



24109B049

Business Name

Federal Identification Number

Trade Name

Central Registration Number

PRIOR MAILING ADDRESS

Mailing Address - Line 1

Mailing Address - Line 2 (PO Box, Apt No., Suite No.)

City or Town State ZIP Code

Telephone Number Fax Number

Email Address

NEW MAILING ADDRESS

Mailing Address - Line 1

Mailing Address - Line 2 (PO Box, Apt No., Suite No.)

City or Town State ZIP Code

Telephone Number Fax Number

Email Address

PRIOR LOCATION ADDRESS

Current Mailing Address - Line 1

Current Mailing Address - Line 2 (PO Box, Apt No., Suite No.)

City or Town State ZIP Code

Telephone Number Fax Number

Email Address

NEW LOCATION ADDRESS

Current Mailing Address - Line 1

Current Mailing Address - Line 2 (PO Box, Apt No., Suite No.)

City or Town State ZIP Code

Telephone Number Fax Number

Email Address

CHECK HERE TO:

Request updated Sales and Use Tax License Request updated Sales and Use Tax forms

Please update my address information per the information above. I certify that the foregoing information is true, correct and accurate to the best of my knowledge.

Print Name

Title (Owner, Partner or Officer)

Signature

Date

GENERAL INFORMATION

You can use Form 109-B to notify the Comptroller of Maryland that you have changed your business mailing address. If you have changed both your home and business mailing addresses, submit Form 109-B along with Form 109-I.

Note: this form will only change/update your physical address and mailing address in our system. If your business is a nonprofit organization and you are submitting this form to update your physical address and mailing address in order to get an updated card for the Maryland Sales and Use Tax Exemption Certificate, you must submit a letter on the organization's letterhead requesting a duplicate Maryland Sales and Use Tax Exemption Certificate card due to an address change. For more information visit marylandtaxes.gov.

FOR MORE INFORMATION

Visit marylandtaxes.gov or call Taxpayer Services Division at 410-260-7980 in Central Maryland or 1-800-638-2937 from elsewhere. For the hearing impaired: Maryland Relay Service 711.

Mail to:
**COMPTROLLER OF MARYLAND
REVENUE ADMINISTRATION DIVISION
TAXPAYER IDENTIFICATION
PO BOX 549
ANNAPOLIS MD 21404**

FILLING OUT FORM 109-B

- Print using blue or black ink.
- Enter OLD address information in the first section; enter NEW address in the second section.
- Be sure to include any apartment, room, or suite number information using the common designators as shown below.

Common Designators

The most common unit designators are:

Full Word	Designator
Apartment	APT
Building	BLDG
Floor	FL
Suite	STE
Unit	UNIT
Room	RM
Department	DEPT

- Only enter P.O. Box information if your post office does not deliver mail to your street address.
- Do not use “#” signs or other special characters, except the dash in the “ZIP code” field when a 9-digit (+4) ZIP is used.
- Remember to sign and date the form prior to submission.