

Report of Agency Accountability

Date: _____

TO: Ms. Sandra Zinck, Director
Comptroller of Maryland – General Accounting Division
Louis L. Goldstein Treasury Building, P.O. Box 746
Annapolis, Maryland 21404-0746
GAD@marylandtaxes.gov

Agency Name: _____ R*STARS Agency: _____

Unit Name: _____ Unit Number(s): _____
(for multiple accounting offices)

Address: _____

Agency Employee(s) Responsible for Accounting Control and Records:

Name & Title

Telephone Number & E-Mail

(Please attach a separate sheet if space provided isn't sufficient.)

To Whom Should Letters, Emails, Forms, etc. be directed:

Name & Title

Telephone Number & E-Mail

Address: _____

Authorized by: _____

(signature)

Title: _____

Secretary or Agency Head