

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 15th
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
Domestic Stock Corporation	(D)	\$300	Domestic Limited Liability Company	(W)	\$300
Foreign Stock Corporation	(F)	\$300	Foreign Limited Liability Company	(Z)	\$300
Domestic Non-Stock Corporation	(D)	-0-	Domestic Limited Partnership	(M)	\$300
Foreign Non-Stock Corporation	(F)	-0-	Foreign Limited Partnership	(P)	\$300
Foreign Insurance Corporation	(F)	\$300	Domestic Limited Liability Partnership	(A)	\$300
Foreign Interstate Corporation	(F)	-0-	Foreign Limited Liability Partnership	(E)	\$300
SDAT Certified Family Farm	(A,D,M,W)	\$100	Domestic Statutory Trust	(B)	\$300
Real Estate Investment Trust	(D)	\$300	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

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!