

# ANNUAL REPORT

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

**2020**  
**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	(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 # \_\_\_\_\_

**2020**  
**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?** [ ] Yes [ ] No  
Example: Clerk of the Court or Liquor Board

**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 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!**