ANNUAL REPORT

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

Form 1
Due April 15th
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
☐ Domestic Stock Corporation	(D)	$300	☐ Domestic Limited Liability Company	(W)	$300
☐ Foreign Stock Corporation	(F)	$300	☐ Foreign Limited Liability Company	(Z)	$300
☐ Domestic Non-Stock Corporation	(D)	-0-	☐ Domestic Limited Partnership	(M)	$300
☐ Foreign Non-Stock Corporation	(F)	-0-	☐ Foreign Limited Partnership	(P)	$300
☐ Foreign Insurance Corporation	(F)	$300	☐ Domestic Limited Liability Partnership	(A)	$300
☐ Foreign Interstate Corporation	(F)	-0-	☐ Foreign Limited Liability Partnership	(E)	$300
☐ SDAT Certified Family Farm	(A,D,M,W)	$100	☐ Domestic Statutory Trust	(B)	$300
☐ Real Estate Investment Trust	(D)	$300	☐ 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 #_____

Form 1
Annual Report

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

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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!

BUSINESS PERSONAL PROPERTY TAX RETURN

MARYLAND STATE DEPARTMENT OF ASSESSMENTS AND TAXATION, TAXPAYER SERVICES DIVISION
P.O. BOX 17052 Baltimore, Maryland 21297-1052; 410-767-1170 • 888-246-5941 within Maryland

FORM 1
Due April 15th

Date Received by Department

NOTE: BEFORE FILLING OUT THIS PERSONAL PROPERTY RETURN MAKE CERTAIN YOU HAVE COMPLETED THE ANNUAL REPORT. A copy of the Annual Report form can be found online at https://dat.maryland.gov/Pages/sdatforms.aspx#BPP

SECTION V - ALL BUSINESS ENTITIES COMPLETE

NAME OF BUSINESS _____

MD DEPARTMENT ID NUMBER _____
(Letter prefix and 8 digits)*
*Required to ensure the correct Departmental account is credited

A. Mailing address _____

_____

B. Email address _____

C. Is any business conducted in Maryland? ☐ Yes ☐ No

D. Date began: _____

E. Nature of business: _____

F. If business operates on a fiscal year: Start date _____End date _____

G. Total Gross Sales, or amount of business transacted during prior year in Maryland: $_____

If you report Total Gross Sales in question G of Section V, but do not report any personal property in Section VI, please explain how business is conducted without using personal property. If the business is using personal property of another business entity, please provide the name and address of that business entity below.

H. Explanation: _____

_____

NAME OF THE OTHER BUSINESS _____

MD DEPT. ID OF THE OTHER BUSINESS _____

LOCATION OF THE OTHER BUSINESS _____

_____

REMARKS:

BUSINESS PERSONAL PROPERTY TAX RETURN OF DEPT ID#_____

Form 1

SECTION VI - ALL BUSINESS ENTITIES COMPLETE

A. PROVIDE THE ACTUAL, PHYSICAL LOCATION OF ALL PERSONAL PROPERTY IN MARYLAND.
Show the exact physical location(s) of all personal property owned and used in the State of Maryland, including county, city or town, and street address **(PO Boxes are not acceptable).** This assures proper distribution of assessments. If property is located in two or more jurisdictions, provide a breakdown for each location by completing additional copies of Section VI (Pages 2 and 3 of Form 1). For 5 or more locations, please include the information per location in an electronic format (see Form 1 Instructions).

☐ **Check here if this is a change of location.**

_____

Address, include City or Town, County and Zip Code

1**. Please provide the original cost by year of acquisition for any furniture, fixtures, tools, machinery and/or equipment not used for manufacturing or research & development:**

Year Acquired	A	B	C	D	E	F	G	Total Cost
Tax Year -								0
Tax Year -								0
Tax Year -								0
Tax Year -								0
Tax Year -								0
Tax Year -								0
Tax Year -								0
Tax Year & prior -								0
Totals	0	0	0	0	0	0	0	0

Describe property identified in B - G above: _____

_____

_____

2. Commercial Inventory – Furnish amounts from your most recent Maryland Income Tax Return.
Note: Businesses that need a Trader's License (Retail sales) <u>must</u> report commercial inventory here.

Average Monthly Inventory $_____

Opening Inventory date_____ Amount $_____

Closing Inventory date _____ Amount $ _____

3. Supplies Average Cost $ _____

4. Manufacturing and/or Research and Development (R&D) Avg. Monthly Inventory $ _____

BUSINESS PERSONAL PROPERTY RETURN OF DEPT ID# _____

Form 1

5. Tools, machinery, and/or equipment used for manufacturing or research and development:
State the original cost of the property by year of acquisition. Include all fully depreciated property and property expensed under IRS rules. If this business is engaged in manufacturing / R&D, and is claiming such an exemption for the first time, a manufacturing / R&D exemption application must be submitted by September 1 or within 6 months after the date of the first assessment notice for the taxable year that includes the manufacturing / R&D property. Visit the website dat.maryland.gov for an application and additional information. If the property is located in a taxable jurisdiction, a detailed schedule by depreciation category should be included to take advantage of higher depreciation allowances.

Year Acquired	A	C	D	Year Acquired	A	C	D
Tax Year -				Tax Year -			
Tax Year -				Tax Year -			
Tax Year -				Tax Year -			
Tax Year -				Tax Year - & prior			

Describe Property in C & D above:

Total Cost
$ 0

6. Vehicles with interchangeable Registration and/or Unregistered vehicles: (dealer, recycler, finance company, **special mobile equipment,** and transporter plates) and unregistered vehicles should be reported here. See specific instructions

Year Acquired	Original Cost	Year Acquired	Original Cost
Tax Year -		Tax Year -	
Tax Year -		Tax Year - & prior	

Total Cost
$ 0

7. Non-farming livestock:

Book Value $	Market Value $

8. Other personal property:
File separate schedule giving a description of property, original cost and the date of acquisition.

Total Cost
$

9. Property owned by others and used or held by the business or lessee or otherwise:
File separate schedule showing names and addresses of owners, lease number, description of property installation date and separate cost in each case.

Total Cost
$

10. Property owned by the business, used by others as lessee or otherwise:
File separate schedule showing names and addresses of lessees, lease number, description of property, installation date and original cost by year of acquisition for each location. Schedule should group leases by county where the property is located. Manufacturer lessors should submit the retail selling price of the property not the manufacturing cost. **For additional information regarding separate schedules please see Form 1 instructions at https//dat.maryland.gov**

Total Cost
$

BUSINESS PERSONAL PROPERTY RETURN OF DEPT ID# _____

Form 1

SECTION VII - ALL BUSINESS ENTITIES COMPLETE

A. If this is the business' first Maryland personal property return, state whether or not it succeeds an established business and give name:

_____

B. Does the business own any fully depreciated and/or expensed personal property located in Maryland? ☐ Yes ☐ No
If yes, is that property reported on this return? ☐ Yes ☐ No

C. If the business transfers assets in or out of Maryland, or disposes of assets ($200,000 or more or 50% of the total property) during the prior year, complete Form SD-1. For additional details see Form 1 instructions at https//dat.maryland.gov

_____

X Taxpayer's Signature/Date **Print Name** **Phone Number & E-mail Address**

_____

X Preparer's Signature/Date Phone Number & Email Address

_____

Name and Address of Preparer

Mail the completed return to:
DEPARTMENT OF ASSESSMENTS AND TAXATION
Personal Property Division
P.O. BOX 17052
Baltimore, Maryland 21297-1052

If you have questions contact the Personal Property Division
Telephone: 410-767-1170,
Toll free within Maryland 888-246-5941
Email: SDAT.PersProp@Maryland.gov

DEPRECIATION RATE CHART FOR PERSONAL PROPERTY

STANDARD DEPRECIATION RATE

Category A: 10% per annum*
All property not specifically listed below.

SPECIAL DEPRECIATION RATES
(The rates below apply only to the items specifically listed. Use Category A for other assets.)

Category B: 20% per annum*
Mainframe computers originally costing $500,000 or more.

Category C: 20% per annum*
Autos (unlicensed), bowling alley equipment, brain scanners, carwash equipment, contractor's heavy equipment (tractors, bulldozers), fax machines, hotel, motel, hospital and nursing home furniture and fixtures (room and lobby), MRI equipment, mobile telephones, model home furnishings, music boxes, outdoor Christmas decorations, outdoor theatre equipment, photocopy equipment, radio and T.V. transmitting equipment, rental pagers, rental soda fountain equipment, self-service laundry equipment, stevedore equipment, theatre seats, trucks (unlicensed), vending machines, x-ray equipment.

Category D: 30% per annum**
Data processing equipment, canned software.

Category E: 33 *11*/3% per annum*
Blinds, carpets, drapes, shades. The following applies to equipment rental companies only: rental stereo and radio equipment, rental televisions, rental video cassette recorders and rental DVDs and video tapes.

Category F: 50% per annum*
Pinball machines, rental tuxedos, rental uniforms, video games.

Category G: 5% per annum*
Boats, ships, vessels, (over 100 feet).

Long-lived assets
Property determined by the Department to have an expected life in excess of 10 years at the time of acquisition shall be depreciated at an annual rate as determined by the Department.

* Subject to a minimum assessment of 25% of the original cost.
** Subject to a minimum assessment of 10% of the original cost.