Page I	
Comptroller of Maryland	
Combined Registration Ap	plication

See instructions on page IV

SECTION A: All applicants must complete this section.	1				
1a) Federal Employer Identification Number (See instructions)	8. Indicate registration sought: Number a. Sales and use tax				
 b) Social security number of owner, officer or agent responsible for taxes (must be supplied) 	b. 🗋 Sales and use tax exer for non-profit organiza				
	 c. Tire recycling fee d. Admissions & amusem 	ent tax			
2. Legal name of dealer, employer, corporation or owner	e. 🔲 Employer withholding ta f. 🔲 Unemployment insuran				
3. Trade name (if different from above)	g. 🗋 Alcohol tax h. 🛄 Tobacco tax				
4. Street address of business location (Post office box not acceptable)	i. 🔲 Motor fuel tax j. 🛄 Transient vendor licens	e			
City, County, and State ZIP code (nine digits if known)	 9. Type of ownership: (Check approximate) a. Sole proprietorship b. Partnership c. Non-profit corporation 	e. Limited liability company f. Non-Maryland corporation			
Telephone number ()	d. 🗋 Maryland corporation	k. 🖸 Fiduciary I. 🗋 Business trust			
Fax number () E-mail address	10. Date first sales made in Maryland:	 Date first wages paid in Maryland subject to withholding: 			
5. Mailing address (post office box acceptable)	12. If you currently file a consolidated sales and	13. If you have employees enter the number of your workers'			
	use tax return, enter the number of your account:	compensation insurance policy or binder:			
City, State ZIP code (nine digits if known)	14. (a) Have you paid or do you	u anticipate pay- 15. Number of			
6. Reason for applying: Reopen/reactivate New business Additional location(s) Merger Purchased going business Change of entity Remit use tax on purchases	ing wages to individuals, including corporate officers, for services performed in Maryland? Yes INO (b) If yes, enter date wages first paid				
Reorganization Other (describe) 7. List previous owner's name, address and telephone number:	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 produc	t manufactured and/or sold, or th	L type of service performed.			
19. Are you a non-profit organization applying for an exemption certificate If yes, enclose a non-returnable copy of IRS determination letter, artic		other organization documents.			
20. If the location described above is primarily engaged in providing supp of these activities. Administrative R&D Storage Other (s		company, please indicate the nature			
21. Identify owners, partners, corporate officers, trustees, or members: (Please	se list person whose social securit	y number is listed in Section A.1b first.)			

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

Page II -	See	instructions	on	page	Ш
-----------	-----	--------------	----	------	---

Page II - See instructions on page III	EIN or SSN				
SECTION B: Complete this section to re	gister for a	n unem	oloyment insur	ance	account.
PART 1.	2. Department Of Assess Entity Identification Nu		sments & Taxation	3. Did of t	you acquire by sale or otherwise, all or part he assets, business, organization, or trade of ther employer?
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 curre	ent business ar	nd former b	ousiness:		
b. Percentage of assets acquired from former busin	ess:				
c. Date former business was acquired by current bu	isiness:				
d. Unemployment insurance number of former busin	ness, if known:	·			
e. Did the previous owner operate more than one lo	ocation in Mary	/land?			
 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? Yes No b) If yes, indicate the earliest quarter and calendar year. 				10 or more workers for 20 weeks or more in paid or will you pay \$20,000 or more in arter?	
PART 2. COMPLETE THIS PART IF YOU ARE A NOI 1. Are you subject to tax under the Federal Unemploy □ Yes □ No 3. Are you a non-profit organization as described in Security	ment Tax Act?	2. If not, Tax A	are you exempt un ct?	⊐ Yes	ction 3306(c)(8) of the Federal Unemployment
under Section 501(a) of such code? If YES, attach	a copy of you	ır exempti	on from Internal R	evenue	e Service. 🗆 Yes 🗖 No
If b. is checked, indicate the total taxable payroll (\$8 Type of collateral (check one)	mbursement o 3,500 maximur edit	of trust func n per indivi urety bond ing for a	idual per calendar y Generation Security depo Security depo Security depo an alcohol or to 2. Will you engag distribution of c	osit obacc e in any	Cash in escrow to tax license. wholesale activity regarding the sale and/or is in Maryland?
□ Yes □ No			🗆 Yes		□ No
SECTION D: Complete this section if you	u plan to se	ell, use c	or transport an	y fuel	s in Maryland
 Do you plan to import, or purchase in Maryland, any of the following fuels for resale, distribution, or for your use? Yes No If yes, check type below: Gasoline (including av/gas) Turbine/jet fuel Special fuel (any fuel other than gasoline) If you have answered yes to any question in Section	having a c gallons? □ Yes 4. Do you ha □ Yes	carrying ca	nercial vehicle that No	749 will trave	

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

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►		_ Title	Date
Name of Preparer other than applicar		Phone number	E-mail address
If the huminess is a superstant on officer of the comparation with sting of the size on herboli of the comparation must			

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.)