### maryland form **504**

# FIDUCIARY INCOME TAX RETURN



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OR FISCAL YEAR BEGINNING 2022, ENDING	
Endoral Employer Identification Number (O digita)	
Federal Employer Identification Number (9 digits)	
Name of Estate or Trust	
Name and Title of Fiduciary	
Current Mailing Address of Fiduciary - Line 1 (Street No. and Street Name or PO Box)	
Current Maining Address of Fiducially - Line 1 (Street No. and Street Name of PO Box)	
Current Mailing Address of Fiduciary - Line 2 (Apt No., Suite No., Floor No.)	
City or Town State ZIP Code +4	
out of tour	
Country Name Foreign Province/State/County	
Foreign postal code	
TYPE OF ENTITY - Check the box(es) on the return corresponding to your federal return.	
1. Decedent's estate 4. Grantor type trust 7. Electing Small Business Trust	
2. Simple trust  5. Bankruptcy estate  8. Other	
3. Complex trust 6. Qualified funeral trust	
DECEDENT'S ESTATE INFORMATION	
If Decedent's estate:  Date of death Decedent's Social Security Number	
Domicile of decedent  Domicile of decedent  Check here if final return.	
RESIDENT STATUS AMENDED RETURN	
Check box if resident and complete the following Check applicable box(es).	
Subdivision Code ► This is an amended return. (Attach documentation)	
County Net operating loss is being carried back.  City, town or taxing area Name or address has changed.	
Check box if nonresident. See Form 504NR	
1. Federal taxable income of fiduciary (from line 23 of federal Form 1041). See Instruction 9 1.	0 (
2. Exemption claimed on federal return	00
3. Income from Electing Small Business Trust (ESBT). <b>Do Not Prorate.</b> See Instruction 10 ▶ 3	10
<ul> <li>Federal taxable income plus nonallocable additions (Enter the sum of line 1 through line 3.) ▶ 4 <sup>0</sup></li> <li>Fiduciary's Share of Maryland Modifications (Enter the positive or negative number from Form 504</li> </ul>	, 0
Schedule A line 8, 9d or 10f.)	0 (
<b>6.</b> Line 4 plus or minus line 5	)()
7. Nonresident beneficiary deduction from Form 504 Schedule A, line 13 ▶ 7 •	)()
8. Maryland adjusted gross income (Subtract line 7 from line 6.)	10
9. Maryland exemption. See Instruction 10	0 (
NOTE: Nonresident fiduciary - see instruction for Form 504NR.	-

**11. Maryland tax** (Use rate schedule in instructions or enter amount from Form 504NR, line 21.) . . . 11.

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NAME	FEIN			
12	Special nonresident tax Nonresidents: Enter the amount from Form 504NR, line 22.			
12.	(See Instruction 14.) Residents: Enter zero	12		.00
12	Total Maryland tax (Add lines 11 and 12.)	12		.00
	Credit for fiduciary income tax paid to another state and/or credit for preservation and conservation			
14.	credit for fluuriary from Park AA, line 1 and Park AA, line C of Farms FO3CD (Attack Farms FO3CD)	1.4		00
	easements from Part AA, line 1 and Part AA, line 6 of Form 502CR (Attach Form 502CR.)	14	·	nn
15.	Enter the Nonrefundable Business Tax Credits from Part AAA of Form 504CR	▶ 15	·	nn
16.	Total credits (Add lines 14 and 15)	16	·	00
	Maryland Tax after credits (Subtract line 16 from line 13, if less than zero, enter zero)	17.	·	.00
18.	Local tax (Multiply the fiduciary's Maryland taxable net income from line 10 by			0.0
	.0). See Instruction 15. Non-residents: enter zero			.00
19.	Local Credit for fiduciary income tax paid to another state from Part BB of Form 502CR	19		.00
20.	Local tax after credit. (Subtract line 19 from line 18.) If less than zero, enter zero	20	·	.00
21.	Total Maryland and local tax. (Add lines 17 and 20.)		•	.00
22.	Contribution to Chesapeake Bay and Endangered Species Fund ▶ 22	00		
23.	Contribution to Developmental Disabilities Services and Support Fund ▶ 23	00		
24.	Contribution to Maryland Cancer Fund ▶ 24	00		
25.	Contribution to Fair Campaign Financing Fund ▶ 25	00		
26.	Total Maryland income tax, local income tax and contributions (Add lines 21 through 25.)	26.	·	.00
27.	Maryland and local tax withheld. See Instruction 17			
28.	Estimated tax payments and payments made with extension request and		·	
	with Form MW506NRS	▶ 28		
29	Nonresident tax paid by pass-through entities.	<u> </u>	·	
	(Attach Maryland Schedule K-1 (510/511))	> 29		
30	Refundable Business and/or Heritage Structure Rehabilitation tax credits		·	
50.	(Attach Form 504CR and/or Form 502S.)	30		
21				
31.	Total payments and credits (Add lines 27 through 30.)			
<u>32.</u>	Balance due (If line 26 is more than line 31, enter the difference.)			
33.	Overpayment (If line 26 is less than line 31, enter the difference.)			
34. 	Amount of overpayment to be applied to 2023 estimated tax			
35.	Amount of overpayment to be refunded (Subtract line 34 from line 33.)			
	Interest charges from Form 504UP or for late filing <b>Total</b>			
37.	TOTAL AMOUNT DUE (Add lines 32 and 36.)	37. <sub>-</sub>		
If yo front	NDED RETURNS  u are filing an amended fiduciary income tax return, check the applicable boxes and draw a line the Explain the changes you are making in the space below. Attach a copy of the amended federal Foing amended, and any other required documentation.			
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DIRECT DEPOSIT OF REFUND (see Instruction 18) /erify that all account information is correct and clearly legible. If you are requesting direct deposit of your refund, complete the following. For Splitting Direct Deposit, use Form 588.
Check here if this refund will go to an account outside of the United States.
Check here if you authorize the State of Maryland to issue your refund by direct deposit.
88. For the direct deposit option, complete the following information clearly and legibly:
<b>38a.</b> Type of account:
<b>88b.</b> Routing Number (9-digits): ▶ 38b
<b>38c.</b> Account number:
BBd. Name(s) as it appears on the bank account
SIGNATURE AND VERIFICATION
Check here ▶ ☐ if you authorize your preparer to discuss this return with us.
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to he best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.
ignature of Fiduciary or Officer representing Fiduciary  Date  Street address of Preparer or Firm's address
rinted name of the Preparer / or Firm's name  City, State, ZIP Code + 4
ignature of preparer other than fiduciary (Required by Law)  Date  Telephone number of preparer  Preparer's PTIN (Required by Law)
Daytime telephone number (Fiduciary)
CODE NUMBERS (3 digits per line



Nonresidents must include Form 504NR.

#### Make checks payable to and mail to:

Comptroller Of Maryland Revenue Administration Division 110 Carroll Street Annapolis, Maryland 21411-0001

(Write Your Federal Employer Identification Number On Check Using Blue Or Black Ink.)