

DOMESTIC AND FOREIGN CREDIT UNIONS

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

NAME OF BUSINESS _____

DEPARTMENT ID NUMBER*

(Letter Prefix followed by 8 digits)

*Required so proper account is credited _____

FEDERAL EMPLOYER ID NUMBER

(9 digit number assigned by IRS) _____

Include an email address below to receive important reminders from the Department of Assessments and Taxation

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 this link : [Link here](#) to learn more about compliance.

SECTION I

A. Date of incorporation/formation _____ State of incorporation/formation _____

B. Does the credit union do any part of its business in the State of Maryland? ☐ YES ☐ NO. Date began _____

C. If the answer to question B is yes, provide the location from which the business of the credit union is directed and managed.

(Street address, city/town, county and zip code; PO Box is not acceptable)

D. Type or print names and addresses of officers and names of directors (corporations only):

OFFICERS

President _____

Vice President _____

Secretary _____

Treasurer _____

Directors (names only)

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

A "State benefit" means (1) a State capital grant funding totaling \$1.00 million or more in a single fiscal year; (2) State tax credits totaling \$1.00 million or in a single fiscal year; or (3) the receipt of a State contract with a total value of \$1.00 million or more. "State contract" means a contract that (a) resulted from a competitive procurement process and (b) is not federally funded in any way.

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 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 for submitting the Addendum may be found at <https://dat.maryland.gov/Pages/sdatforms.aspx>. 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.

Total number of directors _____

Total number of female directors _____

SECTION II – 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.

Corporate Officer or Principal of Entity:

PRINT NAME & TITLE _____

X SIGNATURE _____ **DATE** _____

PHONE NUMBER _____ EMAIL ADDRESS _____

Firm or Individual, other than taxpayer, preparing this Annual Report/Personal Property Tax Return:

PRINT NAME OF FIRM _____

X SIGNATURE _____ **DATE** _____

PHONE NUMBER _____ EMAIL ADDRESS _____

INSTRUCTIONS

1. A Maryland Form 3 must be filed by all credit unions that are incorporated, qualified or registered to do business in the State of Maryland. This report is required even if the business owns no property in the State or has not conducted any business activity during the year. In addition, failure to file will result in forfeiture of the charter of a domestic corporation or forfeiture of the right or a foreign corporation to do business in the State. A filing fee of \$300 must be included with the report. The only exception being that the entity has been approved for a waiver of the 2023 filing fee by MarylandSaves.

2. At the beginning of each year, the Department makes the Form 3 available on its website. It is the responsibility of the business to obtain and file a report on time. The due date for filing is April 15. Should the 15th fall on a weekend, the due date is the Monday immediately following April 15th. **There is a \$300 Filing fee required to accompany the Form 3. The only exception being that the entity has been approved for a waiver of the 2026 filing fee by MarylandSaves.**

Please mail this Form 3 to:
Maryland State Department of Assessments and Taxation
700 E. Pratt St.
Suite 2700
Baltimore, Maryland 21202

2. The Department may grant a 2-month extension to file the report. To request an internet extension go to dat.maryland.gov, Online Services select the link Personal Property Extension or go to <https://dat.maryland.gov/Pages/Services.aspx> and select the Personal Property Filing Extension link. This option is free of charge and offers Department I.D. look-up, extension verification, confirmation numbers and recall lists by confirmation number. Always print and keep a copy of the confirmation number. The Department will automatically accept it as evidence of a valid approved extension in case there is ever a problem. The Department only accepts online extension requests. This system will open mid-December and will be available 24 hours a day, 7 days a week. Please file early to avoid possible delays due to the heavy usage of this system which occurs in the last week prior to April 15.

The Department ID number must be provided to ensure proper recording of any extension request. Requests with incomplete or missing Department ID numbers will not be recorded. No additional extension to file will be allowed. Extensions approved by the Internal Revenue Service or Maryland Comptroller of the Treasury for income tax returns will not be accepted.

If you have questions or comments contact
Business Personal Property Division:
Phone: 410-767-1170, 1-888-246-5941
Email: SDAT.PersProp@Maryland.gov