BUSINESS PERSONAL PROPERTY RETURN

MARYLAND STATE DEPARTMENT OF ASSESSMENTS AND TAXATION TAXPAYER SERVICES DIVISION P.O. BOX 17052 Baltimore, Maryland 21297-1052

SECTION I - ALL ENTITIES COMPLETE -

1. Check One:

2. NAME OF OWNER

[] SOLE PROPRIETORSHIP [] GENERAL PARTNERSHIP

Form 2 Due April 15th

Date Received by Department

MAILING ADDRESS []Check here if this is a change of mailing address					_
4. DEPARTMENT ID NUMBER Required in order to correctly credit your account	1				_
FEDERAL EMPLOYER IDENTIFICATION NUMBER (9-digit number assigned by the IRS)					_
6. FEDERAL PRINCIPAL BUSINESS CODE (If known, the 6-digit number on file with the IRS)					_
7. NATURE OF BUSINESS:					_
8. TOTAL GROSS SALES					_
Include an email address below to receive important reminders	from the Department of Assessments and Taxation				_
A. PLEASE PROVIDE THE ACTUAL, PHYSICAL LOCATION OF P.O. Boxes are not acceptable. [] Check here if this is a	F ALL PERSONAL PROPERTY IN MARYLAND.				
Street Address/Suite No.					
City/Town, County & Zip Code					
3. Is all of the business' personal property located at the owner's	s principal residence?	[] Yes	[] No
C. Is the total original cost of all the property, including inventory [] Yes [] No If you only answer yes to both B & C above		?			
D. Does the business own, lease, or use personal property located in Maryland?					1 No
E. Does the business maintain a license with any local unit of government?] Yes	[1110
E. Does the business maintain a license with any local unit of go	•] Yes	•	•
E. Does the business maintain a license with any local unit of go. F. Is any business conducted in Maryland? [] Yes [] No D	overnment?		•	•	•
F. Is any business conducted in Maryland? [] Yes [] No D	overnment? Date began:	[] Yes	•	•
·	overnment? Date began: End date ed personal property located in Maryland?	[] Yes	[] No
F. Is any business conducted in Maryland? [] Yes [] No E. G. If business operates on a fiscal year: Start date H. Does the business own any fully depreciated and/or expense	overnment? Date began: End date ed personal property located in Maryland?] No	[] Yes	· [] No _] No



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REMARKS:	yes to Questi	on I, in Section	III, please com	ment in remari	s and/or comp	Diete Form SD-1	, Supplemental	Details.
ALIMANNO.								
	e the original c	ost by year of a	COMPLETE	any furniture,	fixtures, tools,	machinery and	d/or equipment	not used for
Year Acquired	Α	В	С	D	E	F	G	Total Cost
Acquired								COST
& prior								
a piloi								
Totals A-G columns								
							<u> </u>	
Describe prope	erty identified in	n B - G above:						
			nounts from er's License <u>m</u> u				Tax Return.	
						-		
_		date			<u> </u>			
Closing	Inventory d	ate						
Supplies Av	/erage Cost	\$						
Manufactur	ing and/or F	Research an	d Developm	ent (R&D) ¢				



Department ID L_	

Form 2

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	А	С	D	Year Acquired	А	С	D

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

Total Cost \$

7. Non-farming livestock:

Book Value \$	Market Value \$

8. Other personal property:

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: <u>File separate schedule</u> 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:

<u>File separate schedule</u> 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

Taxpayer's Signature	Date	Phone Number and E-mail Address
Preparer's Signature	Date	Phone Number and E-mail Address

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

