109-B MARYLAND CHANGE OF ADDRESS FOR BUSINESSES

Business Name			Federal Identification number		
ade Name			Central Registration Number		
DLD ADDRESS					
Mailing Address - Line 1					
Mailing Address - Line 2 (PC	D Box, Apt No., Suite No.)				
City or Town			State	ZIP Code + 4	
Telephone number	Fax number	Email address			
NEW ADDRESS					
Current Mailing Address - L	ine 1				
Current Mailing Address - L	ine 2 (PO Box, Apt No., Suite	e No.)			
City or Town			State	ZIP Code + 4	
sicy of form			State	ZII COUC I I	
Telephone number	Fax number	Email address			
Please update my addre accurate to the best of i	ss information per the in	formation above. I certify the	nat the foregoir	ng information is true, o	correct and
iccurate to the best of i	ily kilowieuge.				
	D: 1			(0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	Print name		Title	e (Owner, Partner or Officer)	
	Signature			Date	

109-B MARYLAND CHANGE OF ADDRESS FOR BUSINESSES INSTRUCTIONS

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, please submit Form 109-B along with Form 109-I.

Filling out Form 109-B

- Please 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:

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.
- Please remember to sign and date the form prior to submission.

For more information

Visit **www.marylandtaxes.gov** or call Taxpayer Service 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 21404-549

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