MARYLAND FORM

EL101B

E-FILE DECLARATION FOR BUSINESS & FIDUCIARY ELECTRONIC FILING

24101B099

2024

OR FISCAL YEAR BEGINNING _____ 2024, ENDING _____

Keep this for your records. Do not send this form to the Revenue Administration Division unless specifically requested to do so. See instructions.

Name of corporation, pass through entity, estate or trust

Federal Employer Identification Number

Name and Title of Fiduciary

Street Address | City or town | State | ZIP Code | +4

PART I Tax Return Information (whole dollars only)

1.	Amount of overpayment to be applied to 2025 estimated tax	1.		00
2.	Amount of overpayment to be refunded **REFUND**	2.		00
3.	Total amount due	3.		00

PART II Declaration and Signature Authorization

Under penalties of perjury, I declare that I am an officer, general partner, or managing member of the above corporation or pass-through entity, or a fiduciary of the entity filing this declaration. I have compared the information contained on my electronic return with the information that I provided to my electronic return originator or entered on-line and that the name(s), address and amounts described above agree with the amounts shown on the corresponding lines of my 2024 Maryland electronic income tax return. To the best of my knowledge and belief, the return is true, correct and complete. I consent that the return, including accompanying schedules and statements, be sent to the Revenue Administration Division by my electronic return originator or by the electronic return software provider.

PIN: Check one box only

☐ I authorize _____ (ERO firm name) to enter or generate my PIN _____ as my signature on my tax year 2024 electronically filed income tax return.

Enter five digits. Do not enter all zeros.

☐ I will enter my PIN as my signature on the tax year 2024 electronically filed business income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Signature _____ Date _____

PART III Certification and Authentication - Practitioner PIN Method Only

ERO's EFIN/PIN Enter your six digit EFIN followed by your five-digit self-selected PIN _____

Do not enter all zeros.

I certify this numeric entry is my PIN, which is my signature for tax year 2024 electronically filed income tax return for this business. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and the Maryland MeF Handbook for Authorized e-File Providers.

EROs signature _____ Date _____

DO NOT MAIL TO MARYLAND
Final as of 09/05/2024