



**Department ID Number**

L \_\_\_\_\_

If the property was acquired from another party, please provide the following, if known:  
**While this information is not required, it will assist in maintaining correct assessment records.**

Name of Previous Owner: \_\_\_\_\_

MD Department ID of the Previous Owner: L \_\_\_\_\_

REMARKS - Please note under remarks any explanation, or changes/disposals made since last year.

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**ESTIMATED ASSESSMENTS:** Individuals and firms which fail to file this report will receive estimated assessments which may be twice the estimated value of the property owned.

I declare under the penalties of perjury, pursuant to the Tax Property Article 1-201 of the Annotated Code of Maryland, that this return, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true, correct and complete return.

<b>X Taxpayer's Signature</b>	<b>Date</b>	<b>Phone Number and E-mail Address</b>
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Preparer's Signature	Date	Phone Number and E-mail Address
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\_\_\_\_\_  
 Name and Address of Preparer

Please mail the completed form to:  
 Maryland State Department of Assessments and Taxation  
 Business Personal Property Division  
 P.O. Box 17052  
 Baltimore, Maryland 21297-1052

Contact the Business Personal Property division with questions or comments about this form:  
 Phone: 410-767-1170, Toll Free within Maryland 888-246-5941  
 Email: [sdatt.persprop@maryland.gov](mailto:sdatt.persprop@maryland.gov)