer’s Job Title: \*

Preparer’s Phone Number: \*

Preparer’s Email Address: \*

