FORM
500

MARYLAND CORPORATION
INCOME TAX RETURN

2012
$

125000049

Please Print Using Blue or Black Ink

STAPLE CHECK HERE

OR FISCAL YEAR BEGINNING   **2012, ENDING**

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

1 a Federal Taxable Income   (Enter amount from Federal Form 1120 line 28 or Form 1120-C line 25c)
    See Instructions. Check applicable box:

         ☐ 1120   ☐ 1120-REIT   ☐ 990T

     ☐ Other:_____   IF 1120S, FILE ON FORM 510 . . . .**1 a** _____

    b Special Deductions (Federal Form 1120 line 29b or Form 1120-C line 26b) . **1 b** _____

    c Federal Taxable Income before net operating loss deduction (Subtract line 1b from 1a) . . . . ▶ **1c** _____

MARYLAND ADJUSTMENTS TO FEDERAL TAXABLE INCOME
(All entries must be positive amounts)

ADDITION ADJUSTMENTS

2 a Section 10-306.1 related party transactions . . . . ▶**2a** _____

    b Decoupling Modification Addition adjustment

    (Enter code letter(s) from instructions) . . . . ☐☐☐☐ . . . . ▶ **b** _____

    c Total Maryland Addition Adjustments to Federal Taxable Income (Add lines 2a and 2b) . . . . **2c** _____

SUBTRACTION ADJUSTMENTS

3 a Section 10-306.1 related party transactions . . . . ▶**3a** _____

    b Dividends for domestic corporation claiming foreign tax credits
    (Federal form 1120/1120C Schedule C line 15) . . . . ▶ **b** _____

    c Dividends from related foreign corporations
    (Federal form 1120/1120C Schedule C line 13 and 14) . . . . ▶ **c** _____

    d Decoupling Modification Subtraction adjustment

    (Enter code letter(s) from instructions) . . . . ☐☐☐☐ . . . . ▶ **d** _____

    e Total Maryland Adjustments to Federal Taxable Income
    (Add lines 3a through 3d) . . . . **3e** _____

4 Maryland Adjusted Federal Taxable Income before NOL deduction is applied
  (Add lines 1c and 2c, and subtract line 3e). . . . . **4** _____

5 Enter Federal NOL Carry-forward available from previous tax years (including FDSC Carry forward)
  on a separate company basis (Enter NOL as a positive amount) . . . . ▶ **5** _____

6 Maryland Adjusted Federal Taxable Income (If line 4 is less than or equal
  to zero, enter amount from line 4)

  (If line 4 is greater than zero, subtract line 5 from line 4 and enter result.
  If result is less than zero, enter zero) . . . . **6** _____

MARYLAND ADDITION MODIFICATIONS
(All entries must be positive amounts)

7 a State and local income tax. . . . . ▶ **7a** _____

    b Dividends and interest from another state, local or federal tax
    exempt obligation . . . . ▶ **b** _____

    c Net operating loss modification recapture
    (Do not enter NOL carryover. See instructions) . . . . ▶ **c** _____

    d Domestic Production Activities Deduction . . . . ▶ **d** _____

    e Deduction for Dividends paid by captive REIT . . . . ▶ **e** _____

    f Other additions (Enter code letter(s) from
    instructions and attach schedule) . . . . ☐☐☐☐ . . . . ▶ **f** _____

    g Total Addition Modifications (Add lines 7a through 7f) . . . . **7g** _____

FORM 500 **MARYLAND CORPORATION**
2012 **INCOME TAX RETURN**

125000149

Name _____ FEIN _____

MARYLAND SUBTRACTION MODIFICATIONS
(All entries must be positive amounts)

8 a Income from US Obligations. . . . . ▶**8a** _____|_____

 b Other Subtractions (Enter code letter(s) ☐☐☐☐
  from instructions and attach schedule.) . . . . ▶ **b** _____|_____

 c Total Subtraction Modifications (Add lines 8a and 8b) . . . . **8c** _____|_____

NET MARYLAND MODIFICATIONS

9 Total Maryland Modifications (Subtract line 8c from 7g. If less than zero, enter negative amount) . . . **9** _____|_____

10 Maryland Modified Income (Add lines 6 and 9) . . . . **10** _____|_____

APPORTIONMENT OF INCOME
(To be completed by multistate corporations whose apportionment factor is less than 1, otherwise skip to line 13)

11 Maryland apportionment factor (from page 3 of this form) (If factor is zero, enter .000001) . . . . . ▶**11** __.__ __ __ __ __ __

12 Maryland apportionment income (Multiply line 10 by line 11). . . . . **12** _____|_____

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13 Maryland taxable income (from line 10 or line 12, whichever is applicable) . . . . **13** _____|_____

14 Tax (Multiply line 13 by 8.25%) . . . . **14** _____|_____

15 a Estimated tax paid with Form 500D, Form MW506NRS and/or
  credited from 2011 overpayment . . . . ▶**15a** _____|_____

 b Tax paid with an extension request (Form 500E). . . . . ▶ **b** _____|_____

 c Nonrefundable business income tax credits from Part W,
  Line 29 of Form 500CR (Attach Form 500CR) . . . . ▶ **c** _____|_____

 d Refundable business income tax credits from Part Y,
  Line 6 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 Maryland Schedule K-1) . . . . ▶ **f** _____|_____

 g Total payments and credits (Add lines 15a through 15f). . . . . **15g** _____|_____

16 Balance of tax due (If line 14 exceeds line 15g, enter the difference). . . . . ▶ **16** _____|_____

17 Overpayment (If line 15g exceeds line 14, enter the difference). . . . . ▶ **17** _____|_____

18 Interest and/or penalty from Form 500UP _____ or late payment interest _____ **Total**. . . . ▶ **18** _____|_____

19 Total balance due (Add lines 16 and 18, or if line 18 exceeds line 17 enter the difference) . . . . **19** _____|_____

20 Amount of overpayment to be applied to estimated tax for 2013
  (not to exceed the net of line 17 less line 18) . . . . ▶ **20** _____|_____

21 Amount of overpayment TO BE REFUNDED
  (Add lines 18 and 20, and subtract the total from line 17) . . . . ▶ **21** _____|_____

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

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

22 For the direct deposit option, complete the following information clearly and legibly:

 a Type of account: ▶ ☐ checking ☐ savings

 b Routing number (9 Digits) ▶ ___ ___ ___ ___ ___ ___ ___ ___ ___

 c Account number ▶ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

INFORMATIONAL PURPOSES ONLY (LINES 23 & 24)

23 NOL generated in Current Year - Carryforward 20 Years and back 2 Years
  (If line 6 is less than zero, enter on line 23) . . . . **23** _____|_____

24 NAM generated in Current Year - Carried Forward/Back with the Loss on Line 23 per
  Section 10-205(e) (If line 6 is less than zero AND line 9 is greater than zero, enter the
  amount from line 9 on line 24). . . . .**24** _____|_____

COM/RAD-001   12-49

FORM
500
2012

MARYLAND CORPORATION
INCOME TAX RETURN

125000249

Name _____ FEIN _____

SCHEDULE A – COMPUTATION OF APPORTIONMENT FACTOR	Column 1 TOTALS WITHIN MARYLAND	Column 2 TOTALS WITHIN AND WITHOUT MARYLAND	Column 3 DECIMAL FACTOR (Column 1 ÷ Column 2 rounded to six places)
(Applies only to multistate corporations – see instructions) NOTE: Special apportionment formulas are required for rental/leasing, financial institutions, transportation and manufacturing companies.			
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 11 page 2) . . . . __._____

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

1. Telephone number of corporation tax department: _____

If a multistate operation, provide the following:

2. Address of principal place of business in Maryland (if other than indicated on page 1): _____

3. Brief description of operations in Maryland: _____

4. 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.

5. Did the corporation file employer withholding tax returns/forms with the Maryland Revenue Administration Division for the last calendar year? . . . . ☐ Yes ☐ No

6. Is this entity part of a federal consolidated filing? . . . . ▶ ☐ Yes ☐ No

7. Is this entity a multistate corporation that is a member of a unitary group?. . . . . ▶ ☐ Yes ☐ No

8. Is this entity a multistate manufacturer with more than 25 employees? If so, complete and attach Form 500MC to your Form 500.. . . . . ▶ ☐ Yes ☐ No

SIGNATURE AND VERIFICATION: 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

_____ Title

Preparer's PTIN (required by law)   Preparer's signature

Preparer's name, address and telephone number

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

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▶ | 049 | | |
CODE NUMBERS (three digits per box)