

ANNUAL REPORT - Due by April 15th

STATE OF MARYLAND, DEPARTMENT OF ASSESSMENTS AND TAXATION, TAXPAYER SERVICES DIVISION
 P.O. Box 17052, Baltimore, Maryland 21297-1052 • www.dat.maryland.gov • (410) 767-1340 • (888) 246-5941 within Maryland
 sdat.charterhelp@maryland.gov

YEAR

Form 3
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Date Received
 by Department

CHECK
 ONE

Type of Business	Dept. ID Prefix	Filing Fee
<input type="checkbox"/> Domestic or Foreign Credit Unions	(D, F)	\$300

A Maryland Form 3 must be filed by all credit unions that are incorporated, qualified or registered to do business in the State of Maryland.
This report is required even if the business owns no property in the State or has not conducted any business activity during the year. In addition, failure to file will result in forfeiture of the charter of a domestic corporation or forfeiture of the right to do business in the State of a foreign corporation.

SECTION I - ALL BUSINESS ENTITIES COMPLETE

PLEASE CHECK IF THIS IS AN AMENDED RETURN:

NAME OF BUSINESS		
MD DEPARTMENT ID NUMBER <small>(Letter Prefix followed by 8-digit number)</small>		
FEDERAL EMPLOYER IDENTIFICATION # <small>(9-digit number assigned by the IRS)</small>		
STATE OF INCORPORATION OR FORMATION		
DATE OF INCORPORATION OR FORMATION		
FEDERAL PRINCIPAL BUSINESS CODE <small>(6-digit number on file with IRS)</small>		
TRADING AS NAME		
MAILING ADDRESS		
<input type="checkbox"/> Check here if this is a change of mailing address.		
PLEASE NOTE: This will not change your Principal Office address. You must file a Resolution to change a Principal Office address.		
City	State	Zip Code
Country		
Note: Please include an e-mail address in order to receive important reminders from the Maryland Department of Assessments and Taxation.		
EMAIL ADDRESS		

SECTION II - ALL BUSINESS ENTITIES COMPLETE

A. Corporate Officers (names and mailing addresses)

President	City	State	Zip Code
Vice-President	City	State	Zip Code
Secretary	City	State	Zip Code
Treasurer	City	State	Zip Code

B. Corporate Directors (names only)

INCLUDE MD DEPARTMENT ID NUMBER ON CHECK



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The Department may grant a 2 month extension to file this **Annual Report**. To request an extension via our website, go to: <http://pprextensions.dat.maryland.gov/>. This option is free of charge and offers Maryland Department ID Number look-up, extension verification, confirmation numbers and recall lists by confirmation number. Always print and keep a copy of the confirmation number. The Department will automatically accept it as evidence of a valid approved extension in case there is ever a problem. When you file for an extension via our website, please do not also submit a paper extension request. The online system is available 24 hours a day, 7 days a week, beginning February 1st through April 15th.

Please file early to avoid possible delays due to the heavy usage of this system, which usually occurs in the last few weeks prior to April 15th.

SECTION III - ALL BUSINESS ENTITIES COMPLETE

By signing this form below, you declare, under the penalty of perjury, and pursuant to Tax-Property Article 1-201 of the Annotated Code of Maryland, that this Annual Report, including any accompanying forms, schedules, and/or statements, has been examined by you and, to the best of your knowledge and belief, is a true, correct, and complete Annual Report for the Entity listed in Section I.

A. Firm or Individual, other than taxpayer, preparing this Annual Report/Personal Property Tax Return:

NAME			
SIGNATURE AND DATE			Date
MAILING ADDRESS			
	City	State	Zip Code
EMAIL ADDRESS			
PHONE NUMBER			

B. Corporate Officer or Principal of Entity

NAME			
SIGNATURE AND DATE			Date
MAILING ADDRESS			
	City	State	Zip Code
EMAIL ADDRESS			
PHONE NUMBER			



Please make sure to sign and date your **Annual Report** before submitting it. Filings must include all filing fees. Make checks payable to: **The Maryland State Department of Assessments and Taxation**

