1							1	
2							2	
33	5 6 7 8 9	9 10 11 12 13 14 15 17 18 19 20 21 22 24 25 26 27 28 3 19 10 11 2 13 14 15 17 19 21 21 23 24 25 27 29	$\begin{smallmatrix}32\\31\\33\\33\\35\\37\\39\\4\end{smallmatrix}$	1 42 44 46 46 48 50 1 43 45 47 49	0 52 54 56 58 6 51 53 55 57 59	0 62 64 66 68 70 61 63 65 67 69	71 72 74 76 78 80 81 ³ 83	3 ⁸
4		MARYLAND CORPORAT	ION INCOME				2021	
5		FORM TAX RETUR	N				5	
6		500			2150000		6 6	
7							7	
8	OR	R FISCAL YEAR BEGINNING 2021,	ENDING				8	
9							9	T
10							10	T
11							11	T
12	► Federa	ral Employer Identification Number (9 digits) FEIN App	ied for Date (MMDDYY)				12	t
13							13	T
14							14	t
15	Date of	of Organization or Incorporation (MMDDYY) Busines	s Activity Code No. (6 digits)				15	T
16:	>						16	T
16							17	T
18	i Name						18	t
19	<u>a</u>						19	t
	5						20	+
21	Current	t Mailing Address (PO Box, number, street and ap	:. no)				21	t
22							22	+
23	Lut						23	+
24		t Mailing Address Line 2 (Apt No., Suite No., Flo	or No.)				24	+
25							25	+
26							26	t
27	City or T	Town	State	ZIP Code + 4			27	t
2.8							28	+
2.9							29	+
30	Foreign	n Country Name		Fo	reign Province/State/0	County	30	+
31							31	+
32						Do not write in this space.		+
33	Foreign	n Postal Code					Amended 32 Return 33	+
34	5					ME YE	Return > 33	+
35	X	CHECK HERE IF:					35	+
36	분분	Name or address has changed		orporation	First filing of th	e corporation 🕨	Final Return 36	+
37	HE	 This tax year's beginning and e 						+
38	ST/		fiding dates are diff	erent nonn last y		equisition of consoli	38	+
39		LING TO CLAIM A NET OPERATING	LOSS, CHECK TH		ТЕ ВОХ	Carryback	Carryforward 39	+
40		ch copies of the federal form for th					40	+
41		CORPORATION INSTRUCTIONS. A						+
		Federal Taxable Income (Enter amoun					42	+
42				1 1120 III 20 01	F01111120-C		43	+
43		line 25c.) See Instructions. Check app 1120 1120-REIT	990T				43	+
44	┽┼┼┡		, FILE ON FORM 51		1a.			+
45	16 0	Special Deductions (Federal Form 112		· · · · · · · · · · · · ·		. 🗆	45	+
40					1b.			+
		Form 1120-C line 26b.)			• • • • 1D • • • • • • • • • • • • • • • • • • •	. 🗆 🗌	4 7	+
48		Federal Taxable Income before net op						+
49		(Subtract line 1b from 1a)			• • • • • • • • • • • •	. ▶ 1c.	. 00 49	+
50		YLAND ADJUSTMENTS TO FEDERA	L TAXABLE INCOM	″⊑			50	+
51		entries must be positive amounts.)		+++++++++			51	+
52	ADD			+ + + + + + + + + + + + + + + + + + +			52	+
_			τισης		. 🕨 2a.	. 0(53	1
53	2a. S	Section 10-306.1 related party transac						
54	2a. 9	Decoupling Modification Addition adjust	tment				54	_
54 55	2a. 5 2b. [Decoupling Modification Addition adjus (Enter code letter(s) from instructions	tment .)▶		▶ 2b.		55	
54 55 56	2a. 9 2b. ((2c. 7	Decoupling Modification Addition adjus (Enter code letter(s) from instructions Total Maryland Addition Adjustments t	tment .)▶	ncome (Add lines			55 • • • • • • • • • • • • • • • • • • •	
54 55 56 57	2a. 9 2b. 0 (2c. 7 SUBT	Decoupling Modification Addition adjus (Enter code letter(s) from instructions Total Maryland Addition Adjustments t FRACTION ADJUSTMENTS	itment .) ▶ [o Federal Taxable In		2a and 2b)	2c.	55 .00 57	
54 55 56	2a. 9 2b. 0 (2c. 1 SUBT 3a. 9	Decoupling Modification Addition adjus (Enter code letter(s) from instructions Total Maryland Addition Adjustments t FRACTION ADJUSTMENTS Section 10-306.1 related party transact	tment .) ▶ ┃ o Federal Taxable In tions				55 .00 56 57 58	
54 55 56 57	2a. 9 2b. 0 (2c. 7 SUBT 3a. 9 3b. 0	Decoupling Modification Addition adjus (Enter code letter(s) from instructions Total Maryland Addition Adjustments t FRACTION ADJUSTMENTS Section 10-306.1 related party transac Dividends for domestic corporation cla	tment .)▶ o Federal Taxable In tions iming foreign tax cr	edits	3 2a and 2b)	2c.	55 .00 56 57 58 59	
54 55 56 57 58 59 60	2a. 9 2b. 0 (2c. 7 SUBT 3a. 9 3b. 0	Decoupling Modification Addition adjus (Enter code letter(s) from instructions Total Maryland Addition Adjustments t FRACTION ADJUSTMENTS Section 10-306.1 related party transact	tment .)▶ o Federal Taxable In tions iming foreign tax cr	edits	2a and 2b)	2c.	55 55 57 58 59 60	
54 55 56 57 58 59 60 61	2a. 9 2b. 0 (2c. 7 SUBT 3a. 9 3b. 0	Decoupling Modification Addition adjus (Enter code letter(s) from instructions Total Maryland Addition Adjustments t FRACTION ADJUSTMENTS Section 10-306.1 related party transac Dividends for domestic corporation cla	tment .)▶ o Federal Taxable In tions iming foreign tax cr	edits	3 2a and 2b)	2c.	55 56 57 58 59 60 61	
54 55 56 57 58 59 60	2a. 9 2b. 0 (2c. 7 SUBT 3a. 9 3b. 0	Decoupling Modification Addition adjus (Enter code letter(s) from instructions Total Maryland Addition Adjustments t FRACTION ADJUSTMENTS Section 10-306.1 related party transac Dividends for domestic corporation cla	tment .)▶ o Federal Taxable In tions iming foreign tax cr	edits	3 2a and 2b)	2c.	55 55 57 58 59 60	

MARYLAND FORM 500

1 23 25 27 29 31 33 35 37 39 CORPORATION INCOME TAX RETURN

	MARYLAND	2222324252627282903132334356 CORPORATION INC	ОМЕ				2021
	FORM	TAX RETURN					page
	500			215	000199		
NAME		FEIN					
3c.		ed foreign corporations					
		120C Schedule C line 14, 16	b and 16c)	► 3c.			
3d.		ion Subtraction adjustment		┓┏╾┓┏╾┓			
		from instructions.)		► 3d.		00	
3e.		action Adjustments to Federa					
		n 3d.)			3e.		
4.		ederal Taxable Income before					
		and subtract line 3e.)			4. 📘		00
5.		al NOL Carry-forward availab					
		on a separate company basis			🕨 5.		
6.		Federal Taxable Income (
		ne 4.) (If line 4 is greater tha					
		is less than zero, enter zero.)	• • • • • • • • • • • • • • • • •	6.		.00
MAR	YLAND ADDITION N	MODIFICATIONS					
•	entries must be pos						
7a.	State and local incom	ne tax		► 7a.		. 00	
7b.	Dividends and interes	st from another state, local or	r federal tax				
	exempt obligation			7b.		. 00	
7c.	Net operating loss m	odification recapture (Do not	enter NOL carry	/over.			
						. 00	
7d.		Activities Deduction				. 00	
7e.	Deduction for Divider	nds paid by captive REIT		Þ7e.		. 00	
7f.	Other additions (Ente	er code letter(s) from					
	instructions and attac	ch schedules)		▶ 7f.		. 00	
7g.	Total Addition Modifica	ations (Add lines 7a through 7f)			7g.		.00
MAR	YLAND SUBTRACTI	ON MODIFICATIONS					
(All	entries must be pos	itive amounts.)					
8a.	Income from US Obli	gations		8a.			
8b.		nter code letter(s) from					
	instructions and attac	ch schedule)		► 8b.			
8c.	Total Subtraction Mo	difications (Add lines 8a and 8	3b)		8c.		
NET	MARYLAND MODIF						
9.	Total Maryland Modif	ications (Subtract line 8c from	n 7g. If less tha	n zero,			
		nt.)			9.		. 00
10.	Maryland Modified In	come (Add lines 6 and 9.)			10.		oc
	ORTIONMENT OF IN						
(To		Iltistate corporations whos		ent factor is less tha	n 1, otherwise	e skip to line	13.)
11.	Maryland apportionm	ent factor (from page 4 of thi	is form)				
		er .000001.)			🕨 11.		
12.		ent income (Multiply line 10 b					. 00
13.		ome (from line 10 or line 12,					. 00
14.	Tax (Multiply line 13	by 8.25%.)			14.		.00
15a.		ith Form 500D, Form MW506					
	from 2020 overpaym	ent		▶15a.			
15b.		ension request (Form 500E) .				. 00	
15c.	Nonrefundable busine	ess income tax credits from P	art AAA. (See ii	nstructions for Form 50	00CR.) You must	file this form elect	tronically to
15d.	Refundable business	income tax credits from Part	DDD. (See inst	ructions for Form 5000	R.) claim busine	ess tax credits fron	n Form 500CF
		re Rehabilitation Tax Credit is					
		you are a non-profit corporati					
		on behalf of the corporation I		n entities			
15f.	Noni Colucii cux pulu	on benuit of the corporation i	by pass chioagi				
15f.		nedule 510 K-1.)		▶15f.		. 00	

2 3 64 5 6 65 66

1 13 15 17	19	
MARYLAND		
FORM		
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1 23 25 27 29 31 33 35 37 39 CORPORATION INCOME TAX RETURN

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1			1
2	5 6 7 8 9 10 12 14 15 17 19 21 23 25 27 29 31 33 35 37 39 41 43 45 47 49 51 53 55 57 59 61 63 65 67 67 69 71 73 75	77 78 80	2 813
4	MARYLAND CORPORATION INCOME	021	1
5		bage 3	5
6	500		6
7			7
8			8
10			9
11	15g. If amending, total payments made with original plus additional tax paid after original was filed.		1
12	15h. Total payments and credits (add lines 15a through 15g)	. 00	1
13	16. Balance of tax due (If line 14 exceeds line 15h enter the difference.)		1
14	17. Overpayment (If line 15h exceeds line 14, enter the difference.) ► 17.	. 00	1
15	17a. If amending prior overpayment (Total all refunds previously issued.)	00	1
16	18. Interest and/or penalty from Form 500UP or late payment interest		1
17	for original return	. 00	1
18		. 00	1
19	20. Amount of overpayment from original return to be applied to estimated tax for 2022		1
20	(not to exceed the net of lines 17 minus 17a and 18.)	00	2
22	21. Amount of overpayment TO BE REFUNDED (Add lines 18 and 20, and subtract the total from line 17.)		2
23] 00	2
24			2
25	DIRECT DEPOSIT OF REFUND (See Instructions.) Be sure the account information is correct.		2.
26	To comply with banking and NACHA (National Automated Clearing House Association) rules, if this refund will go to an a	ccount	2
27			2
28	outside of the United States, place "Y" in this box ► or if you authorize the State of Maryland to direct deposit your refund,	, check	2
29	this box and complete the following information clearly and legibly.		- 2
31	this box ► and complete the following information clearly and legibly.		3:
32	22a. Type of account: ► Checking Savings		32
33			33
34	22b. Routing Number (9-digits): ►		3
35			3.
36	22c. Account number:		3 (
37			31
38	22d. Name as it appears on the bank account:		38
40			4(
41			4:
42		. 00	42
43	24. NAM generated in Current Year - Carried Forward/Back with Loss on Line 23 per		43
44	Section 10-205(e) (If line 6 is less than zero AND line 9 is greater than zero, enter the		44
45		. 00	4 5
46			40
47	FOR USE IF AMENDING THE RETURN Explanation of Changes to Income, Modifications, Apportionment Factor and Credits. Show the computation in detail and atta	ach	4
48	schedules as necessary. Check the box or boxes that reflect the reason for filing this amended return and explain in the space		4
50	provided below the checkboxes. If more space is needed, you may attach additional pages.		5
51	1. Amended to claim a Net Operating Loss Deduction		5
52			52
53			53
54			54
55	5. Amended to report income omitted on previous imitg		55
56			5
57	7. Amended for another reason stated below.		5
58		+	5
60			61
61			61
62			62

MARYLAND FORM 500 1 23 25 27 29 31 33 35 37 39 CORPORATION INCOME TAX RETURN

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MA	14 16 18 20 22 24 26 28 30 32 34 36 3 15 17 19 21 23 25 27 29 30 32 34 36 RYLAND CORPORATION INCO FORM TAX RETURN	OME		Ĭ		III	202
	TAX RETURN						pag
					215000399		
NAME	FEIN						
Schedule A	COMPUTATION OF APPORTIONMENT	EACTOR	(Applies only to mult	rictat	e corporations	200	instructions)
Schedule A	COMPORTION OF APPORTIONISLIN	TACION	Column 1	JSLau	Column 2	ee.	Column 3
NOTE: Specia	apportionment formulas are required for rental	1	TOTALS WITHIN	, i	TOTALS WITHIN		DECIMAL FACTOR
	, financial institutions, transportation and acturing companies. Worldwide headquartered		MARYLAND		AND WITHOUT MARYLAND		(Column 1 ÷ Columr rounded to six place
	nies see instructions.						
1A. Receipts	a. Gross receipts or sales less returns a allowances	and	.00				
	b. Dividends	[00	
	c.Interest	••••		┼┼┡			
	d.Gross rents		- 0 0			00	
	e. Gross royalties					00	
	f. Capital gain net income	••••	. O				
	g. Other income (Attach schedule.)	C		Ľ		00	
	h. Total receipts (Add lines 1A(a) throug						
1B. Receipts	1A(g), for Columns 1 and 2.)						
IB. Receipts	Multiply factor on line 1A, Column 3 by Disregard this line if special apportionn				$\langle \rangle \rangle$		
	formula is used		$\langle \langle \rangle \rangle \langle \rangle \langle \rangle \rangle \langle \rangle \langle \rangle \langle \rangle \rangle \langle \rangle \rangle \langle \rangle \langle \rangle \langle \rangle \rangle \langle \rangle \langle \rangle \langle \rangle \langle \rangle \rangle \langle \rangle \langle \rangle \langle \rangle \langle \rangle \rangle \langle $	$ \rangle$		\setminus	
		%_ _					
2. Property	a. Inventory			┼╌┖─	_		
	b. Machinery and equipment		. 0 0			00	
		2					
	c. Buildings	· · · · _	. 0 0		_	00	
	d.Land		.00			00	
		· · · ·			F •		
	e. Other tangible assets (Attach schedu	ıle.) .	. 0 0			00	
	f. Rent expense capitalized						
	(multiply by eight)						
	for Columns 1 and 2)	►				00	
3. Payroll	a. Compensation of officers	••••	. 0 0	ļļĻ		00	
	b. Other salaries and wages					00	
	c. Total payroll (Add lines 3a and 3b, fo						
	Columns 1 and 2.)					00	
4. Total of fa	ictors (Add entries in Column 3.)	• • • • • • • • •		- - -	· · · · · · · · · · · · ·	• •	┝┼┼╎┝┛╹
	apportionment factor Divide line 4 by e	ight for th	ree-factor formula	or by	the number of		
factors use	d if special apportionment formula require	d. (If facto	pr is zero, enter .000	001	on line 11 page 2	2.)	
► Ch	eck here if special apportionment forr	nula is us	ed.				

1		13		15	1	L 7		19	21
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1 23 25 27 29 31 33 35 37 39 CORPORATION INCOME TAX RETURN

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43	5	45		47	7	49		51		53		55	5	57		59		61		63		65		67		69		71		73
Т			П										Ш	Ш			Ш		Ш		Ш				Ш	П		П		
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Т			П										Ш	Ш			Ш		Ш		Ш				Ш	П		П		
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Telephone number of corporation tax operations: L Telephone number of corporation tax operations: L Address of principal place of business in Maryland: Biel 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?	NAM	E FEIN
Telephone number of corporation tax operations: L Telephone number of corporation tax operations: L Address of principal place of business in Maryland: Biel 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?		
Telephone number of corporation fix department: Exception of corporation is Maryland: Address of principal place of business in Maryland: Has the Internal Revenue Service made adjustments (for a tax year in which a Maryland return was required) that were not providely reported to the Maryland Revenue Maryland return(s) together with a copy of the IRS adjustment report(s) under separate cover. Do the coproration file organized cover. Do the coproration file organized cover. Subtraction providely and the separate cover. Subtraction providely and the file organized cover. Subtraction providely and the file organized cover. Subtraction providely and the file organized filing? T a multistate operation file organized filing? T a multistate operation file organized filing? T a multistate operation file organized filing? Subtraction for Gonation file of a mintery group? Subtraction for Gonation file of a mintery group? Subtraction for Gonation file of a mintery of a unitery group? Subtraction for donations of certain disposable differs, certain hygiene products, and certain monetary gifts. Is this entity of uniter dependences Subtraction. List the name(c) of the issuing agency/entity on the lines below. United States Federal Government (agency/entity) Local Government (agency/entity) Local Government (agency/entity) Local Government (agency/entity) Subtraction for donations of certain disposable differs, certain hygiene products, and certain monetary gifts. List the name(c) of the qualified charitable entity on the lines below.	SCH	EDULE B - ADDITIONAL INFORMATION REOUIRED (Attach a separate schedule if more space is necessary.)
2. Address of crinicial place of business in Maryland. (if other than indicated on place 1): 3. Birlef description of operations in Maryland: In this the Internal Revenues Service made adjustments (for a tax year in which a Maryland neturn) was required) that were not previously reported to the Maryland Revenue Administration Division?, Ves. No. 11 "yes", indicate tax year is a division and an anended return(s) together with a copy of the IRS adjustment report(s) under separate cover. 5. Did the corporation ile monoles withholding tax returns/forms with the Maryland Revenue Administration Division for the last calendar year? 6. Is this entity and of the federal consolidated fling?		
Server 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 proviously reported to the Maryland Revenue Administration Division 7 by a boot adjustment report(s) under separate cover. Sould corporation file enployeer withholding tax returns/forms with the Maryland Revenue Administration Division for the last calendar year? It is the nutry part of the federal consolidated filing? It is the nutry and listed corporation lis a member of a unitary group? It is boot to be internet and unitstate manufacturer with more than 25 employees? 5. Stice for G GRANT OR LOAN FORGIVENES SUBTRACTION. Lisk the name(s) of the issuing agency/entity on the lines below. Ves No 5. Subtraction for domations of certain disposable (flagers, certain hypiene products, and certain monetary gifts. Subtraction for domations of certain disposable (flagers, certain hypiene products, and certain monetary gifts. 5. Subtraction for domations of certain disposable (flagers, certain hypiene products, and certain monetary gifts. List the name(s) of the gualified charitable entity on the lines below. 6. Subtraction for domations of certain disposable (flagers, certain hypiene products, and certain monetary gifts. List the name(s) of the gualified charitable entity on the lines below.		
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? If Yes?, Indicate tax years and the Maryland Revenue Administration Division? Did the corporation file employer withholding tax returns/forms with the Maryland Revenue Administration Division for the last calendar year? Is the file effective composition that is a member of a unitary group? Is the file effective anditistate composition that is a member of a unitary group? Is the file effective anditistate composition that is a member of a unitary group? Is the file effective anditistate composition that is a member of a unitary group? Is the file effective anditistate composition that is a member of a unitary group? Is the file effective anditistate composition that is a member of a unitary group? Is the file effective anditistate composition that is a member of a unitary group? Is objective and the following: Is the file effective anditistate composition that is a member of a unitary group? Is objective and that composition of Decision and a separate schedule if more space is necessary.) Is soluce of GRANT OR LOAN FORGIVENES SUBTRACTION. List the name(s) of the issuing agency/entity on the lines below. United States Federal Government (agency/entity) Is downernment (agency/entity) Is downernment (agency/entity) Is downernment (agency/entity) Is downernment (agency/entity) Is the induce of a downernment (agency/entity) Is downernment (agency/entity)	3	
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? If Yes?, Indicate tax years and the Maryland Revenue Administration Division? Did the corporation file employer withholding tax returns/forms with the Maryland Revenue Administration Division for the last calendar year? Is the file effective composition that is a member of a unitary group? Is the file effective anditistate composition that is a member of a unitary group? Is the file effective anditistate composition that is a member of a unitary group? Is the file effective anditistate composition that is a member of a unitary group? Is the file effective anditistate composition that is a member of a unitary group? Is the file effective anditistate composition that is a member of a unitary group? Is the file effective anditistate composition that is a member of a unitary group? Is objective and the following: Is the file effective anditistate composition that is a member of a unitary group? Is objective and that composition of Decision and a separate schedule if more space is necessary.) Is soluce of GRANT OR LOAN FORGIVENES SUBTRACTION. List the name(s) of the issuing agency/entity on the lines below. United States Federal Government (agency/entity) Is downernment (agency/entity) Is downernment (agency/entity) Is downernment (agency/entity) Is downernment (agency/entity) Is the induce of a downernment (agency/entity) Is downernment (agency/entity)	4 Z	Brief description of operations in Manulandy
The dire information between the sequence of the Maryland Revenue Administration Division?	J.	
If 'yes', indicate tax yes', indicate tax yes', better the internet of a united and provide with a copy of the IRS' adjustment report(s) under separate cover. Did the coprotation file employer withholding tax returns/forms with the Maryland Revenue Administration Division for the last calendar year? Did the coprotation file employer withholding tax returns/forms with the Maryland Revenue Administration Division for the last calendar year? Is this neithy an utilitate coproration file experiate administration Division for the last calendar year? Is this neithy a multistate coproration file experiate administration Division for the last calendar year? Is this neithy a multistate coproration file experiate administration Division for the last calendar year? Is this neithy a multistate coproration file exponent of a unitary group? Is this neithy a multistate coproration file exponent of a unitary group? Is this neithy a multistate manufacturer with more than 25 employees? Ves No SCHEDULE C - ADDITIONAL INFORMATION REQUIRED (Attach a separate schedule if more space is necessary.) Is Source Government (agency/entity) Unced Government (agency/entity) Ustate Government (agency/entity) Local Government (agency/entity) Local Government (agency/entity) State Government (agency/entity) Is the name(s) of the qualified charitable entity on the lines below. Is the name(s) of the qualified charitable entity on the lines below. Is the name(s) of the qualified charitable entity on the lines below. Is the name(s) of the qualified charitable entity on the lines below. Is the name(s) of the qualified charitable entity on the lines below. Is the name(s) of the qualified charitable entity on the lines below. Is the name(s) of the qualified charitable entity on the lines below.	6 4.	has the internal Revenue Service made adjustments (for a tax year in which a Maryiand return
the anti-base base of the separate cover. I bit the composition file employee withholding tax returns/forms with the Maryland Revenue Administrate operation.provide the following: Is this entity antificate operation, provide the following: I is this entity a multistate operation that is a member of a unitary group?	7	was required) that were not previously reported to the Maryland Revenue Administration Division
 Did the corporation file employer withholding tax returns/forms with the Maryland Revenue Administration Division for the last calendar year? Is the corporation file employer withholding: If a multistate operation, provide the following: Is this entity a multistate corporation that is a member of a unitary group? Is this entity a multistate corporation that is a member of a unitary group? Is this entity a multistate corporation that is a member of a unitary group? Is this entity a multistate corporation that is a member of a unitary group? Source OF GRANT OR LOAN FORGIVENESS SUBTRACTION. Use the name(s) of the issuing agency/entity on the lines below. United States Federal Government (agency/entity) Source of grant or donations of certain disposable diapets, certain hygiene products, and certain monetary gifts. List the name(s) of the qualified charitable entry on the lines below. Subtraction for donations of certain disposable diapets, certain hygiene products, and certain monetary gifts. List the name(s) of the qualified charitable entry on the lines below. 	8	in yes, indicate tax year(s) here.
Administration Division for the last calendar year?		
6. Is this entity apart of the federal consolidated filing? Ves No 7 a multistate operation, provide the following: Ves No 7. Is this entity a multistate corporation that is a member of a unitary group? Is this entity a multistate manufacturer with more than 25 employees? Is this entity a multistate manufacturer with more than 25 employees? Is this entity a multistate manufacturer with more than 25 employees? Is this entity a multistate manufacturer with more than 25 employees? 8. Is this entity a multistate manufacturer with more than 25 employees? Is this entity a multistate manufacturer with more than 25 employees? Is this entity a multistate manufacturer with more than 25 employees? 8. Is this entity a multistate manufacturer with more than 25 employees? Is this entity a multistate manufacturer with more than 25 employees? 9. Is this entity a multistate manufacturer with more than 25 employees? Is this entity a multistate manufacturer with more than 25 employees? 9. Is this entity a multistate manufacturer with more than 25 employees? Is this entity a multistate manufacturer with more than 25 employees? 9. Is this entity a multistate manufacturer with more than 25 employees? Is the name(s) of the more than 25 employees? 9. Subtraction for donations of certain disposable diapers, certain hygiene products, and certain monetary gifts. Is the name(s) of the qua		Did the corporation me employer withholding tax returns/forms with the Maryland Revenue
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the best of my knowledge is based on all informatio	y, I declare that I have examined this	
Officer's signature	Date	Printed name of the Preparer / or Firm's name
Officer's Name and Title		Street address of preparer or Firm's address
Preparer's signature (Required t	y Law) Date	City, State, ZIP Code + 4
Telephone number of preparer		Preparer's PTIN (Required by Law)
		CODE NUMBERS (3 digits per line)
Make checks payable to		
Comptroller Of Marylan Revenue Administratior 110 Carroll Street Annapolis, Maryland 21	d Division	
Comptroller Of Marylan Revenue Administratior 110 Carroll Street Annapolis, Maryland 21	d Division 411-0001	
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