



20CRA0099

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)				
<input type="text"/>		<input type="text"/>				
2. Legal name of dealer, employer, corporation or owner		3. Trade name (if different from legal name of dealer, employer, corporation or owner)				
<input type="text"/>		<input type="text"/>				
4. Street Address of physical business location (PO Box not acceptable)		City	County	State	ZIP Code	+4
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone number		Fax number		Email address		
<input type="text"/>		<input type="text"/>		<input type="text"/>		
5. Mailing Address (PO Box acceptable)		City	State	ZIP Code	+4	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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"/> Re-activate/Re-open						
<input type="checkbox"/> Change of entity <input type="checkbox"/> Remit use tax on purchases <input type="checkbox"/> Reorganization <input type="checkbox"/> Other (describe) <input type="text"/>						
7. Previous owner's name: First Name or Corporation Name		Last Name		Title		Telephone number
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>
Street Address (PO Box acceptable)		City	State	ZIP Code	+4	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
8. Type of registration		Maryland Number if registered:		9. Type of ownership: (Check one box)		
a. <input type="checkbox"/> Sales and use tax		▶ <input type="text"/>		a. <input type="checkbox"/> Sole proprietorship		
b. <input type="checkbox"/> Transportation Network Company		▶ <input type="text"/>		f. <input type="checkbox"/> Non-Maryland corporation		
c. <input type="checkbox"/> Tire recycling fee		▶ <input type="text"/>		b. <input type="checkbox"/> Partnership		
d. <input type="checkbox"/> Admissions and amusement tax		▶ <input type="text"/>		g. <input type="checkbox"/> Governmental		
e. <input type="checkbox"/> Employer withholding tax		▶ <input type="text"/>		c. <input type="checkbox"/> Nonprofit organization		
f. <input type="checkbox"/> Unemployment insurance		▶ <input type="text"/>		d. <input type="checkbox"/> Maryland corporation		
g. <input type="checkbox"/> Alcohol tax		▶ <input type="text"/>		e. <input type="checkbox"/> Limited liability company		
h. <input type="checkbox"/> Tobacco tax		▶ <input type="text"/>		10. Date first sales made in Maryland: (MMDDYYYY)		
i. <input type="checkbox"/> Motor fuel tax		▶ <input type="text"/>		▶ <input type="text"/>		
j. <input type="checkbox"/> Transient vendor license		▶ <input type="text"/>		11. Date first wages paid in Maryland subject to withholding: (MMDDYYYY)		
				▶ <input type="text"/>		
				12. If you currently file a consolidated sales and use tax return, enter the 8-digit CR number of your account		
				▶ <input type="text"/>		
13. If you have employees, enter the number of your worker's compensation insurance policy or binder: ▶ <input type="text"/>						
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) ▶ <input type="text"/>						
15. Number of employees: ▶ <input type="text"/>						
16. Estimated gross wages paid in first quarter of operation: ▶ <input type="text"/>						
17. Select the option that best describes your situation (Check ONLY ONE box):						
▶ <input type="checkbox"/> Applicant has a physical sales location within Maryland and will not make online sales to customers in Maryland.						
▶ <input type="checkbox"/> Applicant will make online sales to Maryland customers and does not have a physical sales location in Maryland.						
▶ <input type="checkbox"/> Applicant has a physical sales location in Maryland and will make online sales to customers in Maryland.						
▶ <input type="checkbox"/> Applicant does not make sales. The sales and use tax account is requested for reporting use tax only.						
18. Describe for profit or nonprofit business activity that generates revenue. Specify the product manufactured and/or sold, or the type of service performed.						
<input type="text"/>						
19. Are you a nonprofit organization exempt under Section 501(c)(3) of the Internal Revenue Code? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If no, Section (c) <input type="checkbox"/> or Other: Section <input type="text"/> .						



20CRA0199

FEIN/SSN [ ]

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: (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.

Table with 3 main sections (1, 2, 3) for owner information. Each section includes fields for Last Name, First Name, Social Security Number, Title, Home Address, Street address, City, State, ZIP, and 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? [ ] Yes [ ] No
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



20CRA0299

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?
2. Are you a nonprofit organization as described in Section 501(c)(3) of the United States Internal Revenue Code...
3. Elect option to finance unemployment insurance coverage. See instructions.

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

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?
2. Do you transport petroleum in any device having a carrying capacity exceeding 1,749 gallons?
3. Do you store any motor fuel in Maryland?
4. Do you have a commercial vehicle that will travel interstate?

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.gov.

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\* (Required by Law) [ ] Date [ ]

Name of Preparer other than applicant [ ]

Telephone number [ ] Email 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.