## License Application For Out-of-State Vendors

<b>20</b>	

FEIN Number	SSN of owner, officer or agent responsible for taxes				
Legal Name of Entity owner	jal Name of Entity owner		Trade name if different		
Mailing Address - Number and street					
City / town		State		ZIP code + 4	
Telephone number				I	
Type of ownership:  Sole proprietorship  Non-Maryland corporation  Will you have employees with wa	Partnership  Other:  ages subject to Maryland withholdi		vices in Marylar	nd?	
Describe business activity which	generates revenue:				
7.1					
Identify owners, partners, corpor  Name	Title	Addres	s	Telephone number	
				•	
	1				
To register for Maryland incon taxes File a Combined Registr.	l ne tax withholding, unemploymer ation Application (COM/RAD - 093	nt insurance, admiss B) online at <b>www.m</b>	ons and amuse	ment, tire fee, or motor fuel	
	nployer ID number when you subr Registration when you receive it			red, leave the space blank and	
Central Registration Revenue Administration Ce 110 Carroll Street Annapolis, Md. 21411-0001	enter	nom the INS. Fidil to			
For questions, call Call Taxpayer	Service at 410-260-7980 or toll f	ree 1-800-638-2937	Maryland Rela	y Service 711.	
	e online at <b>www.marylandtaxes</b> lare that I have examined this retu		f my knowledge	and belief it is true, correct	
and complete.		Comp SUT, PO Bo	ecks payable a troller of Maryla Revenue Admini x 17405 nore, Maryland	and stration Division	
Taxpayer or Agent's signature	Date		or fax this application to: Central Registration at 410-260-7908		