



18PTPV057

Print Using Blue or Black Ink Only. Use only one PV per payment type.

\_\_\_\_\_  
Your Social Security Number

\_\_\_\_\_  
If Joint Return, Spouse's Social Security Number

\_\_\_\_\_  
Your First Name

\_\_\_\_\_  
MI

\_\_\_\_\_  
Your Last name

\_\_\_\_\_  
If Joint Return, Spouse's First Name

\_\_\_\_\_  
MI

\_\_\_\_\_  
Spouse's Last Name

\_\_\_\_\_  
Current Mailing Address - Line 1 (Street No. and Street Name or PO Box)

\_\_\_\_\_  
Current Mailing Address - Line 2 (Apt. No., Suite No., Floor No.)

\_\_\_\_\_  
City or Town

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

**PAYMENT TYPE**

Check box for type of payment (Check **ONLY** one); also  
Check **New account** box if **first time** estimated filer.

- 502 Payment Tax Year: \_\_\_\_\_
- 505 Payment Tax Year: \_\_\_\_\_
- Estimated payment/Quarterly Tax Year: \_\_\_\_\_
- New account
- Extension Payment Tax Year: \_\_\_\_\_

**PAYMENT AMOUNT**

Amount you are paying by check or money order.  
Make your check or money order payable to  
"Comptroller of Maryland"

\_\_\_\_\_ Dollars \_\_\_\_\_ Cents

Mail to:  
Comptroller of Maryland  
Payment Processing  
PO Box 8888  
Annapolis, MD 21401-8888

ATTACH CHECK OR MONEY ORDER HERE WITH ONE STAPLE.