

ANNUAL REPORT

MARYLAND STATE DEPARTMENT OF ASSESSMENTS AND TAXATION
Business Services Unit, P.O. Box 17052, BALTIMORE, MARYLAND 21297-1052

2023
Form 1

Due April 17th
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 or Foreign Stock Corporation	(D) or (F)	\$300	Domestic or Foreign Limited Liability Company	(W) or (Z)	\$300
Domestic or Foreign Non Stock Corporation	(D) or (F)	-0-	Domestic or Foreign Limited Partnership	(M) or (P)	\$300
Domestic or Foreign Statutory Trust	(B o (S)	\$300	Domestic or Foreign Limited Liability Partnership	(A) or (E)	\$300
Foreign Interstate Corporation	(F)	-0-	Foreign Insurance Corporation	(F)	\$300
SDAT Certified Family Farm	(A,D,M,W)	\$100	Real Estate Investment Trust	(D)	\$300

For Immediate Submission – File Online at <https://egov.maryland.gov/BusinessExpress/>

The business has been approved by MarylandSaves for a waiver of its 2023 Annual Report filing fee. Yes No

SECTION I – ALL BUSINESS ENTITIES COMPLETE **PLEASE CHECK HERE IF THIS IS AN AMENDED REPORT**

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) _____

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)

SECTION III – 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; Yes No
and (2) does not qualify or seek to qualify for a "State benefit" as defined below?

Department ID # _____

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 IV – ALL BUSINESS ENTITIES COMPLETE

A. Does the business own, lease, or use personal property, including inventory, located in Maryland with a total original cost of \$20,000 or more? Yes No

If you answered "No", the business is not required to file a Business Personal Property Tax Return pursuant to MD Code, Tax Property Article §7-245. If you answered "Yes", you must complete and return a Business Personal Property Tax Return with this Annual Report.

B. 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 Business Personal Property Return. For religious groups and charitable or educational organizations, the form SD-1 is optional.

SECTION V – ALL BUSINESS ENTITIES COMPLETE

By signing this form below, you declare and attest, under the penalty of perjury, and pursuant to Tax-Property Article §1-201 of the Annotated Code of Maryland, that the statements made in this Annual Report, including those on 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!

If filing by mail, please return with applicable filing fee to:

Department of Assessments and Taxation, Business Services Unit
P.O. Box 17052, Baltimore, Maryland 21297-1052
File Online: <http://egov.maryland.gov/BusinessExpress>
410-767-1330 • Email: sdattax@maryland.gov