

ANNUAL REPORT - Due by April 15th

STATE OF MARYLAND, DEPARTMENT OF ASSESSMENTS AND TAXATION, TAXPAYER SERVICES DIVISION
 P.O. Box 17052, Baltimore, Maryland 21297-1052 • www.dat.maryland.gov • (410) 767-1340 • (888) 246-5941 within Maryland •
 sdatt.charterhelp@maryland.gov

2019

Form 1
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Date Received
 by Department

01/11/2019

CHECK
 ONE

Type of Business	Dept. ID Prefix	Filing Fee	Type of Business	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 checked="" 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)	\$100
<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	INTERNATIONAL COSTUMERS GUILD, INC.		
MD DEPARTMENT ID NUMBER <small>(Letter Prefix followed by 8-digit number)</small>	D02910271		
FEDERAL EMPLOYER IDENTIFICATION # <small>(9-digit number assigned by the IRS)</small>	521656188		
STATE OF INCORPORATION OR FORMATION	MD		
DATE OF INCORPORATION OR FORMATION	11/28/1989		
FEDERAL PRINCIPAL BUSINESS CODE <small>(6-digit number on file with IRS)</small>			
TRADING AS NAME			
MAILING ADDRESS	113 TOWNSEND HARBOR RD		
<input checked="" type="checkbox"/> 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.	LUNENBURG	MA	01462-1818
<small>Note: Please include an email address in order to receive important reminders from the Maryland ment of Assessments and Taxation</small>			
EMAIL ADDRESS	ICG-TREASURER@COSTUME.ORG		

SECTION II - ONLY CORPORATE ENTITIES COMPLETE

A. Corporate Officers (names and mailing addresses)

MARIANNE PEASE <small>President</small>	3517 OLYMPIC STREET SILVER SPRING MD 20906
MERA BABINEAUX <small>Vice-President</small>	1712 MAIN ST SW ROANOKE VA 24015
VICKY ASSARATTANAKUL <small>Secretary</small>	8926 ANCIENT OAK LN VERONA WI 53593
JEANINE SWICK <small>Treasurer</small>	113 TOWNSEND HARBOR RD LUNENBURG MA 01462

B. Corporate Directors (names only)

ANNE DAVENPORT

HENRY OSIER

ELAINE SIMS

BRUCE MAI

PATRICK O'CONNOR

JUDY MITCHELL

LORIEN FLETCHER

ELAINE MAMI



INCLUDE MD DEPARTMENT ID NUMBER ON CHECK

PLEASE STAPLE CHECK HERE

If you answer **"Yes"** to either of the questions in **Section III** below, please complete **Sections IV** through **VII** (*Personal Property Tax Return*) and return it, along with this *Annual Report*, to the Department.
 If you answer **"No"** to BOTH questions in **Section III** below, you DO NOT need to complete the *Personal Property Tax Return*. Instead, complete **Section IV** only, and return the *Annual Report* to the Department.

SECTION III - ALL BUSINESS ENTITIES COMPLETE

- A. Does the business own, lease, or use personal property located in Maryland? Yes No
- B. Does the business maintain a trader's license with a local unit of government in Maryland? Yes No

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. Firm or Individual, other than taxpayer, preparing this Annual Report/Personal Property Tax Return

NAME		
SIGNATURE AND DATE		
MAILING ADDRESS		
EMAIL ADDRESS		
PHONE NUMBER		

B. Corporate Officer or Principal of Entity

NAME	JEANINE SWICK	
SIGNATURE AND DATE	JEANINE SWICK	01/11/2019
MAILING ADDRESS	113 TOWNSEND HARBOR RD	
	LUNENBURG MA 01462-1818	
EMAIL ADDRESS	ICG-TREASURER@COSTUME.ORG	
PHONE NUMBER	508-981-5194	

