

Application Baltimore City Taxpayer Identification Number

	Date:
1.	Reason for Tax Identification Number: Beverage Container Tax Distributor
2.	Old Taxpayer ID:
3.	I request beverage container reporting extension until September 25, 2010 [] (See Rules and Regulations for details)
Curre	nt Address
Distrib	outor:
Repre	sentatives Name:
Addre	ss:
Addre	ss:
City: _	State: Zip code:
Phone	e: ()Fax: ()
E-mail	l:
Prior .	<u>Address</u>
Distrib	outor:
Repre	sentatives Name:
Addre	SS:
Addre	ss:
City: _	State: Zip code:
Returr	n to:

City of Baltimore Revenue Collections Tax ID Request 200 N. Holliday St Baltimore, MD 21202 Phone: (410) 361-9690 Fax: (410) 545-7620