

# ANNUAL REPORT

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

20\_\_\_\_  
**Form 1**

Due April 15<sup>th</sup>  
Date Received  
by Department

| Type of Business<br>Check one business type below       | Dept. ID<br>Prefix | Filing<br>Fee | Type of Business<br>Check one business type below               | Dept.<br>ID<br>Prefix | Filing<br>Fee |
|---|--------------------|---------------|---|-----------------------|---------------|
| <input type="checkbox"/> Domestic Stock Corporation     | (D)                | \$300         | <input type="checkbox"/> Domestic Limited Liability Company     | (W)                   | \$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  | (F)                | -0-           | <input type="checkbox"/> Foreign Limited Partnership            | (P)                   | \$300         |
| <input type="checkbox"/> Foreign Insurance Corporation  | (F)                | \$300         | <input type="checkbox"/> Domestic Limited Liability Partnership | (A)                   | \$300         |
| <input type="checkbox"/> Foreign Interstate Corporation | (F)                | -0-           | <input type="checkbox"/> Foreign Limited Liability Partnership  | (E)                   | \$300         |
| <input type="checkbox"/> SDAT Certified Family Farm     | (A,D,M,W)          | \$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 IF THIS IS AN AMENDED RETURN ☐

### 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)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*REQUIRED INFORMATION FOR CERTAIN CORPORATIONS, MD CODE TAX PROPERTY §11-101 – PLEASE SEE INSTRUCTIONS**

**\*Total Number of Directors** \_\_\_\_\_

**\*Total Number of Female Directors** \_\_\_\_\_

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

**20**\_\_\_\_  
**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?** Example: Clerk of the Court or Liquor Board  
**C. Did the business have gross sales in Maryland?**

[ ] Yes [ ] No

[ ] 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 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.*

TPS\_Form 1 Annual Report 2019 Page 2 of 2 <http://dat.maryland.gov>

**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!**