

Department ID # _____

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, please complete form SD-1 and attach to this report. DO NOT complete the Personal Property Tax Return.

*Religious groups, charitable or educational organizations.

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 can be found online at <https://dat.maryland.gov/Pages/sdatforms.aspx#BPP>

If you answer "**No**" to the questions 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!