

**GROUND RENT REGISTRATION**  
(Please Read Instructions Before Completing this Form)

**1. SDAT Real Property Tax Identification Number of the Property Subject to the Ground Lease:**

**1-A** \_\_\_\_\_

County Code  
(See Instructions)

Identification Number

**1-B**

County Code	Ward	Section	Block	Lot
03				

**For Baltimore City Only**

**2. Premises Address of the Property Subject to the Ground Lease:**

\_\_\_\_\_  
Street Address City MD State Zip

**3. Name and Address of Current Ground Lease Tenant:** \_\_\_\_\_  
Name (First, M.I., Last)

\_\_\_\_\_  
Street Address City State Zip

**4. Name of County Where the Property is Located:** Check Here if Baltimore City ☐

\_\_\_\_\_  
County Name

**5. Deed Reference Information for the Current Ground Rent Deed:**

\_\_\_\_\_  
Book Page Clerk's Initials Year Recorded

**6. Range of Years in Which the Ground Lease was Created:**

- ☐ Prior to April 8, 1884; ☐ Between April 6, 1888 and July 1, 1982; or  
☐ Between April 8, 1884 and April 5, 1888; ☐ July 2, 1982 or later

**7. Total Annual Ground Rent Amount:** \$ \_\_\_\_\_ . \_\_\_\_\_

**8. Rent Payment Due Dates:**

- ☐ Annually on: \_\_\_\_\_ ☐ Quarterly on: \_\_\_\_\_  
☐ Semi-Annually on: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

**9. Name and Address of Ground Lease Holder:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address City State Zip  
\*(Optional) Telephone Number: \_\_\_\_\_ Email Address \_\_\_\_\_

**10. Name and Address of the Person or Entity to Whom Ground Rent Payment is Made Payable and Mailed:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address City State Zip  
\*(Optional) Telephone Number: \_\_\_\_\_ Email Address \_\_\_\_\_

**11. Date this Form was Prepared:** \_\_\_\_/\_\_\_\_/20\_\_\_\_

**12. See Instructions for the amount of registration fee to be remitted with this form and the mailing address for its submission.**

**INSTRUCTIONS FOR GROUND RENT REGISTRATION OF RESIDENTIAL PROPERTIES  
SUBJECT TO GROUND LEASES**

Allegany - 01	Carroll - 07	Harford - 13	St. Mary's - 19
Anne Arundel - 02	Cecil - 08	Howard - 14	Somerset - 20
Baltimore City - 03	Charles - 09	Kent - 15	Talbot - 21
Baltimore Co. - 04	Dorchester - 10	Montgomery - 16	Washington - 22
Calvert - 05	Frederick - 11	Prince George's - 17	Wicomico - 23
Caroline - 06	Garrett - 12	Queen Anne's - 18	Worcester - 24

**ITEM 1 – REAL PROPERTY TAX IDENTIFICATION NUMBER OF THE PROPERTY SUBJECT TO THE GROUND LEASE:** The identification number is composed of the two-digit county code where the property is located, followed by an account number of up to 14 characters in length. This information can be obtained from a property form, an assessment notice, or by searching SDAT's real property database, located at [sdattax.dat.maryland.gov/RealProperty](https://sdattax.dat.maryland.gov/RealProperty). When searching the database, select the appropriate county from the drop down menu and enter the street address as prompted.

**ITEM 2 – PREMISES ADDRESS:** Enter the correct street number and full address of the property subject to the ground lease.

**ITEM 3 – NAME AND ADDRESS OF GROUND LEASE TENANT:** Enter the name and address of the ground lease tenant to whom the ground rent bill is sent. The name should be entered as first name, middle initial, and last name.

**ITEM 4 – COUNTY NAME:** Enter the name of the County where the property is located or check box for Baltimore City

**ITEM 5 – CURRENT DEED INFORMATION:** Provide the Book and Page references, along with the year the deed was recorded, for the deed by which the leaseholder holds title to the ground rent. The only optional piece of Item 5 is the clerk's initials. SDAT is unable to assist with title searches.

**Note: The name of the grantee in this deed must match the name in Item 9.**

**ITEM 6 – RANGE OF YEARS:** Indicate the specific range of years in which the ground lease was created. A single selection must be designated.

**ITEM 7 – TOTAL ANNUAL GROUND RENT AMOUNT:** Enter the total amount of ground rent due annually.

**ITEM 8 – RENT PAYMENT DUE DATES:** The month and day of the year for payment(s) should be specified (for example, annually on January 1, or semi-annually on January 1 and July 1).

**ITEM 9 – NAME AND ADDRESS OF GROUND LEASE HOLDER:** Enter a full name and address for the holder of the ground lease. A telephone number/email address are helpful but are optional when completing the form.

**ITEM 10 – NAME AND ADDRESS WHERE GROUND RENT PAYMENT IS MAILED:** Enter the full name of the person or entity to which the check is made payable and the address where the tenant is required to send the ground rent payment. A telephone number/email address are helpful but optional entries.

**ITEM 11 – DATE THIS FORM WAS PREPARED:** The filer should enter the actual date this form was prepared for submission to the Department.

**ITEM 12 – REGISTRATION FEE AND MAILING ADDRESS:** Effective October 1, 2020 there is no filing fee for this document. The completed form(s) should be mailed to the Department of Assessments and Taxation, 301 W. Preston Street, 8th Floor, Baltimore, MD 21201.