



REF #

STATE OF MARYLAND GOOD STANDING CERTIFICATE REQUEST

Certificates expire six months from date issued.

Email completed form to GAD's email [GADCSC@marylandtaxes.gov](mailto:GADCSC@marylandtaxes.gov). See instructions on Page 2.

BUSINESS INFORMATION

1. FEIN/SSN/Taxpayer ID (9 digits)	<input type="text"/>
2. Registered Legal Business Name	<input type="text"/>
3. Business Location Street Address	<input type="text"/>
4. Business Location City	<input type="text"/> State <input type="text"/> ZIP <input type="text"/>
5. Date Business Became Incorporated	<input type="text"/>

REQUESTOR INFORMATION

6. Name of Person Filling Out Form	<input type="text"/>
7. Street Address/PO Box	<input type="text"/>
8. City	<input type="text"/> State <input type="text"/> ZIP <input type="text"/>
9. Phone Number	<input type="text"/> Email Address <input type="text"/>

I authorize the Comptroller of Maryland to use the information contained in this request form to generate a certificate of good standing and I attest the information provided is accurate.

10. Printed Name	<input type="text"/>	Title	<input type="text"/>
11. Signature	<input type="text"/>	Date	<input type="text"/>

Please send completed form to **ONE** of the following:  
**Email (preferred):** [GADCSC@marylandtaxes.gov](mailto:GADCSC@marylandtaxes.gov)  
 Fax (410) 974-2309  
 Postal Mail: State of Maryland Comptroller of Maryland  
 General Accounting Division, Room 205  
 P.O. Box 746  
 Annapolis, MD 21404-0746

Questions? Please contact Vendor Services:  
 Email: [GADCSC@marylandtaxes.gov](mailto:GADCSC@marylandtaxes.gov)  
 Phone: 410-260-7813 or toll free at 888-784-0144

The Certificate of Good Standing will be emailed to the email address provided on this form unless a mailed copy is requested.

Check here to request a mailed copy.

Administrative Use Only	
Employee Signature	<input type="text"/>
Date Entered	<input type="text"/>



### General Instructions

BUSINESS INFORMATION	
1. FEIN/SSN/Taxpayer ID	Enter the 9-digit (all numbers) Federal Employer Identification Number (FEIN), Social Security Number (SSN) or Taxpayer ID for the business. This will be the number under which the business is registered by the IRS.
2. Registered Legal Business Name	Enter the name of the business. This will be its legal name, as registered by the IRS.
3. Business Location Street Address	Enter the physical street address of the business.
4. Business Location City, State, ZIP	Enter the business's city, state & ZIP.
5. Date Business Became Incorporated	Enter the date the business became incorporated. If not incorporated, enter the business start date.
REQUESTOR INFORMATION	
6. Name of Person Filling Out Form	Enter the name of the person to contact for any questions relating to this form.
7. Street Address/PO Box	Enter the street address or post office box to where you want the good standing certificate mailed.
8. City, State, ZIP	Enter the city, state, and ZIP for the mailing address.
9. Phone Number and Email Address	Enter a phone number and email address where we can contact you for questions with this form.
10. Printed Name and Title	Enter the name and title of the person completing this form.
11. Signature and Date	The requestor or authorized business representative must sign & date the form.

**Purpose:** Certificates of Good Standing are issued to prove that a business is authorized to transact business in the State of Maryland and all fees, taxes, penalties owed to the State are paid. These certificates can be useful when a company is about to be sold and a potential buyer needs proof that the company has paid all necessary state tax payments.

**Processing:** Please allow 7-14 business days to process your request.