BUSINESS PERSONAL PROPERTY TAX RETURN

MARYLAND STATE DEPARTMENT OF ASSESSMENTS AND TAXATION TAXPAYER SERVICES DIVISION P.O. BOX 17052 BALTIMORE, MARYLAND 21297-1052

2019
Form 7
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Due April 15th

Date Received by Department

RENTAL CONDOMINIUMS, TOWNHOUSES, COTTAGES, ROOMS, ETC

OWNERS OF RENTAL CONDOMINIUMS, TOWNHOUSES, COTTAGES, ROOMS, ETC. MUST COMPLETE THIS RETURN AND SUBMIT IT TO THE DEPARTMENT BY APRIL 15. Information supplied in this return is confidential, not open to public inspection.

OWNER'S NAME, TRADING AS NAME, AND MAILING ADDRESS						
[] CH	HECK IF THIS IS A	CHANGE OF ADDRESS				
Note: Please include an email address in order to receive important reminders from the Department.						
*Requ	uired so that the p		ed. See Form 20, Application for Se	ole Proprietorship or General Partnership plications, if you do not already have a		
The Tax Property Article of the Annotated Code of Maryland requires the Maryland Department of Assessments and Taxation to assess annually the tangible personal property owned by you located in Maryland or held by you as agent, broker, consignee, or in any other representative or fiduciary capacity.						
IF YOU DO NOT RENT OR RENT UNFURNISHED - Write the following statement under remarks: My property is for my personal use only or my property is rented unfurnished.						
IF TH	E PROPERTY W	AS SOLD - Submit a co	opy of the settlement sheet.			
IF YOU RENT YOUR PROPERTY FURNISHED – Complete the following by reporting 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). If you purchased the unit furnished, report the fair market value of the furnishings at the time of purchase.						
	Year of Acquisition	Original Cost				
	2018					
	2017					
	2016		TOTAL COST			
	2015 & prior					
IMPORTANT: 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 or units, please attach a listing of all locations.						
STREE	T NUMBER & NAME,	CITY/TOWN, COUNTY & Z	IP CODE			
MONTH & YEAR UNIT PURCHASED; BUILDING/CONDOMINIUM NAME; UNIT NUMBER						

CHANGING

Maryland

301 WEST PRESTON STREET, BALTIMORE, MARYLAND 21201-2395

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MARYLAND STATE DEPARTMENT OF ASSESSMENTS & TAXATION

SDAT BPP Form 7 2019

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If the property was acquired from another party, please provide the following, if known: While this information is not required, it will assist in maintaining correct assessment records.	
Name of Previous Owner:	
MD Department ID of the Previous Owner: L	
REMARKS - Please note under remarks any explanation, or changes/disposals made since last year.	
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ESTIMATED ASSESSMENTS: Individuals and firms which fail to file this report will receive estimated assessments which may be twice the estimated value of the property owned.

I declare under the penalties of perjury, pursuant to the Tax Property Article 1-201 of the Annotated Code of Maryland, that this return, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true, correct and complete return.

X Taxpayer's Signature	Date	Phone Number and E-mail Address
Preparer's Signature	Date	Phone Number and E-mail Address

Name and Address of Preparer

Please mail the completed form to: Maryland State Department of Assessments and Taxation **Business Personal Property Division** P.O. Box 17052 Baltimore, Maryland 21297-1052

Contact the Business Personal Property division with questions or comments about this form:

Phone: 410-767-1170, Toll Free within Maryland 888-246-5941

Email: sdat.persprop@maryland.gov