

**Form 1 Annual Report and Business Personal Property Return**  
**MARYLAND STATE DEPARTMENT OF ASSESSMENTS AND TAXATION**  
 Business Services Unit, P.O. Box 17052, BALTIMORE, MARYLAND 21297-1052

**2026**  
**Form 1**  
 Due April 15<sup>th</sup>  
 Date Received by  
 Department

Type of Business Check one business type below	Dept.ID Prefix	Filing Fee	Type of Business Check one business type below	Dept. ID Prefix	Filing Fee
Domestic or Foreign Stock Corporation	(D) or (F)	\$300	Domestic or Foreign Limited Liability Company	(W) or (Z)	\$300
Domestic or Foreign Non Stock Corporation	(D) or (F)	-0-	Domestic or Foreign Limited Partnership	(M) or (P)	\$300
Domestic or Foreign Statutory Trust	(E) or (S)	\$300	Domestic or Foreign Limited Liability Partnership	(A) or (E)	\$300
Foreign Interstate Corporation	(F)	-0-	Foreign Insurance Corporation	(F)	\$300
SDAT Certified Family Farm	(A,D,M,W)	\$100	Real Estate Investment Trust	(D)	\$300

**For Immediate Submission – File Online at <https://egov.maryland.gov/BusinessExpress/>**

The business has been approved by MarylandSaves for a waiver of its 2026 Annual Report filing fee. [ ] Yes [ ] No

**SECTION I – ALL BUSINESS ENTITIES COMPLETE**  PLEASE CHECK HERE IF THIS IS AN AMENDED RETURN

**NAME OF BUSINESS\*** \_\_\_\_\_

**MAILING ADDRESS**

Check here if this is a change of mailing address. Please note \* This will not Change a Principal Office Address. A Resolution Must be filed to change a Principal Office.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**DEPARTMENT ID NUMBER\***  
 (Letter Prefix followed by 8 digits)

\_\_\_\_\_

**FEDERAL EMPLOYER ID NUMBER**  
 (9 digit number assigned by the IRS)

\_\_\_\_\_

**FEDERAL PRINCIPAL BUSINESS CODE**  
 (6 digit number assigned by the IRS)

\_\_\_\_\_

**NATURE OF BUSINESS\*** \_\_\_\_\_

**EMPLOYER OBLIGATIONS**     [Supplemental Employer Questions](#)

**MARYLANDSAVES - RETIREMENT PROGRAM FOR EMPLOYEES**

In 2016 the MD Legislature passed a law requiring employers to provide a retirement savings plan for their employees. Please click on the link : [MDSAVES](#) to learn more about compliance.

**TRADING AS NAME** \_\_\_\_\_

**EMAIL ADDRESS**

INCLUDE EMAIL ADDRESS TO RECEIVE IMPORTANT REMINDERS FROM THE DEPT. OF ASSESSMENTS AND TAXATION

\*Required fields. Failure to complete may result in rejection of your Form 1 and/or an estimated assessment.

**SECTION II – ONLY CORPORATE ENTITIES COMPLETE**

**A. Corporate Officers (names and mailing addresses)**

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

Secretary \_\_\_\_\_ Treasurer \_\_\_\_\_

**B. Directors (names only)**

\_\_\_\_\_  
 \_\_\_\_\_

Department ID# \_\_\_\_\_

**SECTION III – 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

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 filing 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 on how to submit may be found at [Addendum](#). 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  
 F. Total number of directors \_\_\_\_\_ Total number of female directors \_\_\_\_\_

**SECTION IV ALL BUSINESS ENTITIES COMPLETE**

- A. Does the business own, lease, or use personal property, including inventory, located in Maryland with a total original cost of \$20,000 or more? [ ] Yes [ ] No

If you answered “Yes”, you must complete and include Section IV through Section VIII with this Annual Report

- B. Did the entity dispose, sell or transfer ANY of its business personal property prior to January 1? [ ] Yes [ ] No

If you answered “No” to Question A and “Yes” to Question B, and reported property in the prior year, or received an assessment, you must complete Section VIII and submit with the Annual Report to document the disposal, sale or transfer of ANY business personal property in 2025.

If you answered “No” to both Questions A and B, the Business Personal Property portion of the return may not have to be completed. By answering “No” you are attesting to owning a sum total of personal property in Maryland with an original cost of less than \$20,000 on January 1, 2026.

**INITIAL OR SIGN HERE** \_\_\_\_\_  
 \*Failure to initial or sign here may result in the rejection of your Form 1 and/or an estimated assessment.

Department ID# \_\_\_\_\_

**SECTION V – ALL BUSINESS ENTITIES COMPLETE**

By signing this form below, you declare and attest, under penalty of perjury, and pursuant to Tax-Property Article §1-201 of the Annotated Code of Maryland, that the statements made in this Annual Report, including those on 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. Corporate Officer or Principal of Entity**

Print Name \_\_\_\_\_ X Signature \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

**B. Firm or individual, other than taxpayer, preparing this Annual Report/Personal Property Return**

Print Name \_\_\_\_\_ X Signature \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

**PLEASE BE SURE TO SIGN THIS ANNUAL REPORT TO AVOID REJECTION BY THE DEPARTMENT  
PLEASE MAKE CHECK PAYABLE TO DEPT. OF ASSESSMENTS & TAXATION, OR D.A.T. RECORD DEPT. ID# ON  
CHECK**

**If filing by mail, please return with applicable filing fee to:**

**Department of Assessments and Taxation, Business Services Unit  
P.O. Box 17052, Baltimore, MD 21297-1052  
File Online : [Maryland Business Express](https://dat.maryland.gov)**

**Business Personal Property Division | 700 E. Pratt Street, Suite 2700 | Baltimore, MD 21202 | 410-767-1170 | 888-246-5941  
[dat.maryland.gov](https://dat.maryland.gov)**

Department ID# \_\_\_\_\_

**SECTION VI**

A. Is any business conducted in Maryland? [ ] Yes [ ] No

B. Date began \_\_\_\_\_

C. If the business operates on a fiscal year: Start date \_\_\_\_\_ End date \_\_\_\_\_

D. Total Gross Sales, or amount of business transacted during prior year in Maryland: \$ \_\_\_\_\_

*If you report Total Gross Sales 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 the personal property of another business entity, please provide the name and address of that business entity below.*

E. Explanation: \_\_\_\_\_

NAME OF OTHER BUSINESS: \_\_\_\_\_

MD DEPT. ID OF OTHER BUSINESS: \_\_\_\_\_

LOCATION OF OTHER BUSINESS: \_\_\_\_\_

F. If this is the business' first MD Personal Property Return, state whether or not it succeeds an established business and give name:

G. Does the business own any fully depreciated and/or expensed personal property located in MD: [ ] Yes [ ] No

If yes, is that property reported on this return? [ ] Yes [ ] No

REMARKS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Department ID# \_\_\_\_\_

**SECTION VII – ALL BUSINESS ENTITIES COMPLETE**

**A. PROVIDE THE ACTUAL, PHYSICAL LOCATION OF ALL PERSONAL PROPERTY IN MARYLAND**

*Show the exact physical location of all personal property owned and used in the State of Maryland, including county, city or town, and street address (P.O. Boxes are not acceptable). This ensures proper distribution of assessments. If property is located in two or more jurisdictions, provide a breakdown for each location by completing additional copies of Section VII ( Pages 5 & 6 of Form 1). For 5 or more locations, please include the information per location in an electronic format (see Form 1 instructions)*

[ ] Yes [ ] No Check here if this is a change of location.

Address, Number and Street	Zip Code	County	Town
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**1. Please provide the original cost by year of acquisition for any furniture, fixtures, tools, machinery and/or equipment not used for manufacturing or research and development :**

Year Acquired	A	B	C	D	E	F	G	Total Cost
<b>2025</b>								
<b>2024</b>								
<b>2023</b>								
<b>2022</b>								
<b>2021</b>								
<b>2020</b>								
<b>2019</b>								
<b>2018 &amp; Prior</b>								
<b>Totals</b>								

Describe property identified in B – G above \_\_\_\_\_

**2, Commercial Inventory – Furnish amounts from your most recent Maryland Income Tax Return.**

**\*\*Note : Businesses that need a Traders’ License (Retail sales) must report commercial inventory here.\*\***

**Average Monthly Inventory \$ \_\_\_\_\_**

**3. Supplies / Average Cost \$ \_\_\_\_\_**

**4 .Manufacturing / Research & Development (R&D) Avg. Monthly Inventory \$ \_\_\_\_\_**

Department ID# \_\_\_\_\_

**5. Tools, machinery, and/or equipment used or manufacturing or research and development :**

State the original cost of the property by year of acquisition. Include all fully depreciated property expensed and such Property expensed under IRS rules. If this business is engaged in manufacturing / R&D and is claiming such an exemption for the first time, a manufacturing / R&D exemption application must be submitted by September 1, or within 6 months after the date of the first assessment notice for the taxable year that includes the manufacturing / R&D property. Visit the website : [dat.maryland.gov](http://dat.maryland.gov) for an application and additional information. If the property is located in a taxable jurisdiction, a detailed schedule by depreciation category should be included to take advantage of higher depreciation allowances.

Year Acquired	A	C	D	Year Acquired	A	C	D
2025				2021			
2024				2020			
2023				2019			
2022				2018 & prior			

Describe Property in C & D above: \_\_\_\_\_  
\_\_\_\_\_

Total Cost  
\$

**6. Vehicles with interchangeable Registration and/or Unregistered vehicles:** (dealer, recycler, finance company, special mobile equipment, and transporter plates) and unregistered vehicles should be reported here. See specific instructions.

Year Acquired	Original Cost	Year Acquired	Original Cost
2025		2023	
2024		2022 & prior	

Total Cost  
\$

**7. Non farming livestock :**

Book Value \$	Market Value \$
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**8. Other personal property :**

File separate schedule giving a description of property, original cost, and date of acquisition.

Total Cost  
\$

**9. Property owned by others and used or held by the business as lessee or otherwise.** File separate schedule showing names and addresses of owners, lease number, description of property installation date and separate cost in each case.

Total Cost  
\$

**10. Property owned by the business and used by others as lessee or otherwise :**

File separate schedule showing names and addresses of lessees, lease number, description of property, installation date and original cost by year of acquisition for each location. Schedule should group leases by county where the property is located. Manufacturer lessors should submit the retail selling price of the property, not the manufacturing cost. See specific instructions.

Total Cost  
\$

**Section VIII**

DEPARTMENT ID # (required): \_\_\_\_\_

**BUSINESS PERSONAL PROPERTY RETURN SUPPLEMENTAL DETAILS**

Beginning Month/Day/Year									End Month/Day/Year	
Types of Property	Balance at Beginning of Period		Acquisitions During Period		Transfers <b>IN</b> During Period		Transfers <b>OUT &amp; DISPOSALS</b> During Period		Balance at the End of Period	
	Within Maryland	Total	Within Maryland	Total	Within Maryland	Total	Within Maryland	Total	Within Maryland	Total
1. Inventory										
2. Land										
3. Buildings										
4. Leasehold Improvements										
5. Furniture & Fixtures										
6. Tools, Machinery & Equipment for Manufacturing or Research & Development (Exempt)										
7. Tools, Machinery & Equipment (Non-Exempt)										
8. Transportation Equipment (Registered)										
9. Transportation Equipment (Not Registered & Interchangeable Registrations)										
10. Leased Property										
11. Other (ex. Fully depreciated or Expensed)										
12. Exempt Personal Property *See Below										

**\* EXEMPTION CLAIMED**

Type of Organization <input type="checkbox"/> Charitable/Educational <input type="checkbox"/> Religious <input type="checkbox"/> Veterans <input type="checkbox"/> Other _____ Specify _____	Type of Property <input type="checkbox"/> Vehicles (Registered) <input type="checkbox"/> Aircraft <input type="checkbox"/> Rental Heavy Equipment <input type="checkbox"/> Other _____ Specify _____
<input type="checkbox"/> Vessels (under 100 ft.) <input type="checkbox"/> Farming Implements (Farmers Only)	

<b>TRANSFERS</b>	Date of transfer:	Location where transferred? Address, City & State	
<b>DISPOSALS</b>	Date of disposal:	Manner of disposal? (Sale, junked, donation, etc.)	Name of buyer? (For Sales Only)

Department ID# \_\_\_\_\_

**SECTION IX – ALL ENTITIES MUST COMPLETE**

By signing this form below, you declare and attest, under penalty of perjury, and pursuant to Tax-Property Article §1-201 of the Annotated Code of Maryland, that the statements made in this Form 1, including any accompanying forms, schedules, and/or statements, have been examined by you and, to the best of your knowledge and belief, is a true, correct, and complete.

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<b>X Taxpayer's Signature / Date</b>	<b>Print Name</b>	<b>Phone # &amp; email address</b>
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<b>X Preparer's Signature / Date</b>	<b>Print Name</b>	<b>Phone # &amp; email address</b>
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**IMPORTANT REMINDER**

If you discontinued business prior to January 1, 2026, notify the Department immediately stating to whom and date all personal property was sold. If business is sold between January 1, 2026 and July 1, 2026, submit Bill of Sale, including value of all personal property, name and address of the buyer, on or before October 1, 2026.

**PENALTY CLAUSES**

1. An entity which files an annual return postmarked after the due date of April 15<sup>th</sup>, will receive an initial penalty of 1/10 of one percent of the county assessment, plus interest at the rate of two percent of the initial penalty amount for each 30 days or part thereof that the return is late. Interest is calculated at 2% of the initial penalty for each 30 days or a fraction of a 30-day period that the report is not submitted.
2. Do not prepay any anticipated penalty. The Dept. will bill the entity for any late filed penalty owed.
3. Entities which fail to file this report will receive estimated assessments which will be twice the estimated value of the personal property owned. In addition, failure to file this report will result in forfeiture of the Maryland charter or the right to do business in Maryland.

CATEGORY A 10% per annum\*  
All property not specifically listed below.

SPECIAL DEPRECIATION RATES (Use of the rates listed below apply only to the items specifically listed. Use Category A for all other assets.)

CATEGORY B 20% per annum\*  
Mainframe computers originally costing \$500,000 or more.

CATEGORY C 20% per annum\*  
Autos (unlicensed), bowling alley equipment, brain scanners, carwash equipment, fax machines, contractor's heavy equipment (tractors, bulldozers), hotel, motel, hospital and nursing home furniture and fixtures (room and lobby), MRI equipment, mobile telephones, model home furnishings, music boxes, outdoor Christmas decorations, outdoor theater equipment, photocopy equipment, radio and T.V. transmitting equipment, rental pagers, rental soda fountain equipment, self-service laundry equipment, stevedore equipment, theater seats, trucks (unlicensed), vending machines (cigarette, candy, soft drink), x-ray equipment.

CATEGORY D 30% per annum\*\*  
Data processing equipment, canned software.

CATEGORY E 33 1/3% per annum\*  
Blinds, carpets, drapes, shades. The following applies to equipment rental companies only: rental stereo and radio equipment, rental televisions, rental video cassette recorders and rental video tapes.

CATEGORY F 50% per annum\*  
Pinball machines, rental tuxedos, rental uniforms, video games.

CATEGORY G 5% per annum\*\*\*  
Boats, ships, vessels,(over 100 feet).

**LONG-LIVED ASSETS**

Property determined by the Department to have an expected life in excess of 10 years at the time of acquisition shall be depreciated at an annual rate as specified by the Department.

\* Subject to a minimum assessment of 10% of the original cost.  
\*\* Subject to a minimum assessment of 5% of the original cost.  
\*\*\*Subject to a minimum assessment of 25% of the original cost.