

**BUSINESS PERSONAL PROPERTY RETURN**  
 MARYLAND STATE DEPARTMENT OF ASSESSMENTS AND TAXATION BUSINESS  
 SERVICES DIVISION P.O. BOX 17052 Baltimore, Maryland 21297-1052  
 For Immediate Submission – File Online at  
<https://egov.maryland.gov/BusinessExpress/>

<b>2026</b> <b>Form 2</b> <b>Due April 15th</b>
Date Received by Department

**SECTION I – ALL ENTITIES COMPLETE - [ ] CHECK HERE IF THIS IS AN AMENDED RETURN**

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

L \_\_\_\_\_

5. FEDERAL EMPLOYER IDENTIFICATION NUMBER

(9-digit number assigned by the IRS)

Required for interagency reporting

\_\_\_\_\_

6. NATURE OF BUSINESS: \_\_\_\_\_

7. TOTAL GROSS SALES : \_\_\_\_\_

8. NUMBER OF WORKERS ASSOCIATED WITH THIS BUSINESS \_\_\_\_\_

EMPLOYER OBLIGATIONS [Supplemental Info](#)

**MARYLANDSAVES - RETIREMENT PROGRAM FOR EMPLOYEES**

In 2016 the MD Legislature passed a law requiring employers to provide a retirement savings plan for their employees. Please click on the link : [MDSAVES](#) to learn more about compliance.

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

**SECTION II – ALL ENTITIES COMPLETE**

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

Is any business conducted in Maryland? [ ] Yes [ ] No

B. Fiscal year start date: \_\_\_\_\_ Fiscal year end date: \_\_\_\_\_

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

D. 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

**Note: If you answered “No” and you reported property on the previous year’s return and received an assessment, you must complete Section IV (SD-1) to report the sale, transfer, or disposal of property in 2025. Otherwise, you may proceed to the signature section on page 3. By answering no and signing, you are attesting that the business personal property of this entity has a total original cost that is less than \$20,000 on January 1, 2026.**

Sign or initial here \_\_\_\_\_ Required

E. 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

F. Has the business disposed of assets or transferred assets in or out of Maryland during the prior year?

[ ] Yes [ ] No

ID L \_\_\_\_\_

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

REMARKS:
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**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
2025								
2024								
2023								
2022								
2021								
2020								
2019								
2018 & 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) \$ \_\_\_\_\_**

Department ID L \_\_\_\_\_

**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
2025				2021			
2024				2020			
2023				2019			
2022				2018 & 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
2025		2023	
2024		2022 & prior	

**Total Cost**  
\$

**7. Non-farming livestock:**

Book Value \$	Market Value \$
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**8. Other personal property:** (including Qualified Data Center personal property, see instructions for more information)

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**  
\$

<b>Taxpayer's Signature</b>	<b>Date</b>	<b>Phone Number &amp; E-mail Address</b>
<b>Preparer's Signature</b>	<b>Date</b>	<b>Phone Number &amp; E-mail Address</b>

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 17052  
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](mailto:SDAT.PersProp@Maryland.gov)

**Section IV**

DEPARTMENT ID # (required): L  
**BUSINESS PERSONAL PROPERTY RETURN SUPPLEMENTAL DETAILS**

Beginning Month/Day/Year									End Month/Day/Year	
Types of Property	Balance at Beginning of Period		Acquisitions During Period		Transfers <b>IN</b> During Period		Transfers <b>OUT &amp; DISPOSALS</b> During Period		Balance at the End of Period	
	Within Maryland	Total	Within Maryland	Total	Within Maryland	Total	Within Maryland	Total	Within Maryland	Total
1. Inventory										
2. Land										
3. Buildings										
4. Leasehold Improvements										
5. Furniture & Fixtures										
6. Tools, Machinery & Equipment for Manufacturing or Research & Development (Exempt)										
7. Tools, Machinery & Equipment (Non-Exempt)										
8. Transportation Equipment (Registered)										
9. Transportation Equipment (Not Registered & Interchangeable Registrations)										
10. Leased Property										
11. Other (ex. Fully depreciated or Expensed)										
12. Exempt Personal Property *See Below										

**\* EXEMPTION CLAIMED**

Type of Organization <input type="checkbox"/> Charitable/Educational <input type="checkbox"/> Religious <input type="checkbox"/> Veterans <input type="checkbox"/> Other _____ Specify	Type of Property <input type="checkbox"/> Vehicles (Registered) <input type="checkbox"/> Aircraft <input type="checkbox"/> Rental Heavy Equipment <input type="checkbox"/> Other _____ Specify
<input type="checkbox"/> Vessels (under 100 ft.) <input type="checkbox"/> Farming Implements (Farmers Only)	

<b>TRANSFERS</b>	Date of transfer:	Location where transferred? Address, City & State	
<b>DISPOSALS</b>	Date of disposal:	Manner of disposal? (Sale, junked, donation, etc.)	Name of buyer? (For Sales Only)