



**MARYLAND  
FORM  
548P**

**REPORTING AGENT  
AUTHORIZATION**

**TAXPAYER:**

Legal Name (Include spaces, ampersands, and hyphens.)		Taxpayer Identification Number	
DBA Name (Include spaces, ampersands, and hyphens.)		Central Registration Number	
Street Address (As on file with the Comptroller of Maryland.)	City	State	ZIP Code
Contact name	Phone number	Email address	

**REPORTING AGENT:**

Legal Name		Federal Identification Number	
DBA Name		PTIN	
Street Address	City	State	ZIP Code
Contact name	Phone number	Fax number	
Email address			

Reporting Agent, named above, is authorized to discuss and/or request as a designee of the Taxpayer to receive copies of notices, correspondence, transcripts, deposit frequency data or other information with respect to employer withholding and/or sales and use tax returns filed and deposits made by the designee. The authorized Reporting Agent may request a copy of a withholding tax or sales & use tax form by using **Form 129 Request for Tax Form**.

The authorized Reporting Agent may sign as the Taxpayer on Form 129 only when Form 129 is accompanied by a signed and completed Form 548P.

The Reporting Agent's authorization is limited to the specific returns and periods listed on this form.

If the Taxpayer is required to file a return electronically or to submit tax deposit data electronically, the requirement for electronic submission extends to the Reporting Agent acting on behalf of the Taxpayer. If the Taxpayer is not required to file or deposit electronically, the Reporting Agent may file or make deposits on the Taxpayer's behalf by paper.

The Taxpayer must enter the specific form(s) and starting date of the period(s) for which the Taxpayer is granting this Reporting Agent Authorization.

Maryland Form	Filing Period indicate start date	Maryland Form	Filing Period indicate start date
(Example) MW506	01/01/15	MW508A	
MW506 or MW506M		MW508CR	
MW506A or MW506AM		SUT 202	
MW508			

A Taxpayer may not use this form to authorize a Reporting Agent to receive the following forms or information related to them: Final Return Forms MW506FR or SUT 202FR, SUT Refund Forms 205 or 212, Bulk Sales Tax Form 118C, nonresident withholding forms, or Maryland unemployment tax forms. A Reporting Agent is not authorized to discuss or request tax information contained on any Form W-2 except to the extent it relates to figures contained on Forms MW508 or MW508A.

The **Reporting Agent Authorization** revokes all earlier Reporting Agent Authorizations on file with the Comptroller of Maryland with respect to the same tax matters and tax periods covered hereby, but has no effect on any other Power of Attorney and authorization.

**Signature of Taxpayer or Authorized Representative**

I understand that this authorization does not relieve me as the Taxpayer of the responsibility to ensure that all returns are filed and all taxes are paid on time. The Reporting Agent, named above, is hereby appointed as agent with the authority to sign and file employer withholding and/or sales and use tax returns and make deposits electronically or on paper, for the above stated Taxpayer to the Comptroller of Maryland. This authorization shall include the tax forms with related deposits as designated above, beginning with the tax period indicated and remaining in effect through subsequent periods until the Taxpayer or designee notifies the Comptroller of Maryland that this authorization is terminated or revoked. I authorize the Comptroller of Maryland to disclose otherwise confidential information to my Reporting Agent as necessary to discuss or provide filing or account information relating to withholding and/or sales and use tax returns filed or to be filed and/or deposits made or to be made by the Reporting Agent (including information relating to any penalty resulting from such deposits) as well as deposit requirements. I certify that I have the authority to authorize the disclosure of otherwise confidential tax data on behalf of the Taxpayer.

Printed Name of Taxpayer/Responsible Officer (Required) \_\_\_\_\_

Signature of Taxpayer/Responsible Officer (Required) \_\_\_\_\_ Date (Required) \_\_\_\_\_

Title (Required) \_\_\_\_\_ Telephone number \_\_\_\_\_

