



17CRA0099

**2017**

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

1a. Federal Employer Identification Number (FEIN) (9 digits) (See instructions)		1b. Social Security Number (SSN) of owner, officer or agent responsible for taxes (Required by law)	
2. Legal name of dealer, employer, corporation or owner		3. Trade name (if different from legal name of dealer, employer, corporation or owner)	
4. Street Address of physical business location (PO Box not acceptable)		City	County
Telephone number		State	ZIP code +4
Fax number		E-mail address	
5. Mailing Address (PO Box acceptable)		City	State
		ZIP code	+4
6. Reason for applying (Check all that apply.):			
<input type="checkbox"/> New business	<input type="checkbox"/> Additional location(s)	<input type="checkbox"/> Merger	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Change of entity	<input type="checkbox"/> Remit use tax on purchases	<input type="checkbox"/> Reorganization	<input type="checkbox"/> Re-activate/Re-open
<input type="checkbox"/> Other (describe) _____			
7. Previous owner's name: First Name or Corporation Name		Last Name	Title
Street Address (PO Box acceptable)		City	State
		ZIP code	+4
8. ▶ Type of registration			
a. <input type="checkbox"/> Sales and use tax	Maryland Number if registered: ▶ _____		
b. <input type="checkbox"/> Transportation Network Company	▶ _____		
c. <input type="checkbox"/> Tire recycling fee	▶ _____		
d. <input type="checkbox"/> Admissions and amusement tax	▶ _____		
e. <input type="checkbox"/> Employer withholding tax	▶ _____		
f. <input type="checkbox"/> Unemployment insurance	▶ _____		
g. <input type="checkbox"/> Alcohol tax	▶ _____		
h. <input type="checkbox"/> Tobacco tax	▶ _____		
i. <input type="checkbox"/> Motor fuel tax	▶ _____		
j. <input type="checkbox"/> Transient vendor license	▶ _____		
9. ▶ Type of ownership: (Check one box)			
a. <input type="checkbox"/> Sole proprietorship	f. <input type="checkbox"/> Non-Maryland corporation		
b. <input type="checkbox"/> Partnership	g. <input type="checkbox"/> Governmental		
c. <input type="checkbox"/> Nonprofit organization	h. <input type="checkbox"/> Fiduciary		
d. <input type="checkbox"/> Maryland corporation	i. <input type="checkbox"/> Business trust		
e. <input type="checkbox"/> Limited liability company			
10. Date first sales made in Maryland: (MMDDYYYY) ▶ _____			
11. Date first wages paid in Maryland subject to withholding : (MMDDYYYY) ▶ _____			
12. If you currently file a consolidated sales and use tax return, enter the 8-digit CR number of your account ▶ _____			
13. If you have employees, enter the number of your worker's 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? ▶ <input type="checkbox"/> Yes ▶ <input type="checkbox"/> No			
(b) If yes, enter date wages first paid (MMDDYYYY) ▶ _____			
15. Number of employees: ▶ _____			
16. Estimated gross wages paid in first quarter of operation: ▶ _____			
17. Do you need a sales and use tax account only to remit taxes on untaxed purchases? ▶ <input type="checkbox"/> Yes ▶ <input type="checkbox"/> No			
18. Describe for profit or nonprofit 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 exempt under Section 501(c)(3) of the Internal Revenue Code? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, Section (c) ( ) or Other: Section _____.			



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20. Does the business have only one physical location in Maryland?  
(Do not count client sites or off site projects that will last less than one year.)

► ☐ Yes ► ☐ No

If no, specify how many: \_\_\_\_\_

21. Identify owners, partners, corporate officers, trustees, or members: (Please list person whose Social Security Number is listed in Section A.1b, first.) \* Partnerships and nonprofit organizations must identify at least two owners, partners, corporate officers, trustees or members. If more space is required, attach a separate statement including the information as shown here.

1	Last Name	First Name	Social Security Number	Title	
	Home Address				
	Street address	City	State	ZIP	Telephone
2	Last Name	First Name	Social Security Number	Title	
	Home Address				
	Street address	City	State	ZIP	Telephone
3	Last Name	First Name	Social Security Number	Title	
	Home Address				
	Street address	City	State	ZIP	Telephone

**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?  
If yes, enter date (MMDDYYYY) \_\_\_\_\_
2. Department of Assessments and Taxation Entity Identification Number. \_\_\_\_\_
3. Did you acquire by sale or otherwise, all or part of the assets, business, organization, or workforce of another employer? ► ☐ Yes ► ☐ 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. Is there any common ownership, management or control between the current business and the former business? ► ☐ Yes ► ☐ No
- b. Percentage of assets or workforce acquired from former business: ► \_\_\_\_\_
- c. Date former business was acquired by current business (MMDDYYYY): ► \_\_\_\_\_
- d. Unemployment insurance number of former business, if known: ► 00 \_\_\_\_\_
- e. Did the previous owner operate more than one location in Maryland? ► ☐ Yes ► ☐ No
- How many? \_\_\_\_\_
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 (MMDDYYYY): ► \_\_\_\_\_
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? ► ☐ Yes ► ☐ No
- b. If yes, indicate the earliest quarter and calendar year (MMDDYYYY): ► \_\_\_\_\_
7. For Limited Liability Companies only:
- a. As a Limited Liability Company, do you employ anyone other than a member? ► ☐ Yes ► ☐ No
- b. Has the Limited Liability Company filed IRS form 8832 whereby it elected to be classified as a corporation or is the Limited Liability Company automatically classified as a corporation for federal tax purposes? ► ☐ Yes ► ☐ No



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FEIN/SSN \_\_\_\_\_

**PART 2. COMPLETE THIS PART IF YOU ARE A NONPROFIT ORGANIZATION**

1. Are you subject to tax under the Federal Unemployment Tax Act?  
If not, are you exempt under Section 3306(c)(8) of the Federal Unemployment Tax Act?
2. Are you a nonprofit 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.
3. Elect option to finance unemployment insurance coverage. See instructions.

▶ ☐ Yes ▶ ☐ No  
▶ ☐ Yes ▶ ☐ No  
▶ ☐ Yes ▶ ☐ No

- a. ☐ Contributions  
b. ☐ Reimbursement of trust fund

If b. is checked, indicate the total taxable payroll (\$8,500 maximum per individual per calendar year) \$ \_\_\_\_\_ for calendar year 20 \_\_\_\_.

Type of collateral (check one): ▶ ☐ Letter of credit ▶ ☐ Surety bond ▶ ☐ Security deposit ▶ ☐ 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 (excludes retail)? ▶ ☐ Yes ▶ ☐ No
2. Will you engage in any wholesale activity regarding the sale and/or distribution of tobacco in Maryland (excludes retail)? ▶ ☐ Yes ▶ ☐ 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 ▶ ☐ No  
If yes, check type(s) below:  
☐ Gasoline (including av/gas) ☐ Turbine/jet fuel ☐ Special fuel (any fuel other than gasoline)
2. Do you transport petroleum in any device having a carrying capacity exceeding 1,749 gallons? ▶ ☐ Yes ▶ ☐ No
3. Do you store any motor fuel in Maryland? ▶ ☐ Yes ▶ ☐ No
4. Do you have a commercial vehicle that will travel interstate? ▶ ☐ Yes ▶ ☐ No

**If you have answered "Yes" to any question in Section C or D, call the Motor-fuel, Alcohol and Tobacco Tax Unit 410-260-7131 for license application.**

**SECTION E: Complete this section to request paper coupons.**

We provide a **free** and **secure** electronic method to file sales and use tax and withholding returns, using bFile on the Comptroller's Web site **www.marylandtaxes.com**. If you prefer instead to receive your future tax filing coupons by mail, check here ▶ ☐

**SECTION F: All applicants must complete this section.**

Under penalties of perjury, I declare that I have examined this application and to the best of my knowledge and belief it is true, correct and complete.

☐ Check here if a power of attorney form is attached.

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Signature\* \_\_\_\_\_ Date \_\_\_\_\_

Name of Preparer other than applicant \_\_\_\_\_

Telephone number \_\_\_\_\_ E-mail address \_\_\_\_\_

**\*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 unless a power of attorney is attached.)**