TAX LIABILITY REQUIREMENTS
FORM F

Environment Article § 1-202. Compliance with Workers’ Compensation Act. Before any license or permit may be issued under this article to an employer to engage in an activity in which the employer may employ a covered employee, as defined in § 9-101 of the Labor and Employment Article, the employer shall file with the issuing authority:

(1) A certificate of compliance with the Maryland Workers’ Compensation Act; or
(2) The number of a workers’ compensation insurance policy or binder.

Environment Article § 1-203. Consideration of violations; renewal of licenses or permits; verification of payment of taxes and unemployment insurance contributions.

(b) Renewal; verification of payment of taxes and unemployment insurance contributions.

(1) A license or permit is considered renewed for purposes of this subsection if the license or permit is issued by a unit of State government to a person for the period immediately following a period for which the person previously possessed the same or a substantially similar license.

(2) Before any license or permit may be renewed under this article, the issuing authority shall verify through the office of the Comptroller that the applicant has paid all undisputed taxes and the unemployment insurance contributions payable to the Comptroller or the Secretary of Labor, Licensing, and Regulation or that the applicant has provided for payment in a manner satisfactory to the unit responsible for collection.

Before the Maryland Department of the Environment (the Department) can process or issue your renewal license, permit, or certification, MDE must verify compliance with this law by having you provide the following information:

Current MDE Permit Number: ____________________________________________

Name of Permit Holder: ____________________________________________

Address: ____________________________________________

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip code</th>
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</thead>
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Workers’ Compensation Act

☐ Proof attached as required under Environment Article § 1-202.

☐ Exempt- no employees in Maryland

Federal Employer Identification Number (FEIN): ____________________________ or

Maryland Taxpayer Number/Social Security Number: ____________________________

Contact Name and Phone: ____________________________________________

Title: ____________________________________________

Date: October 2017
TTY Users: 800-735-2258
Privacy Act Notice: This Notice is provided pursuant to the Federal Privacy Act of 1974, 5 U.S.C. §552a. Disclosure of your Federal Tax Identification, Maryland Taxpayer, or Social Security Number on this form is mandatory pursuant to the provisions of Environment Article §1-203 of, Annotated Code of Maryland, which requires the Department to verify that an applicant for a permit or license has paid all undisputed taxes and unemployment insurance. Federal Tax Identification, Maryland Taxpayer or Social Security Numbers will not be used for any purposes other than those described in this Notice.

Notice: Collection of Personal Records – State Government Article § 10-624
This Notice is provided pursuant to § 10-624 of the State Government Article of the Maryland Code. The personal information requested on this form is intended to be used in processing your application. Failure to provide the information requested may result in your application not being processed. You have the right to inspect, amend, or correct this form. The Department is a public agency and subject to the Maryland Public Information Act. This form may be made available on the Internet via the Department’s website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State law.

Certification: I certify that the information provided on Form F is true and correct to the best of my knowledge.

________________________________________     __________________________
Signature      Date

If you have questions, please call the Oil Control Program at (410) 537-3442