

**MARYLAND
FORM
500**

**CORPORATION INCOME
TAX RETURN**



185000099

2018
\$

OR FISCAL YEAR BEGINNING _____ 2018, ENDING _____

► Federal Employer Identification Number (9 digits) FEIN Applied for Date (MMDDYY)

► Date of Organization or Incorporation (MMDDYY) ► Business Activity Code No. (6 digits)

Name _____

Current Mailing Address Line 1 (Street No. and Street Name or PO Box) _____

Current Mailing Address Line 2 (Apt No., Suite No., Floor No.) _____

City or town _____

State _____

ZIP Code _____

+4 _____

Do not write in this space.

► ME

► YE

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.

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

- 2a.** Section 10-306.1 related party transactions. ► 2a. _____ . _____
- 2b.** Decoupling Modification Addition adjustment (Enter code letter(s) from instructions.) ► 2b. _____ . _____
- 2c.** Total Maryland Addition Adjustments to Federal Taxable Income (Add lines 2a and 2b) 2c. _____ . _____

SUBTRACTION ADJUSTMENTS

- 3a.** Section 10-306.1 related party transactions. ► 3a. _____ . _____
- 3b.** Dividends for domestic corporation claiming foreign tax credits (Federal form 1120/1120C Schedule C line 18) ► 3b. _____ . _____
- 3c.** Dividends from related foreign corporations (Federal form 1120/1120C Schedule C line 14, 16b and 16c) ► 3c. _____ . _____
- 3d.** Decoupling Modification Subtraction adjustment (Enter code letter(s) from instructions.) ► 3d. _____ . _____
- 3e.** Total Maryland Subtraction 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 Adjusted 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. _____ . _____



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NAME _____ FEIN _____

- 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.)

- 7a.** State and local income tax ▶ **7a.** _____
- 7b.** Dividends and interest from another state, local or federal tax exempt obligation ▶ **7b.** _____
- 7c.** Net operating loss modification recapture (Do not enter NOL carryover. See instructions.) ▶ **7c.** _____
- 7d.** Domestic Production Activities Deduction ▶ **7d.** _____
- 7e.** Deduction for Dividends paid by captive REIT ▶ **7e.** _____
- 7f.** Other additions (Enter code letter(s) from instructions and attach schedule) ▶ **7f.** _____
- 7g.** Total Addition Modifications (Add lines 7a through 7f.) **7g.** _____

MARYLAND SUBTRACTION MODIFICATIONS

(All entries must be positive amounts.)

- 8a.** Income from US Obligations ▶ **8a.** _____
- 8b.** Other subtractions (Enter code letter(s) from instructions and attach schedule) ▶ **8b.** _____
- 8c.** 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 4 of this form) (If factor is zero, enter .000001.) ▶ **11.** _____
- 12.** Maryland apportionment income (Multiply line 10 by line 11.) **12.** _____
- 13.** Maryland taxable income (from line 10 or line 12, whichever is applicable.) **13.** _____
- 14.** Tax (Multiply line 13 by 8.25%) **14.** _____
- 15a.** Estimated tax paid with Form 500D, Form MW506NRS and/or credited from 2017 overpayment ▶ **15a.** _____
- 15b.** Tax paid with an extension request (Form 500E) ▶ **15b.** _____
- 15c.** Nonrefundable business income tax credits from Part AAA. (See instructions for Form 500CR.)
- 15d.** Refundable business income tax credits from Part DDD. (See instructions for Form 500CR.)
- 15e.** The Heritage Structure Rehabilitation Tax Credit is claimed on line 1 of Part DDD on Form 500CR. Check here ☐ if you are a non-profit corporation.
- 15f.** Nonresident tax paid on behalf of the corporation by pass-through entities (Attach Maryland Schedule K-1.) ▶ **15f.** _____
- 15g.** 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 2019 (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.** _____

You must file this form electronically to claim business tax credits from Form 500CR.



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NAME _____ FEIN _____

DIRECT DEPOSIT OF REFUND (See Instructions.) **Be sure the account information is correct.**

If this refund will go to an account outside of the United States, then to comply with banking rules, place a "Y" in this box ☐ and see Instructions.

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

22a. Type of account: ☐ Checking ☐ Savings

22b. Routing Number (9-digits):

22c. Account number:

INFORMATIONAL PURPOSES ONLY (LINES 23 & 24)

23. NOL generated in Current Year - Carryforward 20 years and carry 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 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. _____

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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. Worldwide headquartered companies 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 Multiply factor on line 1A, Column 3 by 2. Disregard this line if special apportionment formula is used. | | | — . ———▶ |
| 2. Property a. Inventory | | | |
| b. Machinery and equipment | | | |
| c. Buildings | | | |
| d. Land | | | |
| e. Other tangible assets (Attach schedule.) | | | |
| f. Rent expense capitalized (multiply 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 five 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.) — . ———▶



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NAME _____ FEIN _____

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

1. Telephone number of corporation tax department: _____
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 the federal consolidated filing? ☐ Yes ☐ No
If a multistate operation, provide the following:
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? ☐ 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 preparer to discuss this return with us.

Officer's Signature Date

Officer's Name and Title

Preparer's Signature

Preparer's name, address and telephone number

▶ _____
Preparer's PTIN (required by law)

INCLUDE ALL REQUIRED PAGES OF FORM 500

Make checks payable to and mail to:

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

(Write Your FEIN On Check Using Blue Or Black Ink.)