

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

**Form 7**  
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

CHECK IF THIS IS A CHANGE OF ADDRESS

Note: Please include an email address in order to receive important reminders from the Department.

**DEPARTMENT ID NUMBER\*** (Letter Prefix **L** followed by 8-digits) **L** \_\_\_\_\_

\*Required so that the proper account is credited. See **Form 20, Application for Sole Proprietorship or General Partnership account number, found on website, <https://dat.maryland.gov> under Forms and Applications, if you do not already have a Department ID number.**

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 THE PROPERTY WAS SOLD** - Submit a copy 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.

Enter Year of Acquisition	Original Cost

**TOTAL COST**

**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.

STREET NUMBER & NAME, CITY/TOWN, COUNTY & ZIP CODE

MONTH & YEAR UNIT PURCHASED; BUILDING/CONDOMINIUM NAME; UNIT NUMBER

