				RYLAND g the People		ess
Tax	Туре	e: Check type(s)	Comptroller of		Maryland Cent	ral Registration Number
	Withh	nolding	Authorization Ag			
	Corpo	oration Income Tax	Electronic Fund		Federal Employ	er Identification Number
		through Entities are	□ New			
		gible.)	Revision: Effective D	ate	Motor Fuel Tax	Account Number (if applicable)
Щ	Motor	Fuel Taxes	Allow 10 business days f			
			This section must be	completed by al	l taxpayers	
	С	Primary EFT contact person	on			
	O	Timidiy El l'editede perse	OII			
	N	Address				
	T					
	A					
	C	City		State	ZIP Code	Telephone number
Α						
	Р	Secondary EFT contact pe	erson			
	E					
	R	Address				
	S					
	N	City		S' ate	ZIP Code + 4	Telephone number
	(S)					
		Signature of owner, p	partner or officer	Title		Date
		Digitatale of owner, p				
		This se If ACH Debit is chosen, yo tax identified above. Only	POSE ONLY ONE OF THE ection to be completed only ou authorize the Comptrolle of you can initiate a debit by carronic funds transfer.	f you choose to	he ACH DEBIT OF sent the debit entri	PTION es to your bank for the
	A	This se	ection to be complet: only ou authorize the Comptrolle of you can initial and debit by can	f you choose to	he ACH DEBIT OF sent the debit entri	PTION es to your bank for the
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