

**Combined Registration Application**

See instructions on page IV

**Office use only****SECTION A: All applicants must complete this section.**

1a) Federal Employer Identification Number (See instructions)

  -         **AND**

b) Social security number of owner, officer or agent responsible for taxes (must be supplied)

   -   -    

2. Legal name of dealer, employer, corporation or owner

3. Trade name (if different from above)

4. Street address of business location (Post office box not acceptable)

City, County, and State

ZIP code (nine digits if known)

Telephone number ( ) - - - - -

Fax number ( ) - - - - -

E-mail address

5. Mailing address (post office box acceptable)

City, State

ZIP code (nine digits if known)

6. Reason for applying:

- |   |   |
|---|---|
| <input type="checkbox"/> New business     | <input type="checkbox"/> Reopen/reactivate          |
| <input type="checkbox"/> Merger           | <input type="checkbox"/> Additional location(s)     |
| <input type="checkbox"/> Change of entity | <input type="checkbox"/> Purchased going business   |
| <input type="checkbox"/> Reorganization   | <input type="checkbox"/> Remit use tax on purchases |
|   | <input type="checkbox"/> Other (describe)           |

7. List previous owner's name, address and telephone number:

8. Indicate registration sought:

Number if registered:

- a. ☐ Sales and use tax \_\_\_\_\_
- b. ☐ Sales and use tax exemption for non-profit organizations \_\_\_\_\_
- c. ☐ Tire recycling fee \_\_\_\_\_
- d. ☐ Admissions & amusement tax \_\_\_\_\_
- e. ☐ Employer withholding tax \_\_\_\_\_
- f. ☐ Unemployment insurance \_\_\_\_\_
- g. ☐ Alcohol tax \_\_\_\_\_
- h. ☐ Tobacco tax \_\_\_\_\_
- i. ☐ Motor fuel tax \_\_\_\_\_
- j. ☐ Transient vendor license \_\_\_\_\_

9. Type of ownership: (Check appropriate box)

- |  |  |
|--|--|
| a. <input type="checkbox"/> Sole proprietorship    | e. <input type="checkbox"/> Limited liability company                            |
| b. <input type="checkbox"/> Partnership            | f. <input type="checkbox"/> Non-Maryland corporation                             |
| c. <input type="checkbox"/> Non-profit corporation | j. <input type="checkbox"/> Governmental   |
| d. <input type="checkbox"/> Maryland corporation   | k. <input type="checkbox"/> Fiduciary l. <input type="checkbox"/> Business trust |

10. Date first sales made in Maryland:

11. Date first wages paid in Maryland subject to withholding:

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:

14. (a) Have you paid or do you anticipate paying wages to individuals, including corporate officers, for services performed in Maryland?

☐ Yes ☐ No (b) If yes, enter date

wages first paid \_\_\_\_\_

15. Number of 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?

☐ Yes ☐ 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? ☐ 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. ☐ Administrative ☐ R&D ☐ Storage ☐ Other (specify) \_\_\_\_\_

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

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.)