

FORM MARYLAND CORPORATION INCOME TAX RETURN



2010
\$

OR FISCAL YEAR BEGINNING _____, 2010, ENDING _____

Please Print Using Blue or Black Ink

Name			
Number and street			
City / town		State	ZIP code
Federal Employer Identification No. (9 digits)		Do not write in this space ME ▶	
FEIN Applied for date		YE ▶	
Date of Organization or Incorporation (MMDDYY)		Business Activity Code No. (6 digits)	

CHECK HERE IF: NAME OR ADDRESS HAS CHANGED INACTIVE CORPORATION FIRST FILING OF THE CORPORATION FINAL RETURN
 THIS TAX YEAR'S BEGINNING AND ENDING DATES ARE DIFFERENT FROM LAST YEAR'S DUE TO AN ACQUISITION OR CONSOLIDATION.

SEE INSTRUCTIONS IN CORPORATION INCOME TAX BOOKLET. ATTACH A COPY OF THE FEDERAL INCOME TAX RETURN THROUGH SCHEDULE M2

1. Taxable income based on attached federal return from the Taxable Income Worksheet.
 (Check applicable box: 1120/1120A, 990T, 1120-REIT, Other _____ IF 1120S, FILE ON FORM 510) ▶ **1** _____

ADDITION MODIFICATIONS (All entries must be positive amounts)

2. a. State and local income tax ▶ **2a** _____
 b. Dividends and interest from another state, local or federal tax-exempt obligations ▶ **b** _____
 c. Net operating loss modification (Do not enter NOL carryover. See Instructions.) ▶ **c** _____
 d. Section 10-306.1 related party transactions ▶ **d** _____
 e. Domestic Production Activities Deduction ▶ **e** _____
 f. Deduction for Dividends paid by a captive REIT ▶ **f** _____
 g. Other additions (Enter code letter(s) from instructions and attach schedule.) ▶ **g** _____
 h. Total additions (Add lines 2a through 2g) **2h** _____
 3. Total (Add lines 1 and 2h) **3** _____

SUBTRACTION MODIFICATIONS (All entries must be positive amounts)

4. a. Dividends for domestic corporations claiming foreign tax credits ▶ **4a** _____
 b. Dividends from related foreign corporations ▶ **b** _____
 c. Income from U.S. obligations ▶ **c** _____
 d. Section 10-306.1 related party transactions ▶ **d** _____
 e. Other subtractions (Enter code letter(s) from instructions and attach schedule.) ▶ **e** _____
 f. Total subtractions (Add lines 4a through 4e) **4f** _____
 5. Maryland modified income (Subtract line 4f from line 3) **5** _____

APPORTIONMENT OF INCOME (To be completed by multistate corporations whose apportionment factor is less than 1, otherwise skip to line 8)

6. Maryland apportionment factor (from page 2 of this form) (If factor is zero, enter 000001) ▶ **6** _____
 7. Maryland apportioned income (Multiply line 5 by line 6) **7** _____

8. Maryland taxable income (from line 5 or line 7, whichever is applicable) **8** _____
 9. TAX (Multiply line 8 by 8.25%) **9** _____
 10. a. Estimated tax paid with Form 500DP, Form 500D, Form MW506NRS and/or credited from 2009 overpayment **10a** _____
 b. Tax paid with an extension request (Form 500E) **b** _____
 c. Nonrefundable business income tax credits from Part U, Line 27 of Form 500CR (Attach Form 500CR) **c** _____
 d. Refundable business income tax credits from Part W, Line 5 of Form 500CR (Attach Form 500CR) **d** _____
 e. Heritage Structure Rehabilitation tax credit (Attach Form 502H) Sustainable Communities tax credit (Attach Form 502S) ▶ Check here if non-profit **e** _____
 f. Nonresident tax paid on behalf of the corporation by pass-through entities (Attach Schedule K-1) **f** _____
 g. Total payments and credits (Add lines 10a through 10f) **10g** _____
 11. Balance of tax due (If line 9 exceeds line 10g, enter the difference) ▶ **11** _____
 12. Overpayment (If line 10g exceeds line 9, enter the difference) ▶ **12** _____
 13. Interest and/or penalty from Form 500UP _____ or late payment interest _____ **Total** ▶ **13** _____
 14. Total balance due (Add lines 11 and 13, or if line 13 exceeds line 12 enter the difference) **14** _____
 15. Amount of overpayment to be applied to estimated tax for 2011 (not to exceed the net of line 12 less line 13) .. ▶ **15** _____
 16. Amount of overpayment **TO BE REFUNDED** (Add lines 13 and 15, and subtract the total from line 12) ▶ **16** _____

DIRECT DEPOSIT OF REFUND (See instructions.) Please be sure the account information is correct.

In order to comply with new banking rules, please, check here if this refund will go to an account outside the United States. If checked, see instructions.

17. For the direct deposit option, complete the following information clearly and legibly. **17a.** Type of account: Checking Savings

17b. Routing number (9 digits) ▶ _____ **17c.** Account number ▶ _____

▶ **049** _____
 CODE NUMBERS (three digits per box)



Name _____ FEIN _____

SCHEDULE A – COMPUTATION OF APPORTIONMENT FACTOR (Applies only to multistate corporations – see instructions) NOTE: Special apportionment formulas are required for rental/leasing, financial institutions, transportation and manufacturing companies. See instructions. Multistate manufacturer with more than 25 employees must complete Form 500MC; See instructions.		Column 1 TOTALS WITHIN MARYLAND	Column 2 TOTALS WITHIN AND WITHOUT MARYLAND	Column 3 DECIMAL FACTOR (Column 1 ÷ Column 2 rounded to six places)
1A. Receipts	a. Gross receipts or sales less returns and allowances ▶		▶	
	b. Dividends			
	c. Interest			
	d. Gross rents			
	e. Gross royalties			
	f. Capital gain net income			
	g. Other income (Attach schedule)			
	h. Total receipts (Add lines 1A(a) through 1A(g), for Columns 1 and 2) ▶		▶	◀
1B. Receipts	Enter the same factor shown on line 1A, Column 3. Disregard this line if special apportionment formula used			
2. Property	a. Inventory			
	b. Machinery and equipment			
	c. Buildings			
	d. Land			
	e. Other tangible assets (Attach schedule)			
	f. Rent expense capitalized (multiplied by eight)			
	g. Total property (Add lines 2a through 2f, for Columns 1 and 2) . . . ▶		▶	◀
3. Payroll	a. Compensation of officers			
	b. Other salaries and wages			
	c. Total payroll (Add lines 3a and 3b, for Columns 1 and 2) ▶		▶	◀
4. Total of factors	(Add entries in Column 3)			
5. Maryland apportionment factor	Divide line 4 by four for three-factor formula, or by the number of factors used if special apportionment formula required. (If factor is zero, enter 000001 on line 6 page 1.)			

SCHEDULE B – ADDITIONAL INFORMATION REQUIRED (Attach a separate schedule if more space is necessary)

- Telephone number of **corporation** tax department: _____
- If a multistate operation, provide the following:
Address of principal place of business in Maryland (if other than indicated on page 1): _____
- Brief description of operations in Maryland: _____
- Has the Internal Revenue Service made adjustments (for a tax year in which a Maryland return was required) that were not previously reported to the Maryland Revenue Administration Division? Yes No
If "yes", indicate tax year(s) here: _____ and submit an amended return(s) together with a copy of the IRS adjustment report(s) under separate cover.
- Did the corporation file employer withholding tax returns/forms with the Maryland Revenue Administration Division for the last calendar year? Yes No
- Is this entity part of a federal consolidated filing? ▶ Yes No
- Is this entity a multistate corporation that is a member of a unitary group? ▶ Yes No
- Is this entity a multistate manufacturer with more than 25 employees? If so, complete and attach Form 500MC to your Form 500. . . . ▶ Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the 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. Check here if you authorize your tax preparer to discuss this return with us.

Officer's signature _____ Date _____ ▶ Preparer's SSN or PTIN (required by law) _____ Preparer's signature _____
Title _____ Preparer's name, address and telephone number _____

Make checks payable and mail to:
Comptroller of Maryland, Revenue Administration Division
Annapolis, Maryland 21411-0001
Write federal employer identification number on check using blue or black ink.