

**PERSONAL PROPERTY TAX RETURN - 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) 767-1170 • (888) 246-5941 within Maryland •  
 sdat.persprop@maryland.gov

YEAR

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Date Received  
 by Department

CHECK  
 ONE

**Rental Condominiums, Townhouses, Cottages, Rooms, etc.** (L) - \$0 -

*IF YOU RENT YOUR PROPERTY FURNISHED - List 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. Also enclose a copy of your depreciation schedule. If you purchased the unit furnished, report the fair market value of the furnishings at the time of purchase.*

*IF YOU DO NOT RENT OR RENT UNFURNISHED - Write the following statement in REMARKS under Section II: "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.*

**SECTION I - ALL BUSINESS ENTITIES COMPLETE**

**PLEASE CHECK IF THIS IS AN AMENDED RETURN:**

OWNER'S NAME			
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		
	<b>Note: Please include an e-mail address in order to receive important reminders from the Maryland Department of Assessments and Taxation.</b>		
EMAIL ADDRESS			

**SECTION II - ALL BUSINESS ENTITIES COMPLETE**

A. Please provide the original cost of all personal property, by year of acquisition.

Year Acquired	Original Cost

TOTAL COST: \$

B. 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, please attach a listing of all locations.

PLEASE PROVIDE THE ACTUAL, PHYSICAL LOCATION OF ALL PERSONAL PROPERTY (address)  <input type="checkbox"/> Check here if this is a change of location.			
	City	State	Zip Code

REMARKS: \_\_\_\_\_



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**SECTION III - 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 Personal Property Tax Return, 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 completed Personal Property Tax Return for the Entity listed in Section I.*

**A. Firm or Individual, other than taxpayer, preparing this Personal Property Tax Return:**

NAME			
SIGNATURE AND DATE		Date	
MAILING ADDRESS			
	City	State	Zip Code
EMAIL ADDRESS			
PHONE NUMBER			

**B. Taxpayer/Property Owner:**

NAME			
SIGNATURE AND DATE		Date	
MAILING ADDRESS			
	City	State	Zip Code
EMAIL ADDRESS			
PHONE NUMBER			

