

# ANNUAL REPORT

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

**2021**  
**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	(U)	\$300	<input type="checkbox"/> Domestic Limited Liability Company	(VV)	\$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	(T)	-U-	<input type="checkbox"/> Foreign Limited Partnership	(P)	\$300
<input type="checkbox"/> Foreign Insurance Corporation	(I)	\$300	<input type="checkbox"/> Domestic Limited Liability Partnership	(A)	\$300
<input type="checkbox"/> Foreign Interstate Corporation	(R)	-U-	<input type="checkbox"/> Foreign Limited Liability Partnership	(E)	\$300
<input type="checkbox"/> SDAT Certified Family Farm	(A,U,M,VV)	\$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**

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 theirs)

\_\_\_\_\_

**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)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*Required information for certain corporations, MD Code, Tax Property Article §11-101 - Please see instructions**

\*Total number of directors \_\_\_\_\_

\*Total number of female directors \_\_\_\_\_



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

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**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. DO NOT complete the Personal Property Tax Return. For religious groups, charitable or educational organizations, the form SD-1 is optional.

**B. Does the business require or maintain a trader's (retail sales) or other license with a local unit of government? "If you are unsure of whether this applies to you, please contact your county's Clerk of the Court at <https://www.courts.state.md.us/pia/clerks>. Maryland Annotated Code, Business Regulation Article §17- 1808 allows counties and municipalities to adopt a Uniform Trader's License Fee."**

Yes  No

**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 and important instructions can be found online at <https://dat.maryland.gov/Pages/sdatforms.aspx#BPP>.

If you answer "No" to the questions A and B 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!**