

FEIN Number

SSN of owner, officer or agent responsible for taxes

\_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_

|                                     |  |                         |              |
|-------------------------------------|--|-------------------------|--------------|
| Legal Name of Entity owner          |  | Trade name if different |              |
| Mailing Address - Number and street |  |                         |              |
| City / town                         |  | State                   | ZIP code + 4 |
| Telephone number                    |  |                         |              |

Type of ownership:

- Sole proprietorship       Partnership  
 Non-Maryland corporation       Other: \_\_\_\_\_

Will you have employees with wages subject to Maryland withholding or performing services in Maryland?

- Yes       No

Describe business activity which generates revenue:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Identify owners, partners, corporate officers

| Name | Title | Address | Telephone number |
|------|-------|---------|------------------|
|      |       |         |                  |
|      |       |         |                  |
|      |       |         |                  |
|      |       |         |                  |

- To register for Maryland income tax withholding, unemployment insurance, admissions and amusement, tire fee, or motor fuel taxes File a Combined Registration Application (COM/RAD - 093) online at **www.marylandtaxes.gov**.
- If you don't have a federal employer ID number when you submit this application, and one is required, leave the space blank and submit the number to Central Registration when you receive it from the IRS. Mail to:

Central Registration  
 Revenue Administration Center  
 110 Carroll Street  
 Annapolis, Md. 21411-0001

For questions, call Call Taxpayer Service at 410-260-7980 or toll free 1-800-638-2937, Maryland Relay Service 711.

Maryland tax forms are available online at **www.marylandtaxes.gov**.

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

Make checks payable and return to:  
 Comptroller of Maryland  
 SUT, Revenue Administration Division  
 PO Box 17405  
 Baltimore, Maryland 21297-1405

or fax this application to:  
 Central Registration at 410-260-7908

\_\_\_\_\_  
Taxpayer or Agent's signature

\_\_\_\_\_  
Date