

**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

**2018**

**Form 1**  
**Page 1 of 2**

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.		
<b>PLEASE NOTE:</b> 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 - 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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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**

