

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

2018

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Date Received
 by Department

CHECK ONE

Type of Business	Dept. ID Prefix	Filing Fee
<input type="checkbox"/> Bank, Savings Bank, Savings & Loan and Trust Companies	(D, F, U)	\$300
<input type="checkbox"/> Other Financial Institutions	(A, D, E, F, M, P, W)	\$300

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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If you answer "Yes" to the question in **Section III**, below, please complete **Sections IV** through **IX** (*Personal Property Tax Return*) and return it, along with this *Annual Report*, to the Department.
If you answer "No", you DO NOT need to complete the *Personal Property Tax Return*.
Instead, complete **Section IV** only, and return the *Annual Report* to the Department.

SECTION III - ALL BUSINESS ENTITIES COMPLETE

A. Does the business own, lease, or use personal property located in Maryland?

Yes No

SECTION IV - 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			



Did you answer "Yes" to the question in **Section III**?
If so, please continue on to **Sections V - IX** (pages 3 - 5).
If not, **STOP HERE** and return this Annual Report (pages 1 - 2)
to the **Maryland Department of Assessments and Taxation**



PERSONAL PROPERTY TAX RETURN - Due by April 15th

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NAME OF BUSINESS	
MD DEPARTMENT ID NUMBER (Letter Prefix followed by 8-digit number)	

SECTION V - ALL BUSINESS ENTITIES COMPLETE

- A. Is this the first Personal Property Tax Return filed by this business entity?
- B. Does this business entity succeed an already established business entity?

Yes No

Yes No

If you answer "Yes" to both questions, please complete this section;

NAME OF FORMER BUSINESS			
MD DEPT. ID OF FORMER BUSINESS			
FORMER BUSINESS LOCATION			
	City	State	Zip Code

SECTION VI - ALL BUSINESS ENTITIES COMPLETE

- A. Is any business conducted in Maryland? Yes No B. Date began: ____/____/____
- C. Nature of business: _____
- D. If business operates on a fiscal year: Start: ____/____/____ End: ____/____/____
- E. Total Gross Sales, or amount of business transacted during prior year in Maryland: \$ _____

If you report Total Gross Sales in question E of Section VI, but do not report any personal property in Section VII, please explain how business is conducted without using personal property. If the business is using personal property of another business entity, please provide the name and address of that business entity below.

F. Explanation: _____

NAME OF THE OTHER BUSINESS			
MD DEPT. ID OF THE OTHER BUSINESS			
LOCATION OF THE OTHER BUSINESS			
	City	State	Zip Code



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NOTE: Show the exact physical location(s) of all personal property owned and used in the State of Maryland, including county, town, and street address (PO Boxes are not acceptable.) Doing this will assure proper distribution of assessments. If property is located in two or more jurisdictions, provide a break-down for each location by completing additional copies of **Section VII**. For 5 or more locations, please provide the information per location in an electronic format (**see** instructions.)

SECTION VII - ALL BUSINESS ENTITIES COMPLETE

PLEASE PROVIDE THE ACTUAL, PHYSICAL LOCATION OF ALL PERSONAL PROPERTY (address)			
	City	State	Zip Code

Check here if this is a change of location.

A. Is the personal property located inside the limits of an incorporated town?

Yes No

If you answer "Yes", please complete this section;

NAME OF INCORPORATED TOWN	
COUNTY OF INCORPORATED TOWN	

B. Please provide the original cost, by year of acquisition, for any furniture, fixtures, tools, machinery and/or equipment not used for manufacturing or research & development:

Year Acquired	A	B	C	D	E	F	G	Total Cost
2017								
2016								
2015								
2014								
2013								
2012								
2011								
2010 & prior								
Total Cost in Columns A - G								

C. Computer hardware and canned software used in the processing of loans or deposits, but not used in word processing.

HARDWARE	Year Acquired	B	D
	2017		
	2016		
	2015 & prior		
	TOTAL		

CANNED SOFTWARE	Year Acquired	B	D
	2017		
	2016		
	2015 & prior		
	TOTAL		

D. All other computer hardware and canned software not reported above.

HARDWARE	Year Acquired	B	D
	2017		
	2016		
	2015 & prior		
	TOTAL		

CANNED SOFTWARE	Year Acquired	B	D
	2017		
	2016		
	2015 & prior		
	TOTAL		



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NOTE: Show the original cost of all personal property owned and used in the State of Maryland, by year of acquisition. Please round-up any values to the nearest whole dollar amount. Complete **Section VII** for each location conducting business in Maryland at any time during the taxable year.

SECTION VII (con't) - ALL BUSINESS ENTITIES COMPLETE

E. Vehicles with interchangeable Registration and/or Unregistered vehicles:

Year Acquired	2017	2016	2015	2014	2013	2012	2011	2010 & Prior	Total Cost
Original Cost									

**** Before you complete F, G, or H below, please review the Special Instructions**

F. Other personal property not already identified:

Year Acquired	2017	2016	2015	2014	2013	2012	2011	2010 & Prior	Total Cost
Original Cost									

Describe property identified above: _____

G. Property owned by others and used or held by the business as lessee or otherwise:

Year Acquired	2017	2016	2015	2014	2013	2012	2011	2010 & Prior	Total Cost
Original Cost									

Describe property identified above: _____

H. Property owned by the business, but used or held by others as lessee or otherwise:

Year Acquired	2017	2016	2015	2014	2013	2012	2011	2010 & Prior	Total Cost
Original Cost									

Describe property identified above: _____

SECTION VIII - ALL BUSINESS ENTITIES COMPLETE

- A. Does the business own any fully depreciated and/or expensed personal property located in Maryland? Yes No
- B. If so, is that property reported in **Section VII**? Yes No
- C. Has the business disposed of any assets, or transferred any assets, in or out of Maryland during the prior year? Yes No

