



245040099

OR FISCAL YEAR BEGINNING 2024, ENDING

Federal Employer Identification Number (9 digits)

Name of Estate or Trust

Name and Title of Fiduciary

Current Mailing Address of Fiduciary - Line 1 (Street No. and Street Name or PO Box)

Current Mailing Address of Fiduciary - Line 2 (Apt No., Suite No., Floor No.)

City or Town State ZIP Code +4

Country Name Foreign Province/State/County

Foreign postal code

- TYPE OF ENTITY - Check the box(es) on the return corresponding to your federal return. 1. Decedent's estate 2. Simple trust 3. Complex trust 4. Grantor type trust 5. Bankruptcy estate 6. Qualified funeral trust 7. Electing Small Business Trust 8. Other

DECEDENT'S ESTATE INFORMATION

If Decedent's estate: Date of death Domicile of decedent Decedent's Social Security Number Check here if final return.

RESIDENT STATUS

Check box if resident and complete the following Subdivision Code County City, town or taxing area Check box if nonresident.

AMENDED RETURN

Check applicable box(es). This is an amended return. Net operating loss is being carried back. Name or address has changed.

Table with 11 rows for tax calculations: 1. Federal taxable income of fiduciary, 2. Exemption claimed, 3. Income from Electing Small Business Trust, 4. Federal taxable income plus nonallocable additions, 5. Fiduciary's Share of Maryland Modifications, 6. Line 4 plus or minus line 5, 7. Nonresident beneficiary deduction, 8. Maryland adjusted gross income, 9. Maryland exemption, 10. Fiduciary's Maryland taxable net income, 11. Maryland tax.



245040199

Name _____ FEIN _____

12. Special nonresident tax Nonresidents: Enter the amount from Form 504NR, line 22. (See Instruction 14.) Residents: Enter zero.	12.	_____	00
13. Total Maryland tax (Add lines 11 and 12.)	13.	_____	00
14. Credit for fiduciary income tax paid to another state and/or credit for preservation and conservation easements from Part AA, line 1 and Part AA, line 6 of Form 502CR (Attach Form 502CR.)	14.	_____	00
15. Enter the Nonrefundable Business Tax Credits from Part AAA of Form 504CR.	▶ 15.	_____	00
16. Total credits (Add lines 14 and 15)	16.	_____	00
17. Maryland Tax after credits (Subtract line 16 from line 13, if less than zero, enter zero).	17.	_____	00
18. Local tax (Multiply the fiduciary's Maryland taxable net income from line 10 by .0 _____). See Instruction 15. Non-residents: enter zero.	18.	_____	00
19. Local Credit for fiduciary income tax paid to another state from Part BB of Form 502CR.	19.	_____	00
20. Local tax after credit. (Subtract line 19 from line 18.) If less than zero, enter zero	20.	_____	00
21. Total Maryland and local tax. (Add lines 17 and 20.)	21.	_____	00
22. Contribution to Chesapeake Bay and Endangered Species Fund	▶ 22.	_____	00
23. Contribution to Developmental Disabilities Services and Support Fund.	▶ 23.	_____	00
24. Contribution to Maryland Cancer Fund	▶ 24.	_____	00
25. Contribution to Fair Campaign Financing Fund	▶ 25.	_____	00
26. Total Maryland income tax, local income tax and contributions (Add lines 21 through 25.)	26.	_____	00
27. Maryland and local tax withheld. See Instruction 17.	▶ 27.	_____	00
28. Estimated tax payments and payments made with extension request and with Form MW506NRS.	▶ 28.	_____	00
29. Nonresident tax paid by pass-through entities. (Attach Maryland Schedule K-1 (510/511))	▶ 29.	_____	00
30. Refundable Business and/or Heritage Structure Rehabilitation tax credits (Attach Form 504CR and/or Form 502S.)	▶ 30.	_____	00
31. Total payments and credits (Add lines 27 through 30.)	31.	_____	00
32. Balance due (If line 26 is more than line 31, enter the difference.)	▶ 32.	_____	00
33. Overpayment (If line 26 is less than line 31, enter the difference.)	▶ 33.	_____	00
34. Amount of overpayment to be applied to next year's estimated tax	▶ 34.	_____	00
35. Amount of overpayment to be refunded (Subtract line 34 from line 33.)	▶ 35.	_____	00
36. Interest charges from Form 504UP _____ or for late filing _____	▶ 36.	_____	00
37. TOTAL AMOUNT DUE (Add lines 32 and 36.)	▶ 37.	_____	00

AMENDED RETURNS

If you are filing an amended fiduciary income tax return, check the applicable boxes and draw a line through any barcodes on the front. Explain the changes you are making in the space below. Attach a copy of the amended federal Form 1041 if the federal return is being amended, and any other required documentation.



245040299

Name _____ FEIN _____

DIRECT DEPOSIT OF REFUND (see Instruction 18)

Verify that all account information is correct and clearly legible. If you are requesting direct deposit of your refund, complete the following. **For Splitting Direct Deposit**, use Form 588.

▶ 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.

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

38a. Type of account: ▶ **38a.** Checking Savings

38b. Routing Number (9-digits): ▶ **38b.** _____

38c. Account Number: ▶ **38c.** _____

38d. Name(s) as it appears on the bank account ▶ **38d.** _____

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 Fiduciary or Officer representing Fiduciary Date

Printed name of the Preparer / or Firm's name

Signature of preparer other than fiduciary (Required by Law) Date

Street address of Preparer or Firm's address

City, State, ZIP Code + 4

Telephone number of preparer ▶ Preparer's PTIN (Required by Law)

▶ _____
Daytime telephone number (Fiduciary)

▶ _____
CODE NUMBERS (3 digits per line)



Nonresidents must include Form 504NR.

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