OR FISCAL YEAR BEGINNING 2023, ENDING Pederal Employer Identification Number (9 digits) FEIN Applied for Date (MMDDYY) Date of Organization or Incorporation (MMDDYY) > Date of Organization or Incorporation (MMDDYY) > Business Activity Code No. (6 digits) Name Current Mailing Address (PO Box, Number, Street and Apt. No) Current Mailing Address Line 2 (Apt No., Suite No., Floor No.)
Date of Organization or Incorporation (MMDDYY) Business Activity Code No. (6 digits)
Name Yea Current Mailing Address (PO Box, Number, Street and Apt. No)
Name Provide Address (PO Box, Number, Street and Apt. No)
Current Mailing Address (PO Box, Number, Street and Apt. No)
ଜୁ Current Mailing Address (PO Box, Number, Street and Apt. No) ବ୍ୟୁ ଅନୁ ସୁ
Current Mailing Address Line 2 (Apt No., Suite No., Floor No.)
Print
City or Town State ZIP Code + 4
Foreign Country Name Foreign Province/State/County
Do not write in this space
Foreign Postal Code
► ME ► YE
TYPE OF ENTITY - Check the applicable box. > Amended
S Corporation Partnership Limited Liability Company Business Trust Return
CHECK HERE - Check applicable box(es).
Name or address has changed First filing of the entity Inactive entity Final Return
This tax year's beginning and ending dates are different from last year's due to an acquisition or consolidation.
This Form is used by DTFs that close to remit tay on all members' shares of income
This Form is used by PTEs that elect to remit tax on <u>all</u> members' shares of income.
a. Individual (including fiduciary) residents of Maryland ► c. Nonresident and resident entities ►
a. Individual (including fiduciary) residents of Maryland ► c. Nonresident and resident entities ► b. Individual (including fiduciary) nonresidents ► d. Others (see instructions) ► e. Total 2. Pass-through entity taxable income (See instructions).
ة e. Total
2. Pass-through entity taxable income (See instructions).
Unistate entities also enter this amount on line 4
ALLOCATION OF INCOME Multistate pass-through entities must complete Line 3a. or 3b. Unistate entities go to line 4.)
3a. Non-Maryland income (for entities using separate accounting).
Subtract this amount from line 2 and enter the difference on line 4
3b. Maryland apportionment factor from computation worksheet on Page 4 (for entities
using the apportionment method). Multiply line 2 by this factor and enter the result
on line 4. (If factor is zero, enter .000001)
Entity Tax Calculation 4. Pass-through entity taxable income allocable to Maryland
4. Pass-through entity taxable income allocable to Maryland 00 NOTE: Complete lines 5a. through 19 only if there is an entry on line 1a. through line 1d. 00
(Investment partnerships see Specific Instructions). (Check instructions)



NAME

PASS-THROUGH ENTITY ELECTION INCOME TAX RETURN



2023 page 2

F	EIN
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5a.	Percentage of ownership by individual members shown on lines 1a and 1b (or profit/loss	
	percentage, if applicable)	
5b.	Percentage of ownership by entity members shown on line 1c (or profit/loss percentage,	
	if applicable)	
5c.	Add Lines 5a and 5b	0
6.	Pass-through entity taxable income for individual members (Multiply line 4 by the	0
	percentage on line 5a.)	00
7.	Total Individual members' pass-through entity election tax (Multiply line 6 by 8%.)	00
8.	Pass-through entity taxable income for entity members (Multiply line 4 by percentage	
	on line 5b.)	00
9.	Entity members' pass-through entity election tax (Multiply line 8 by 8.25%.) 9.	00
10.	Total pass-through entity election tax (Add lines 7 and 9.)	00
	Distributable cash flow limitation from worksheet. See instructions. If worksheet used,	
	check here ▶ 11.	00
12.	Pass-through entity election tax due (Enter the lesser of line 10 or line 11.)	00
	Estimated tax paid with Form 510/511D and MW506NRS 13a.	00
	Tax paid with an extension request on Form 510/511E▶13b.	00
	Credit for tax paid by another pass-through entity (Attach Maryland Schedule K-1 (510/511)). ▶ 13c.	00
	If amending, total payments made with original plus additional tax paid after original	
	was filed	00
13e.	Total payments and credits (Add lines 13a through 13d.)	00
14.	Balance of tax due (If line 12 exceeds line 13e, enter the difference.)	00
15.	Overpayment (If line 13e exceeds line 12, enter the difference.)	00
	If amending, prior overpayment (Total all refunds previously issued.)▶15a.	00
16.	Interest and/or penalty from Form 500UP or	
	late payment interest	00
17.	Total balance due (Add lines 12, 15a and 16. Subtract line 13e.)	00
	NOTE: The total tax paid on line 12 is to be reported either on the composite return or on	
	the returns of members. Nonresident entity and fiduciary members cannot file a composite	
	return or be included in the composite return filed by nonresident individual members.	
	(See instructions.)	
18.	Amount of overpayment from original return to be applied to estimated tax for 2024	
	(not to exceed the net of lines 15 minus 15a and 16.)	00
19.	Amount of overpayment TO BE REFUNDED (Add lines 16 and 18, and subtract the total	
	from line 15.) (If amending subtract lines 15a and 16 from line 15.) 19.	00

DIRECT DEPOSIT OF REFUND (see Instruction 9)

Verify that all account information is correct and clearly legible. If you are requesting direct deposit of your refund, complete the following.

Check here if you authorize the State of Maryland to issue your refund by direct deposit.
Check here if this refund will go to an account outside of the United States.
20a. Type of account:
20b. Routing Number (9-digits):
20c. Account Number:
20d. Name as it appears on the bank account:



PASS-THROUGH ENTITY ELECTION INCOME TAX RETURN



NAME

FEIN

ADDITIONAL INFORMATION REQUIRED

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

 3. Telephone number of pass-through entity tax department: 4. State of organization or incorporation: 5. 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 Comptroller of Maryland?				
 4. State of organization or incorporation: 5. 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 Comptroller of Maryland?	2.	Address at which tax records are located (if other than indicated on page 1):		
 5. 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 Comptroller of Maryland?	3.	Telephone number of pass-through entity tax department:		
was required) that were not previously reported to the Comptroller of Maryland? Yes Mo 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 pass-through entity file employer withholding tax returns/forms with the Comptroller of Maryland the last calendar year? Yes No If a multistate operation, provide the following: Yes Yes 7. Is this entity a multistate corporation that is a member of a unitary group? Yes Yes	4.	State of organization or incorporation:		
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. 6. Did the pass-through entity file employer withholding tax returns/forms with the Comptroller of Maryland the last calendar year? Yes No If a multistate operation, provide the following: 7. Is this entity a multistate corporation that is a member of a unitary group?	5.	Has the Internal Revenue Service made adjustments (for a tax year in which a Maryland return		
 with a copy of the IRS adjustment report(s) under separate cover. 6. Did the pass-through entity file employer withholding tax returns/forms with the Comptroller of Maryland the last calendar year?		was required) that were not previously reported to the Comptroller of Maryland? Yes	;	No
 6. Did the pass-through entity file employer withholding tax returns/forms with the Comptroller of Maryland the last calendar year?		If "yes", indicate tax year(s) here: and submit an amended return(s) together		
of Maryland the last calendar year? Yes No If a multistate operation, provide the following: Yes No 7. Is this entity a multistate corporation that is a member of a unitary group? Yes Yes No		with a copy of the IRS adjustment report(s) under separate cover.		
If a multistate operation, provide the following: 7. Is this entity a multistate corporation that is a member of a unitary group? Yes	6.	Did the pass-through entity file employer withholding tax returns/forms with the Comptroller		
7. Is this entity a multistate corporation that is a member of a unitary group? Yes No		of Maryland the last calendar year?	\$	No
	If a	a multistate operation, provide the following:		
8. Is this entity a multistate manufacturing corporation with more than 25 employees? Yes No	7. I	Is this entity a multistate corporation that is a member of a unitary group?	3	No
	8. I	Is this entity a multistate manufacturing corporation with more than 25 employees?	3	No

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 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.

Signature of general partner, officer or member	Date	Printed name of the Preparer/Firm's na	ame		
Title		Signature of preparer other than taxpa	ayer (Required by Law)		
		Street address of preparer or Firm's ac	ddress		
		City, State, ZIP Code + 4			
	Telephone number of	Telephone number of preparer	Preparer's PTIN (Required by Law)		
			▶		
			CODE NUMBERS (3 digits per line)		

Make check or money order payable to Comptroller of Maryland. On your check or money order, in blue or black ink only, you must include the Federal Employer Identification Number, tax year, and tax type. Failure to include this information will delay the processing of your payment. Mail to: Comptroller of Maryland Bayonuo Administration Division

Revenue Administration Division 110 Carroll Street Annapolis, MD 21411-0001

11/23



PASS-THROUGH ENTITY ELECTION INCOME TAX RETURN



NAME

FEIN

Schedule A - COMPUTATION OF APPORTIONMENT FACTOR (Applies only to multistate pass-through entities. See instructions.)

transpo	leasing companies, financial institutions, ortation companies, and worldwide headquartered nies see instructions on Special Apportionment.	Column 1 TOTALS WITHIN MARYLAND	Column 2 TOTALS WITHIN AND WITHOUT MARYLAND	Column 3 DECIMAL FACTOR (Column 1 ÷ Column 2 rounded to six places)
1. Receipts	a. Gross receipts or sales less returns and allowances	00	00	-
	b.Dividends	00	00	
	c. Interest	00	00	
	d. Gross rents	00	00	
	e. Gross royalties	00	00	
	f. Capital gain net income	00	00	
	g. Other income (Attach schedule.)	00	00	
	h. Total receipts (Add lines 1(a) through 1(g), for Columns 1 and 2.)	00	00	

Report this factor on line 4 unless you use a special apportionment formula or alternative apportionment formula.

2. Property	a. Inventory	00	00
	b. Machinery and equipment	00	00
	c. Buildings	00	00
	d.Land	00	00
	e. Other tangible assets (Attach schedule.) .	00	00
	f. Rent expense capitalized (multiply by eight)	00	00
	g. Total property (Add lines 2a through 2f, for Columns 1 and 2)	00	00
3. Payroll	a. Compensation of officers	00	00
	b. Other salaries and wages	00	00
	c. Total payroll (Add lines 3a and 3b, for Columns 1 and 2.)	00	00

Check here if special apportionment or alternative apportionment formula is used.





NAME

FEIN

PART I - INDIVIDUAL MEMBERS' INFORMATION

Enter the information in Social Security Number order.

So	ocial Security Number and name of member	Address	hei	eck re if land: Non- Resident	Distributive or pro rata share of income (See Instructions.)	Distributive or pro rata share of tax paid (See Instructions.)	Distributive or pro rata share of tax credit (See Instructions.)
1				Resident			
2							
3							
4							You must file
5							Form 511
6							electronically
7							
8							to pass on
							business tax
9							credits from
10							Form 500CR
11							
12							and/or Form
13							502S to your
14							members.
15							
16							
	SUBTOTAL fr						





NAME

FEIN _____

PART II - FIDUCIARY MEMBERS' INFORMATION

Enter the information in Federal Employer Identification Number order.

	eral Employer Identification nber and name of estate or	Address	heı Mary	eck e if land:	Distributive or pro rata share of income (See Instructions.)	Distributive or pro rata share of tax paid (See Instructions	Distributive or pro rata share of tax credit) (See Instructions.)
	trust		Resident	Resident	(See first actions.)	(See Instructions	
1							
2							
3							
4							You must file
				ĺ			
5							Form 511
6							electronically
7							
8							to pass on
9							business tax
10							credits from
11							Form 500CR
12							and/or
13							Form 502S to
14							
15							your members.
16							
Ľ		rom additional Form 511 Sche	dulo B	for fi	duciary members		
	SOBIOTALI				TOTAL:		-





NAME

FEIN

PART III - PASS-THROUGH ENTITY MEMBERS' INFORMATION (INCLUDING S CORPORATIONS)

Enter the information in Federal Employer Identification Number order.

	eral Employer Identification umber and name of Pass- Through Entity	Address	Nonre En	mber a sident tity	Distributive or pro rata share of income	Distributive or pro rata share of tax paid	Distributive or pro rata share of tax credit
			YES	NO	(See Instructions.)	(See Instructions.)	(See Instructions.)
1							
2							
3							
4							You must file
5							Form 511
6				[electronically
7							_
8							to pass on
							business tax
9							
10							credits from
11							Form 500CR
11							Form Souck
12							and/or
13							
							Form 502S to
14				1			your members.
15							
16							
10		TAL from additional Form 511	Schod	ulo P	for PTF members		I
	30010		Juneu		TOTAL:		

11/23





NAME

PART IV – CORPORATION MEMBERS' INFORMATION (EXCLUDING S CORPORATIONS) Enter the information in Federal Employer Identification Number order.

FEIN

Fed	eral Employer Identification Number and name of	Address	Nonre	nber a sident tity	Distributive or pro rata share of income	Distributive or pro rata share of tax paid	Distributive or pro rata share of tax credit
	Corporation		YES	NO	(See Instructions.)	(See Instructions.)	(See Instructions.)
1	•						
2							I
3							
4							You must file
5							Form 511
6							electronically
7							to pass on
8							
9							business tax
10							credits from
11							Form 500CR
12							and/or
13							Form 502S to
14							your members.
15							your members.
16							
	SUBTOTAL fro	om additional Form 511 Sched	ule B	for co			
					TOTAL:		