

# ANNUAL REPORT

MARYLAND STATE DEPARTMENT OF ASSESSMENTS AND TAXATION  
Taxpayer Services - Charter Division P.O. Box 17052, BALTIMORE, MARYLAND 21297-1052

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**Form 1**

Due April 15<sup>th</sup>

Date Received  
by Department

Type of Business Check one business type below	Dept. ID Prefix	Filing Fee	Type of Business Check one business type below	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

### NAME OF BUSINESS

\_\_\_\_\_

### MAILING ADDRESS

☐ 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.

\_\_\_\_\_

### DEPARTMENT ID NUMBER

(Letter Prefix followed by 8-digits)

\_\_\_\_\_

### FEDERAL EMPLOYER IDENTIFICATION NUMBER

(9-digit number assigned by the IRS)

\_\_\_\_\_

### STATE & DATE OF INCORPORATION OR FORMATION

Date

\_\_\_\_\_

### FEDERAL PRINCIPAL BUSINESS CODE

(If known, the 6-digit number on file with the IRS)

\_\_\_\_\_

### NATURE OF BUSINESS

\_\_\_\_\_

### TRADING AS NAME

\_\_\_\_\_

### EMAIL ADDRESS

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

\_\_\_\_\_

## SECTION II - ONLY CORPORATE ENTITIES COMPLETE

### A. Corporate Officers (names and mailing addresses)

President \_\_\_\_\_

\_\_\_\_\_

Vice President \_\_\_\_\_

\_\_\_\_\_

Secretary \_\_\_\_\_

\_\_\_\_\_

Treasurer \_\_\_\_\_

\_\_\_\_\_

### B. Directors (names only)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Department ID # \_\_\_\_\_

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### SECTION III – ALL BUSINESS ENTITIES COMPLETE

**A. Does the business own, lease, or use personal property located in Maryland?**

[ ] Yes [ ] No

If you answered **yes**, but your entity\* is exempt, or has been granted an exemption from business personal property assessment by the Department, please complete form SD-1 and attach to this report. DO NOT complete the Personal Property Tax Return.

\*Religious groups, charitable or educational organizations.

**B. Does the business require or maintain a trader's (retail sales) or other license with a local unit of government?**

[ ] Yes [ ] No

Example: Clerk of the Court or Liquor Board

**C. Did the business have gross sales in Maryland?**

[ ] Yes [ ] No

If yes, \$\_\_\_\_\_ total or amount of business transacted in MD.

**D. Did the entity dispose, sell, or transfer ALL of its business personal property prior to January 1?**

[ ] Yes [ ] No

If you answered yes, please complete form SD-1. Do not complete the Personal Property Tax Return.

If you answer "**Yes**" to questions A or B in Section III, and are not exempt as described in question A, please complete the Business Personal Property Tax Return, (Form 1 Sections V through VII) and return it, along with this Annual Report to the Department. The Personal Property Tax Return can be found online at <https://dat.maryland.gov/Pages/sdatforms.aspx#BPP>

If you answer "**No**" to the questions in Section III, above you DO NOT need to complete the Personal Property Tax Return.

Please complete Section IV below, **sign** and return this Annual Report to the Department:

**Department of Assessments and Taxation, Charter Division  
Box 17052, Baltimore, Maryland 21297-1052**

Questions? Contact Charter at 410-767-1340 • 888-246-5941 within Maryland • Email: [sdat.charterhelp@maryland.gov](mailto:sdat.charterhelp@maryland.gov)

### 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. Corporate Officer or Principal of Entity:**

PRINT NAME \_\_\_\_\_

**X SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

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

PRINT NAME \_\_\_\_\_

**X SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

**PLEASE BE SURE TO SIGN THIS ANNUAL REPORT TO AVOID REJECTION BY THE DEPARTMENT!**