

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 1
 Page 1 of 5

Date Received
 by Department

CHECK
 ONE

Type of Business	Dept. ID Prefix	Filing Fee	Type of Business	Dept. ID Prefix	Filing Fee
<input type="checkbox"/> Domestic Stock Corporation	(D)	\$300	<input type="checkbox"/> Domestic Limited Liability Company	(W)	\$300
<input type="checkbox"/> Foreign Stock Corporation	(F)	\$300	<input type="checkbox"/> Foreign Limited Liability Company	(Z)	\$300
<input type="checkbox"/> Domestic Non-Stock Corporation	(D)	- 0 -	<input type="checkbox"/> Domestic Limited Partnership	(M)	\$300
<input type="checkbox"/> Foreign Non-Stock Corporation	(F)	- 0 -	<input type="checkbox"/> Foreign Limited Partnership	(P)	\$300
<input type="checkbox"/> Foreign Insurance Corporation	(F)	\$300	<input type="checkbox"/> Domestic Limited Liability Partnership	(A)	\$300
<input type="checkbox"/> Foreign Interstate Corporation	(F)	- 0 -	<input type="checkbox"/> Foreign Limited Liability Partnership	(E)	\$300
<input type="checkbox"/> SDAT Certified Family Farm	(A,D,M,W)	\$100	<input type="checkbox"/> Domestic Statutory Trust	(B)	\$300
<input type="checkbox"/> Real Estate Investment Trust	(D)	\$300	<input type="checkbox"/> Foreign Statutory Trust	(S)	\$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 - ONLY CORPORATE 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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Form 1
 Page 2 of 5

If you answer "Yes" to either of the two questions in **Section III**, below, please complete **Sections IV** through **VII** (*Personal Property Tax Return*) and return it, along with this *Annual Report*, to the Department.
 If you answer "No" to BOTH questions in **Section III**, below, 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
- B. Does the business maintain a trader's license with a local unit of government 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 either question in **Section III**?
 If so, please continue on to **Sections V - VIII** (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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YEAR

Form 1
Page 3 of 5

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

STOP! If you answered "No" to BOTH questions in Section III, DO NOT complete Sections V - VIII and DO NOT submit them.

SECTION V - ALL BUSINESS ENTITIES COMPLETE

- A. Is this the first Personal Property Tax Return filed by this business entity? Yes No
- B. Does this business entity succeed an already established business entity? 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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Form 1
Page 4 of 5

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
Total Cost in Columns A - G								

Describe property identified in B - G above: _____

*Please provide amounts from your most recent Maryland Income Tax Return	Inventory Type	Date	US Dollar (\$) Amount
C. Commercial Inventory:	Opening		
	Closing		
	Average		
D. Supplies:	Average Cost		
E. Manufacturing and/or Research and Development (R&D):	Opening		
	Closing		
	Average		



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Form 1
Page 5 of 5

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

F. Tools, machinery, and/or equipment used for manufacturing or research and development:

Year Acquired									Total Cost
Original Cost									

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

Year Acquired									Total Cost
Original Cost									

H. Non-farming livestock:

Book Value (\$)		Market Value (\$)	
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**** Before you complete I, J, or K below, please review the Special Instructions**

I. Other personal property not already identified:

Year Acquired									Total Cost
Original Cost									

Describe property identified above: _____

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

Year Acquired									Total Cost
Original Cost									

Describe property identified above: _____

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

Year Acquired									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

