

\$

OR FISCAL YEAR BEGINNING 2024, ENDING

► **Federal Employer Identification Number** (9 digits)

FEIN Applied for Date (MMDDYY)

► **Date of Organization or Incorporation (MMDDYY)**

► **Business Activity Code No.** (6 digits)

[illegible]

Current Mailing Address (PO Box, Number, Street and Apt. No.)

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

City or Town

State

ZIP Code + 4

Foreign Country Name

Foreign Province/State/County

Foreign Postal Code

CHECK HERE IF:

▶ ☐ Name 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.

IF FILING TO CLAIM A NET OPERATING LOSS, CHECK THE APPROPRIATE BOX ▶ ☐ Carryback ▶ ☐ Carryforward
Attach copies of the federal form for the loss year and Form 1139.

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. 00

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.** 00

MARYLAND ADJUSTMENTS TO FEDERAL TAXABLE INCOME

(All entries must be positive amounts.)

ADDITION ADJUSTMENTS

2a. Section 10-306.1 related party transactions.....▶ 2a. 00

2b. Decoupling Modification Addition adjustment
(Enter code letter(s) from instructions.)

2c. Total Maryland Addition Adjustments to Federal Taxable Income (Add lines 2a and 2b) 2c. 00

SUBTRACTION ADJUSTMENTS

3a. Section 10-306.1 related party transactions ▶ 3a. 00

3b. Dividends for domestic corporation claiming foreign tax credits
(Federal form 1120/1120C Schedule C line 18)..... **3b.** 00

MARYLAND
FORM
500

CORPORATION INCOME
TAX RETURN



245000199

2024
page 2

NAME FEIN

- 3c.** Dividends from related foreign corporations
(Federal form 1120/1120C Schedule C line 14, 16b and 16c) ▶ 3c. 00
- 3d.** Decoupling Modification Subtraction adjustment
(Enter code letter(s) from instructions.) ▶ ▶ 3d. 00
- 3e.** Total Maryland Subtraction Adjustments to Federal Taxable Income
(Add lines 3a through 3d.) 3e. 00
- 4.** Maryland Adjusted Federal Taxable Income before NOL deduction is applied
(Add lines 1c and 2c, and subtract line 3e.) 4. 00
- 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. 00
- 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. 00

MARYLAND ADDITION MODIFICATIONS
(All entries must be positive amounts.)

- 7a.** State and local income tax ▶ 7a. 00
- 7b.** Dividends and interest from another state, local or federal tax
exempt obligation ▶ 7b. 00
- 7c.** Net operating loss modification recapture (Do not enter NOL carryover.
See instructions.) ▶ 7c. 00
- 7d.** Domestic Production Activities Deduction ▶ 7d. 00
- 7e.** Deduction for Dividends paid by captive REIT ▶ 7e. 00
- 7f.** Other additions (Enter code letter(s) from
instructions and attach schedules) ▶ ▶ 7f. 00
- 7g.** Total Addition Modifications (Add lines 7a through 7f) 7g. 00

MARYLAND SUBTRACTION MODIFICATIONS
(All entries must be positive amounts.)

- 8a.** Income from US Obligations ▶ 8a. 00
- 8b.** Other subtractions (Enter code letter(s) from
instructions and attach schedule) ▶ ▶ 8b. 00
- 8c.** **Maryland Cannabis Administration Business License or Registration Number:** ▶
- 8c.** Total Subtraction Modifications (Add lines 8a and 8b) 8c. 00

NET MARYLAND MODIFICATIONS

- 9.** Total Maryland Modifications (Subtract line 8c from 7g. If less than zero,
enter negative amount.) 9. 00
- 10.** Maryland Modified Income (Add lines 6 and 9.) 10. 00

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 .000000.) ▶ 11. .
- 12.** Maryland apportionment income (Multiply line 10 by line 11.) 12. 00
- 13.** Maryland taxable income (from line 10 or line 12, whichever is applicable.) 13. 00
- 14.** Tax (Multiply line 13 by 8.25%) 14. 00
- 15a.** Estimated tax paid with Form 500D, Form MW506NRS and/or credited
from previous year overpayment ▶ 15a. 00
- 15b.** Tax paid with an extension request (Form 500E) ▶ 15b. 00
- 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.

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

MARYLAND
FORM
500

CORPORATION INCOME
TAX RETURN



245000299

2024
page 3

NAME FEIN

15f. Nonresident tax paid on behalf of the corporation by pass-through entities
(Attach Maryland Schedule K-1 (510/511).) ▶ 15f. 00

15g. If amending, total payments made with original plus additional tax paid
after original was filed. ▶ 15g. 00

15h. Total payments and credits (add lines 15a through 15g) 15h. 00

16. Balance of tax due (If line 14 exceeds line 15h enter the difference.) ▶ 16. 00

17. Overpayment (If line 15h exceeds line 14, enter the difference.) ▶ 17. 00

17a. If amending prior overpayment (Total all refunds previously issued.) 17a. 00

18. Interest and/or penalty from Form 500UP or late payment interest
 for original return. ▶ 18. 00

19. Total balance due (Add lines 14, 17a and 18. Subtract line 15h.) ▶ 19. 00

20. Amount of overpayment from original return to be applied to estimated tax for next year
(not to exceed the net of lines 17 minus 17a and 18.) ▶ 20. 00

21. Amount of overpayment TO BE REFUNDED
(Add lines 18 and 20, and subtract the total from line 17.)
(If amending subtract lines 17a and 18 from line 17.) ▶ 21. 00

DIRECT DEPOSIT OF REFUND (See Instructions.) **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.

22a. Type of account: ▶ ☐ Checking ☐ Savings

22b. Routing Number (9-digits): ▶

22c. Account number: ▶

22d. Name as it appears on the bank account:

INFORMATIONAL PURPOSES ONLY (LINES 23 & 24)

23. NOL generated in Current Year - Carryforward 20 years and carry back 2 years (farming loss **ONLY**).
(If line 6 is less than zero, enter on line 23.) 23. 00

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. 00

FOR USE IF AMENDING THE RETURN

Explanation of Changes to Income, Modifications, Apportionment Factor and Credits. Show the computation in detail and attach
schedules as necessary. Check the box or boxes that reflect the reason for filing this amended return and explain in the space
provided below the checkboxes. If more space is needed, you may attach additional pages.

- ▶ ☐ 1. Amended to claim a Net Operating Loss Deduction
☐ 2. Amended to report a federal adjustment or an RAR (Revenue Agent Report)
☐ 3. Amended to claim Business Tax Credit.
☐ 4. Amended to claim nonresident PTE Tax Credit
☐ 5. Amended to report income omitted on previous filing
☐ 6. Amended to change apportionment factor
☐ 7. Amended for another reason

Explanation of Changes:

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65
66
67
68
69
70
71
72
73
74
75
76
77
78
79
80
81
82
83
84
85

**MARYLAND
FORM
500**

**CORPORATION INCOME
TAX RETURN**



245000499

2024
page 5

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

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

1. **Subtraction for donations of certain disposable diapers, certain hygiene products, and certain monetary gifts.**
List the name(s) of the qualified charitable entity on the lines below.

**MARYLAND
FORM
500**

**CORPORATION INCOME
TAX RETURN**



245000599

2024
page 6

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

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 by Law)

Date

City, State, ZIP Code + 4

Telephone number of preparer

Preparer's PTIN (Required by Law)

CODE NUMBERS (3 digits per line)

INCLUDE ALL REQUIRED PAGES OF FORM 500

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, Maryland 21411-0001**