BUSINESS PERSONAL PROPERTY TAX RETURN

MARYLAND STATE DEPARTMENT OF ASSESSMENTS AND TAXATION TAXPAYER SERVICES DIVISION P.O. BOX 17052 BALTIMORE, MARYLAND 21297-1052

2020 Form 7

Due April 15th

Date Received by Department

RENTAL CONDOMINIUMS, TOWNHOUSES, COTTAGES, ROOMS, ETC

OWNERS OF RENTAL CONDOMINIUMS, TOWNHOUSES, COTTAGES, ROOMS, ETC. MUST COMPLETE THIS RETURN AND SUBMIT IT TO THE DEPARTMENT BY APRIL 15. Information supplied in this return is confidential, not open to public inspection.

OWNER'S NAME, TRADING AS NAME, AND MAILING ADDRESS				
[] CHECK IF THIS IS A CHANGE	OF ADDRESS			
Note: Please include an email address in order to receive important reminders from the Department.				
DEPARTMENT ID NUMBER* (Letter Prefix L followed by 8-digits) L* Required so that the proper account is credited. See Form 20, Application for Sole Proprietorship or General Partnership account number, found on website, https://dat.maryland.gov under Forms and Applications, if you do not already have a Department ID number.				
The Tax Property Article of the Annotated Code of Maryland requires the Maryland Department of Assessments and Taxation to assess annually the tangible personal property owned by you located in Maryland or held by you as agent, broker, consignee, or in any other representative or fiduciary capacity.				
IF YOU DO NOT RENT OR RENT UNFURNISHED - Write the following statement under remarks: My property is for my personal use only or my property is rented unfurnished.				
IF THE PROPERTY WAS SOLD - Submit a copy of the settlement sheet.				
IF YOU RENT YOUR PROPERTY FURNISHED – Complete the following by reporting the original cost (purchase price) of all furnishings, by year of acquisition, excluding refrigerator, range, dishwasher, laundry equipment, and wall-to-wall carpeting. (These items are considered part of the real estate). If you purchased the unit furnished, report the fair market value of the furnishings at the time of purchase.				
Year of Orig Acquisition	inal Cost			
2019				
2018				
2017		TOTAL COST		
2016 & prior				
IMPORTANT: List the exact location of all personal property reported in this return, including county, town, and street address, this assures proper distribution of assessments. If property is located in two or more locations or units, please attach a listing of all locations.				
STREET NUMBER & NAME, CITY/TOWN, COUNTY & ZIP CODE				
MONTH & YEAR UNIT PURCHASED; BUILDING/CONDOMINIUM NAME; UNIT NUMBER				

Department ID Number			2020 Form 7
L			101117
If the property was acquired from an While this information is not requi		de the following, if known: intaining correct assessment recor	ds.
Name of Previous Owner:			
MD Department ID of the Previous C	wner: L		
REMARKS - Please note under rema	arks any explanation, or	changes/disposals made since last ye	ear.
ESTIMATED ASSESSMENTS: Indiv may be twice the estimated value of		ail to file this report will receive estima	ted assessments which
	any accompanying sched	he Tax Property Article 1-201 of the Adules and statements, has been examete return.	
X Taxpayer's Signature	Date	Phone Number and E-mail Add	dress
Preparer's Signature	Date	Phone Number and E-mail Add	ress
Name and Address of Preparer			
Please mail the completed form to: Maryland State Department of Asses			

Business Personal Property Division P.O. Box 17052 Baltimore, Maryland 21297-1052

Contact the Business Personal Property division with questions or comments about this form:

Phone: 410-767-1170, Toll Free within Maryland 888-246-5941

Email: sdat.persprop@maryland.gov

