

**DOMESTIC AND FOREIGN CREDIT UNIONS**

The business has been approved by MarylandSaves for waiver of its 2024 Annual Report filing fee [ ] Yes [ ] No

**NAME OF BUSINESS**

\_\_\_\_\_

**MAILING ADDRESS**

\_\_\_\_\_

Check here if this is a change of mailing address

**DEPARTMENT ID NUMBER\***

(Letter Prefix followed by 8 digits)

\*Required so proper account is credited \_\_\_\_\_

**FEDERAL EMPLOYER ID NUMBER**

(9 digit number assigned by IRS)

\_\_\_\_\_

Include an email address below to receive important reminders from the Department of Assessments and Taxation

\_\_\_\_\_

**SECTION I**

A. Date of incorporation/formation \_\_\_\_\_ State of incorporation/formation \_\_\_\_\_

B. Does the credit union do any part of its business in the State of Maryland?  YES  NO. Date began \_\_\_\_\_

C. If the answer to question B is yes, provide the location from which the business of the credit union is directed and managed.

\_\_\_\_\_

(Street address, city/town, county and zip code; PO Box is not acceptable)

D. Type or print names and addresses of officers and names of directors (corporations only):

**OFFICERS**

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary \_\_\_\_\_

Treasurer \_\_\_\_\_

**Directors (names only)**

\_\_\_\_\_

\_\_\_\_\_

**Completion Required Pursuant to MD Code, Tax Property Article §11-101**

- A.** Is this business a (1) commercial enterprise or business that is formed in Maryland or does business in Maryland; or (2) a corporation, foundation, school, hospital, or other legal entity for which none of the earnings inure to the benefit of any private shareholder or individual holding an interest in the entity? [ ] Yes [ ] No

If you answered “**No**” to Question A, please proceed to Question E. By proceeding to Question E, your signing of this Annual Report confirms, under penalties of perjury, that the entity filing this Annual Report is not required to submit a Corporate Diversity Addendum. Please see Instructions for additional information. If you answered “**Yes**” to Question A, please proceed to Questions B, C, and D.

- B.** Is this business a limited liability company (LLC) owned by a single member? [ ] Yes [ ] No  
**C.** Is this business a privately held company with at least 75% of the company’s shareholders who are family members? [ ] Yes [ ] No  
**D.** Is this business an entity that (1) has an annual operating budget or annual sales less than \$5,000,000; and (2) does not qualify or seek to qualify for a "State benefit" as defined below? [ ] Yes [ ] No

A “State benefit” means (1) a State capital grant funding totaling \$1.00 million or more in a single fiscal year; (2) State tax credits totaling \$1.00 million or in a single fiscal year; or (3) the receipt of a State contract with a total value of \$1.00 million or more. “State contract” means a contract that (a) resulted from a competitive procurement process and (b) is not federally funded in any way.

If you answered “**Yes**” to Question B, C, or D, please proceed to Question E. By proceeding to Question E, your signing of this Annual Report confirms, under penalties of perjury, that the entity filing this Annual Report is not required to submit a Corporate Diversity Addendum. Please see Instructions for additional information.

If you answered “**No**” to Questions B, C, and D, you are legally obligated to complete and return to SDAT with this Annual Report a Corporate Diversity Addendum that is required by COMAR 24.01.07. The Addendum and instructions for submitting the Addendum may be found at <https://dat.maryland.gov/Pages/sdatforms.aspx>. Failure to complete and return the Addendum to SDAT may prohibit you from receiving certain State benefits. Please see Instructions for additional information.

**E. Required information for certain corporations. Please see instructions for more information.**

**Total number of directors** \_\_\_\_\_

**Total number of female directors** \_\_\_\_\_

**SECTION II – 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. Further, you are aware that this entity may be required to report Beneficial Ownership Information to the U.S. Department of the Treasury Financial Crimes Enforcement Network at <https://www.fincen.gov/boi>*

**Corporate Officer or Principal of Entity:**

PRINT NAME & TITLE \_\_\_\_\_

**X SIGNATURE** \_\_\_\_\_ DATE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

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

PRINT NAME OF FIRM \_\_\_\_\_

X SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

## **INSTRUCTIONS**

1. 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 or a foreign corporation to do business in the State. A filing fee of \$300 must be included with the report. The only exception being that the entity has been approved for a waiver of the 2024 filing fee by MarylandSaves.

2. At the beginning of each year, the Department makes the Form 3 available on its website. It is the responsibility of the business to obtain and file a report on time. The due date for filing is April 15. Should the 15 fall on a weekend, the due date is the Monday immediately following April 15. **There is a \$300 Filing fee required to accompany the Form 3. The only exception being that the entity has been approved for a waiver of the 2024 filing fee by MarylandSaves.**

Please mail this Form 3 to:  
Maryland State Department of Assessments and Taxation  
700 E. Pratt St.  
Suite 2700  
Baltimore, Maryland 21202

3. The Department may grant a 2-month extension to file the report. To request an internet extension go to [dat.maryland.gov](https://dat.maryland.gov), Online Services select the link Personal Property Extension or go to <https://dat.maryland.gov/Pages/Services.aspx> and select the Personal Property Filing Extension link. This option is free of charge and offers Department I.D. 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. The Department only accepts online extension requests. This system will open mid-December and will be available 24 hours a day, 7 days a week. Please file early to avoid possible delays due to the heavy usage of this system which occurs in the last week prior to April 15.

**The Department ID number must be provided to ensure proper recording of any extension request.** Requests with incomplete or missing Department ID numbers will not be recorded. No additional extension to file will be allowed. Extensions approved by the Internal Revenue Service or Maryland Comptroller of the Treasury for income tax returns will not be accepted.

If you have questions or comments contact  
Business Personal Property Division:  
Phone: 410-767-1170, 1-888-246-5941  
Email: [SDAT.PersProp@Maryland.gov](mailto:SDAT.PersProp@Maryland.gov)