

BUSINESS PERSONAL PROPERTY RETURN
 MARYLAND STATE DEPARTMENT OF ASSESSMENTS AND TAXATION
 TAXPAYER SERVICES DIVISION P.O. BOX 17052 Baltimore, Maryland 21297-1052

20____ Form 2 Due April 15th
Date Received by Department

SECTION I – ALL ENTITIES COMPLETE -

1. Check One:

SOLE PROPRIETORSHIP **GENERAL PARTNERSHIP**

2. NAME OF OWNER _____

3. MAILING ADDRESS _____

Check here if this is a change of mailing address

4. DEPARTMENT ID NUMBER _____

Required in order to correctly credit your account

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5. FEDERAL EMPLOYER IDENTIFICATION NUMBER _____

(9-digit number assigned by the IRS)

6. FEDERAL PRINCIPAL BUSINESS CODE _____

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

7. NATURE OF BUSINESS: _____

8. TOTAL GROSS SALES _____

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

SECTION II – ALL ENTITIES COMPLETE (ONLY SOLE PROPRIETORS COMPLETE QUESTIONS B AND C)

A. PLEASE PROVIDE THE ACTUAL, PHYSICAL LOCATION OF ALL PERSONAL PROPERTY IN MARYLAND.

P.O. Boxes are not acceptable. Check here if this is a change of location.

Street Address/Suite No.
City/Town, County & Zip Code

B. Is all of the business' personal property located at the owner's principal residence? Yes No

C. Is the total original cost of all the property, including inventory and excluding licensed vehicles, less than \$10,000?

Yes No If you only answer yes to both A & B above your personal property is exempt.

D. Does the business own, lease, or use personal property located in Maryland? Yes No

E. Does the business maintain a license with any local unit of government? Yes No

F. Is any business conducted in Maryland? Yes No Date began: _____

G. If business operates on a fiscal year: Start date _____ End date _____

H. 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

I. Has the business disposed of assets or transferred assets in or out of Maryland during the prior year? Yes No

If you answered yes to Question I, in Section II, please comment in remarks and/or complete Form SD-1, Supplemental Details.

REMARKS:

SECTION III - ALL BUSINESS ENTITIES COMPLETE

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
____ & prior								
Totals A-G columns								

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 must 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) \$ _____

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 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 <https://dat.maryland.gov> for an application.

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
				_____ & prior			

Total Cost
\$

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
		_____ & prior	

Total Cost
\$

7. Non-farming livestock:

Book Value \$	Market Value \$
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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, but 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.

Total Cost
\$

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 **sign** and mail the return to
Maryland State Department of Assessments and Taxation
Business Personal Property Division
P.O. Box 1705
Baltimore Maryland 21297-1052

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