

**Personal Property Return As of January 1, 2014 Due April 15, 2014**

STATE OF MARYLAND, DEPARTMENT OF ASSESSMENTS AND TAXATION, PERSONAL PROPERTY DIVISION  
 301 West Preston Street, Room 801, Baltimore, Maryland 21201-2395 • www.dat.state.md.us • (410) 767-1170 • (888) 246-5941 within Maryland

**2014**

**Form 1**  
**Page 1 of 4**

Date Received  
 by Department

CHECK ONE

Type of Business	ID # Prefix	Filing Fee	Type of Business	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

Name of Business  
 Mailing Address

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Make Address Corrections Here

Check here if this is a change of address

DEPARTMENT ID NUMBER ID# <input type="checkbox"/> PREFIX _____		FEDERAL EMPLOYER IDENTIFICATION NUMBER _____ - _____	
DATE OF INCORPORATION OR FORMATION _____	STATE OF INCORPORATION OR FORMATION _____	FEDERAL PRINCIPAL BUSINESS CODE _____	
TRADING AS NAME _____		<input type="checkbox"/> Please check here if you do not want personal property forms mailed to you next year.	

ID # PREFIX   
 Type or Print Department ID Number Here

**SECTION I**

- A. Is any business conducted in Maryland? \_\_\_\_\_ Date began: \_\_\_\_\_  
(Yes or No)
- B. Nature of business conducted in Maryland: \_\_\_\_\_
- C. Does the business own, lease or use personal property located in Maryland? \_\_\_\_\_ If No, skip SECTION II.  
(Yes or No)

**ONLY CORPORATIONS COMPLETE ITEM D**

D. Names and addresses of officers and names of directors (type or print):

OFFICERS	
Names	Addresses
President _____	_____
Vice-President _____	_____
Secretary _____	_____
Treasurer _____	_____

DIRECTORS	
Names	Names
_____	_____
_____	_____
_____	_____
_____	_____

INCLUDE DEPARTMENT ID NUMBER ON CHECK  
 PLEASE STAPLE CHECK HERE