MARYLAND FORM **500E**

APPLICATION FOR EXTENSION TO FILE CORPORATION INCOME TAX RETURN

24500E099

2024

OR FISCAL YEAR BEGINNING _____ 2024, ENDING _____

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

Name

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

Print Using Blue or Black Ink Only

STAPLE CHECK HERE

Final as of 10/07/2024

For Office Use Only

▶ ME ▶ YE ▶ EC ▶ EC

STOP **IF NO TAX IS DUE WITH THIS EXTENSION, DO NOT MAIL THIS PAPER FORM UNLESS IT IS THE FIRST FILING OF THE ENTITY, INSTEAD FILE THE EXTENSION AT: marylandtaxes.gov OR CALL 410-260-7829 FROM CENTRAL MARYLAND OR 1-800-260-3664 FROM ELSEWHERE TO TELEFILE THIS FORM.**

☐ **Check here if you are a first time filer or your name has changed.**

TAX PAYMENT WORKSHEET INSTRUCTIONS

Line 1 – **Tax liability** Enter the total amount of income tax the corporation is expected to owe. Use Form 500 as a worksheet.

Line 2 – **Estimated tax payments** Enter the total amount of Maryland estimated tax paid with Form 500D for the tax year. Include any overpayment from the prior period that was credited to the current tax year.

Line 3 – **Allowable tax credits** Enter the allowable tax credits from Form 500CR or 502S or tax paid on the corporation's behalf by a pass-through entity.

Line 4 – **Total payments and credits** Add lines 2 and 3 and enter the total on line 4.

Line 5 – **Tax due** Subtract line 4 from line 1 and enter the result on line 5. This is the tax to be paid with the application for extension.

TAX PAYMENT WORKSHEET

1. Tax liability expected for the current tax year . . . . . 1. _____ . ☐☐

2. Estimated tax payments and amount credited from the prior period . . . . . 2. _____ . ☐☐

3. Allowable tax credits . . . . . 3. _____ . ☐☐

4. Total payments and credits. Add lines 2 and 3 and enter here . . . . . 4. _____ . ☐☐

5. Tax due - Subtract line 4 from line 1 . . . . . ▶ 5. _____ . ☐☐

TAX PAID WITH THIS EXTENSION . . . . . ▶ $ _____ . ☐☐

(If filing and paying electronically, do not mail this form.)

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