

Tax Verification Request Form

Maryland State Police Licensing Division

Agency Name: _____ Date Opened: _____

Name of Licensee: _____ SS #: _____

Federal Withholding I.D. #: _____ CR#: _____

Business Address: _____

Business Phone: _____

Type of Application: Private Detective Security Systems
 (Check One) Security Guard Other (explain) _____

Type of Organization: Corporation Proprietorship
 (Check One) Partnership Other (explain) _____

Name(s) of proprietors, officers, partners or other owners:

Name: _____ Name: _____

Address: _____ Address: _____

SS #: _____ SS #: _____

Title: _____ Title: _____

Name: _____ Name: _____

Address: _____ Address: _____

SS #: _____ SS #: _____

Title: _____ Title: _____

I/We authorize the Comptroller of Maryland, Compliance Division, to disclose to the Maryland State Police the status on my/our tax account in accordance with Business Occupations and Professions, Section 1-204 of the Annotated Code of Maryland.

All partners, proprietors or responsible corporate officer must sign.

Send to:
 Gloria Johnson
 Tax Clearance Coordinator
 Compliance Division
 301 W. Preston Street, Room 410
 Baltimore, Maryland 21201-2383
 Phone: 410-767-1637
 Email:
 gjohnson@marylandtaxes.gov

Signature	Date
Signature	Date
Signature	Date
Signature	Date

Maryland State Police	Date	License Type/Number	Effective Dates
-----------------------	------	---------------------	-----------------