## Comptroller of Maryland Combined Registration Application <br> See instructions on page IV

## SECTION A: All applicants must complete this section.

| 1a) Federal Employer Identification Number (See instructions) | 8. Indicate registration sought: <br> a. $\square$ Sales and use tax |  | Number if registered: |  |
| :---: | :---: | :---: | :---: | :---: |
| $\square \square-\square \square \square \square \square \square \square$ |  |  |  |  |
| b) Social security number of owner, officer or agent responsible for taxes (must be supplied) | b. Sales and use tax exemption for non-profit organizations |  |  |  |
| 2. Legal name of dealer, employer, corporation or owner | e. Employer withholding tax |  |  |  |
|  |  |  |  |  |  |  |
| 3. Trade name (if different from above) | g. Alcohol tax |  |  |  |
| 4. Street address of business location (Post office box not acceptable) | j. Transient vendor license |  |  | i. Motor fuel tax |
| City, County, and State ZIP code (nine digits if known) | 9. Type of ownership: (Check appropriate box) |  |  |  |
| Telephone number | a. Sole proprietorship e. Limited liability company <br> b. Partnership f. Non-Maryland corporation <br> c. Non-profit corporation <br> j. Governmental <br> d. Maryland corporation <br> k. <br> Fiduciary I. <br> Business trust |  |  |  |
| Fax number | 10. Date first sales made in Maryland: | 11. Date first wages paid in Maryland subject to withholding: |  |  |
| E-mail address |  |  |  |  |  |  |
| 5. Mailing address (post office box acceptable) | 12. If you currently file a consolidated sales and use tax return, enter the number of your account: | 13. If you have employees enter the number of your workers' compensation insurance policy or binder: |  |  |
|  |  |  |  |  |  |  |
| City, State ZIP code (nine digits if known) |  |  |  |  |
|  | 14. (a) Have you paid or do you anticipate paying wages to individuals, including corporate officers, for services performed in Maryland? $\square$ Yes (b) If yes, enter date <br> wages first paid $\qquad$ |  |  | 15. Number of |
| 6. Reason for applying: Reopen/reactivate <br> Additional location(s)  <br> New business Merger <br> Purchased going business  <br> Remit use tax on purchases  <br> Reorganization Other (describe) |  |  |  | employees: |
|  | 16. Estimated gross wages paid in first quarter of operations: | 17. Do you need a sales and use tax account only to remit taxes on untaxed purchases? |  |  |
| 7. List previous owner's name, address and telephone number: |  |  |  |  |  |  |
|  |  |  | S | [] No |

18. Describe business activity that generates revenue. Specify the product manufactured and/or sold, or the type of service performed.
19. Are you a non-profit organization applying for an exemption certificate? $\square$ Yes No

If yes, enclose a non-returnable copy of IRS determination letter, articles of incorporation, bylaws, and other organization documents.
20. If the location described above is primarily engaged in providing support services to other units of the company, please indicate the nature of these activities. $\square$ Administrative $\square$ Storage $\square$ Other (specify) $\qquad$
21. Identify owners, partners, corporate officers, trustees, or members: (Please list person whose social security number is listed in Section A.1b first.)

| Name and social security number | Title | Home address, city, state, ZIP code | Telephone number |
| :--- | :--- | :--- | :--- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## SECTION B: Complete this section to register for an unemployment insurance account.

PART 1.

1. Will corporate officers receive compensation, salary or distribution of profits? $\square$ Yes $\square$ No If yes, enter date. $\qquad$
2. Department Of Assessments \& Taxation Entity Identification Number
3. Did you acquire by sale or otherwise, all or part of the assets, business, organization, or trade of another employer? $\quad$ Yes $\square$ No
4. If your answer to question 3 is "No," proceed to item 5 of this section. If your answer to question 3 is "Yes," provide the information below.
a. Percentage of common ownership between current business and former business:
b. Percentage of assets acquired from former business:
c. Date former business was acquired by current business:
d. Unemployment insurance number of former business, if known:
e. Did the previous owner operate more than one location in Maryland?

## 5. For employers of domestic help only:

a) Have you or will you have as an individual or local college club, college fraternity or sorority a total payroll of $\$ 1,000$ or more in the state of Maryland during any calendar quarter?
$\square$ Yes
$\square$ No
b) If yes, indicate the earliest quarter and calendar year.
6. For agricultural operating only:
a) Have you had or will you have 10 or more workers for 20 weeks or more in any calendar year or have you paid or will you pay $\$ 20,000$ or more in wages during any calendar quarter?
$\square$ Yes $\square$ No
b) If yes, indicate the earliest quarter and calendar year.

PART 2. COMPLETE THIS PART IF YOU ARE A NON-PROFIT ORGANIZATION.

3. Are you a non-profit organization as described in Section 501(c)(3) of the United States Internal Revenue Code which is exempt from Income Tax under Section 501(a) of such code? If YES, attach a copy of your exemption from Internal Revenue Service. ■ Yes a No
4. Elect option to finance unemployment insurance coverage. See instructions.
a. $\square$ Contributions
b. $\square$ Reimbursement of trust fund

If $b$. is checked, indicate the total taxable payroll (\$8,500 maximum per individual per calendar year) \$ $\qquad$ for calendar year 20 $\qquad$
Type of collateral (check one) $\square$ Letter of credit $\square$ Surety bond $\square$ Security deposit $\square$ Cash in escrow

## SECTION C: Complete this section if you are applying for an alcohol or tobacco tax license.

1. Will you engage in any business activity pertaining to the manufacture, sale, distribution, or storage of alcoholic beverages?

- Yes
$\square$ No


## SECTION D: Complete this section if you plan to sell, use or transport any fuels in Maryland

1. Do you plan to import, or purchase in Maryland, any of the following fuels for resale, distribution, or for your use?

- Yes $\qquad$ $\square$ N
If yes, check type below:
- Gasoline (including av/gas)
- Turbine/jet fuel
- Special fuel (any fuel other than gasoline)

2. Will you engage in any wholesale activity regarding the sale and/or distribution of cigarettes in Maryland?

- Yes - No

2. Do you transport petroleum in any device having a carrying capacity exceeding 1,749 gallons?
Y Yes No
3. Do you have a commercial vehicle that will travel interstate? $\square$ Yes $\square$ No

If you have answered yes to any question in Section D, call the Motor Fuel Tax Division at 410-260-7215 for the license application.

SECTION E: All applicants must complete this section.
I DECLARE UNDER THE PENALTY OF PERJURY THAT THIS APPLICATION HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS TRUE, CORRECT, AND COMPLETE.

SIGN
HERE ${ }^{2}$ $\qquad$ Title $\qquad$ Date

Name of Preparer other than applicant $\qquad$ Phone number $\qquad$ E-mail address $\qquad$
If the business is a corporation, an officer of the corporation authorized to sign on behalf of the corporation must sign; if a partnership, one partner must sign; if an unincorporated association, one member must sign; if a sole proprietorship, the proprietor must sign. (The signature of any other person will not be accepted.)

