



**COMPTROLLER
of MARYLAND**

Serving the People

Peter Franchot
Comptroller

Sharonne Bonardi
Director
Compliance Division

March 17, 2015

Re: ASSESSMENT OF SALES AND USE TAX
Taxpayer:
TIN:
CR No.:
Tax Period: 07/12/2010 through 09/30/2013
Tracking No.: 81148

ORIGINAL AMOUNT

SETTLEMENT AMOUNT

Tax:	\$ 15,638.16	Tax:	\$ 9,740.19
Interest:	\$ 4,985.97	Interest:	\$ 268.36
Penalty:	\$ <u>1,563.82</u>	Penalty:	\$ <u>WAIVED</u>
Total:	\$ 22,187.95	Subtotal:	\$ 10,008.55

Dear Ms. Hundertmark:

This letter is in response to the hearing held in the Comptroller's Baltimore office on September 22, 2014, regarding the sales and use tax assessment for the above-referenced tax period, issued on May 21, 2014.

Various adjustments to the original assessment have been processed based on documentation provided by your representative, Mr. Ken Dickard. For purposes of settling the case, I will agree to abate penalty on the revised tax amount of \$974.02. I will also agree to abated all interest on the assessed sales tax, based on the letter from the Comptroller's Office stating that your company was not required to have a sales tax license, and I will bring the interest on capital assets and expensed purchases back to the date of the assessment in the amount of \$268.36.

In exchange for the abatement of penalty and the abatement and freezing of interest in the above mentioned amount, the taxpayer agrees to: (1) withdraw its appeal of the sales and use tax assessment for the above-referenced tax period; (2) stay current with all tax filings and payments; and (3) remit remaining balance due of \$10,008.55 by **April 16, 2015**.

301 West Preston Street • Baltimore, MD 21201-2383

Maryland Relay 711 • TTY 410-767-1967 • http://taxes.marylandtaxes.com/Tax_Compliance_and_Enforcement/Tax_Compliance_Information/

Baltimore Metro Area: 410-767-4766 • E-mail: kadams@comp.state.md.us

By entering into and signing this settlement agreement, the taxpayer acknowledges and agrees that the taxpayer is withdrawing its application for revision of the assessment under Tax-General Article Section 13-508. The taxpayer further agrees to waive any rights to have a hearing officer issue a Notice of Final Determination on the application for revision of the assessment and subsequently to appeal that hearing officer's decision to the Maryland Tax Court.

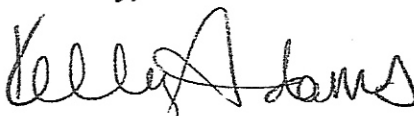
If the terms of this letter are acceptable, please execute this agreement and return it to me along with full payment in the amount of \$10,008.55 by April 16, 2015. This executed agreement and payment should be mailed to my attention at the following address:

**Comptroller of Maryland
301 West Preston Street
Hearings and Appeals, Room 315
Baltimore, Maryland 21201-2383
Attn: Kelly Adams**

In the event that I do not receive the executed agreement and payment by April 2, 2015, I will issue a Notice of Final Determination in this matter.

Thank you for your assistance in resolving this matter. If you have any questions, please call.

Sincerely,



Kelly Adams, Esq.
Hearing Officer
410-767-4766
kadams@comp.state.md.us

ACCEPTED:

BY: _____ DATE: _____

Title: _____

Cc: Ken Dickard

Name: .
t/a:
Address:

Schedule: A
Filename: sut-wkbk
Account #:
Audited By: Marta A. Kostecka

Recap
Period: 07/12/10 to 09/30/13

Date: 26-Feb-15

hearing adjustments

Schedule	Type		Tax Deficiency
B	Capital assets	\$506.51	original \$506.51
C	Expensed purchases	397.05	2,698.91
D	Sales	9,122.49	12,432.74
E	Tax Remittance	(285.86)	0.00
			<u>15,638.16</u>
Sales & Use Tax total			\$9,740.19

Total Tax Deficiency

\$9,740.19

Acknowledgement of Audit Closing Meeting

1. By signing below Taxpayer or Authorized Representative is acknowledging receipt of workpapers accompanied by an explanation of the audit results.
2. The deficiency listed above does not represent a formal assessment. A formal assessment notice accompanied by appeal rights will be mailed to the Taxpayer.
3. The Taxpayer or Authorized Representative acknowledges that during the final closing conference the auditor has explained applicable interest and penalty charges will be included on the formal assessment notice.

**Taxpayer
or Authorized Representative**

By _____
Name _____
Title _____
Date _____

Signatory
Print Name

