	ARYLAND FORM	PASS-THROU				2024
	510					
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OR FISCAL	YEAR BEGINNING	G 2024,	, ENDING			
Endoral Empla		mbor () digita) EETN Appl	lied for Date (MMDDYY)			
rederal Emplo	oyer Identification Nur					
Date of Organ	ization or Incorporation	on (MMDDYY) Busines	ss Activity Code No. (6 digits)			
ame			+++++++++++++++++++++++++++++++++++++++			
urrent Mailin	g Address (PO Box	, Number, Street and	Apt. No)			
urrent Mailin	g Address Line 2 (A	Apt No., Suite No., Flo	or No.)			
			<u></u>			
ity or Town			State	ZIP Code + 4		
oreign Counti	ry Name			Foreig	n Province/State/County	
						Do not write in this space.
oreign Postal	Code					► ME ► YE
YPE OF	ENTITY - Cher	ck the applicable b)0X. ►			
	Corporation	Partnership		ability Company	Business Trust	Amended
						Return
НЕСК НЕ	:RE - Check ap	oplicable box(es).				
	ne or address h	nas changed	First filing of the	entity Inac	tive entity 📃 🛛 Final	Return 510C Filed
Nan						
		inning and ending	dates are different	from last year's du	e to an acquisition or co	nsolidation.
	tax year's beg	inning and chang				
This			entity ("PTE") is	paving tax only	on behalf of nonresid	ent members and not
This Complete	this form if t o remit tax o	he pass-through n all members' s	shares of income.	If the PTE made	an irrevocable electio	ent members and not n on Form 510/511D or
This Complete lecting to 10/511E	this form if t o remit tax o to remit tax	he pass-through n all members' s with respect to a	shares of income. all members' shai	If the PTE made res, STOP. You mi	an irrevocable electio ust file Form 511.	n on Form 510/511D or
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PASS-THROUGH ENTITY **INCOME TAX RETURN**



page 2 5

8	NAME	FEIN		8
9				9
10	4.	Distributive or pro rata share of income allocable to Maryland 4.	00	10
11	ΝΟΤ	E: Complete lines 5 through 19 if there is an entry on line 1b or line 1c. Tax is calculated only for nonresident		11
12		vidual or nonresident entity members. (Investment partnerships see Specific Instructions.)		12
13	5.	Percentage of ownership by individual nonresident members shown on line 1b (or profit/loss		13
14		percentage of ownership by individual non-esticant members shown on fine 1b (of pront/loss percentage, if applicable). If 100%, leave blank and enter the amount from line 4 on line 6. ► 5.		14
15	6			15
16	6.	Distributive or pro rata share of income for nonresident individual members	00	16
	_	(Multiply line 4 by the percentage on line 5.)		
17	7.	Nonresident individual tax (Multiply line 6 by 5.75%.)	00	17
18	8.	Special nonresident tax (Multiply line 6 by 2.25%.)	00	18
19	9.	Total Maryland tax on individual members (Add lines 7 and 8.)	00	19
20	10.	Percentage of ownership by nonresident entities shown on line 1c (or profit/loss		20
21		percentage, if applicable). If 100%, leave blank and enter the amount from line 4 on line 11. ▶10.		21
22	11.	Distributive or pro rata share of income for nonresident entity members		22
23		(Multiply line 4 by percentage on line 10.)	00	23
24				24
25	12.	Nonresident entity tax (Multiply line 11 by 8.25%.)	00	25
26	13.	Total nonresident tax (Add lines 9 and 12.)	00	26
27	14.	Distributable cash flow limitation from worksheet. See instructions. If worksheet used,		27
28		check here ▶ 14.	00	28
29	15.	Nonresident tax due (Enter the lesser of line 13 or line 14.)	00	29
30				30
31	16a.	Estimated PTE nonresident tax paid with Form 510/511D and MW506NRS	00	31
32		PTE nonresident tax paid with an extension request (Form 510/511E)	00	32
33		Credit for nonresident tax paid on behalf of the PTE by another		33
34	100.	PTE (Attach Schedule K-1 (510/511))	00	34
35	164	If the PTE filing this return is a non-resident member of a PTE paying tax at the entity level,	00	35
36	100.			36
37		report the amount of credit for tax paid by the PTE paying tax at the entity level with regard	00	27
		to this entity's nonresident shares of income. (Attach Schedule K-1 (510/511))	00	38
38	16e.	If the PTE filing this return is a resident member of a PTE paying tax at the entity level,		39
39		report the amount of credit for tax paid by the PTE paying tax at the entity level with regard	0.0	
40		to this entity's resident shares of income. (Attach Schedule K-1 (510/511))	00	40
41	16f.	If amending, total payments made with original plus additional tax paid after original was	0.0	41
42		filed	00	42
43	16g.	Total payments and credits (Add lines 16a through 16f.)	00	43
44	17.	Balance of tax due (If line 15 exceeds line 16g, enter the difference.)	00	44
45	18.	Overpayment. (If line 16g exceeds line 15, enter the difference.)	00	45
46	18a.	If amending, prior overpayment. (Total all refunds previously issued.)	00	46
47	19.	Interest and/or penalty from Form 500UP or late payment interest		47
48			00	48
49	20.	Total nonresident balance due (Add lines 15, 18a, and 19. Subtract line 16g.) Pay in full		49
50		with this return	00	50
51	NOT	E: The total tax paid from lines 16g and 17 is to be reported either on the composite return or on the returns o	fthe	51
52		esident members. Nonresident entity and fiduciary members cannot file a composite return nor be included in		52
53	com	posite return filed by nonresident individual members. (See instructions.)		53
54		Amount of overpayment from original return to be applied to estimated tax for next year		54
55	((not to exceed the net of lines 18 minus 18a and 19)	00	55
56	22 /	Amount of overpayment TO BE REFUNDED. (Add lines 19 and 21, and subtract the total from	┝─┼─┦	56
57		ine 18.) (If amending, subtract lines 18a and 19 from line 18.)	00	57
58				58
59				59
60				60
61				61
62	+++		$\left \right $	62
V 4				02

	MARYLAND	PASS-THROU	GH ENTITY	40 41 43 44 45 46 47 49 51 53 54 56 58 60 61 63 66 66 68 70 77	2024
	FORM	ΙΝCΟΜΕ ΤΑΧ	RETURN		page 3
	510			245100299	
				-	
NAME		FEIN			
DIREC		REFUND (see Instru	uction ()		
				rly legible. If you are requesting direct deposit of your	refund com-
	ne following.				
	Check here if	you authorize the Sta	te of Maryland t	o issue your refund by direct deposit.	
	Check here if	this refund will go to a	an account outs	ide of the United States.	
223 T	ype of account: .				Savings
234. 1	ype of account	•••••	· · · · · · · · · · · ·		Savings
23b. R	outing Number (9-digits):			
23c. A	ccount Number:				
		rs on the bank accoun	it:		
		MATION REQUIRED			
1 . A	ddress of princip	al place of business in	Maryland (if ot	her than indicated on page 1):	
2. A	ddress at which	tax records are locate	d (if other than	indicated on page 1):	
<u> </u>					
з. т	elephone numbe	r of pass-through ent	ity tax departme	ent:	
4 . S	tate of organizat	ion or incorporation:			
				or a tax year in which a Maryland return	.
				Comptroller of Maryland?	Yes No
		tax year(s) here:		d submit an amended return(s) together	
		IRS adjustment repo	• •	ax returns/forms with the Comptroller of Maryland	
	or the last calend		· · · · · · · · · · · · · · · · · · ·		Yes No
If a m	ultistate opera	tion, provide the fo	llowing:		
7. Is	s this entity a mu	ultistate corporation th	nat is a member	of a unitary group?▶	Yes No
8. Is	s this entity a mu	ultistate manufacturing	g corporation wi	th more than 25 employees? ▶ 💶	Yes No
SIGNA	TURE AND VER				
Check	nere if you a	authorize your prepare	er to discuss this	s return with us.	
				is return, including accompanying schedules and statem	ents and to
the bes	t of my knowled	ge and belief it is true	e, correct and co	mplete. If prepared by a person other than taxpayer, th	e declaration is
based (on all information	n of which the prepare	er has any know	ledge.	
Signature	of general partner, o	officer or member	Date	Printed name of the Preparer/Firm's name	
Ţ.					
Title				Signature of preparer other than taxpayer (Required by Law)	
				Street address of preparer or Firm's address	
				City, State, ZIP Code + 4	
				Telephone number of preparer Preparer's PTIN	(Required by Law)
					(-redailed by Fam)
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					S (3 digits per line)
				er of Maryland. On your check or money order, in blue or black	- (
		nly, you must include the this info	Federal Employer 1 ormation will delay	dentification Number, tax year, and tax type. Failure to include the processing of your payment. Mail to: and, Revenue Administration Division	

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page 4

NAME	:							FEI	IN	
		_					-	· –		

10	Schedule A	- COMPUTATION OF APPORTIONMENT FACTOR	(Applies only to multi	state pass-through entit	ies. See instructions.)	10
11 12	transp	/leasing-companies, financial institutions, ortation companies, and worldwide headquartered	Column 1 TOTALS WITHIN	Column 2 TOTALS WITHIN	Column 3 DECIMAL FACTOR	11 12
13	compa	nies see instructions on Special Apportionment.	MARYLAND	AND WITHOUT MARYLAND	(Column 1 ÷ Column 2 rounded to six places)	13
14	1. Receipts					_ 14
	I. Receipts	a. Gross receipts or sales less returns and allowances	00	00		15
16			00	00		16
17 18		b.Dividends	00	00		17
19		D. Dividends	00	00		18
20		c. Interest	00	00		20
21			00			21
22		d.Gross rents	00	00		22
23						23
24		e. Gross royalties	00	00		24
25						25
26		f. Capital gain net income	00	00		26
27						27
28		g. Other income (Attach schedule.)	00	00		28
29		h. Total receipts (Add lines 1(a) through 1(g),				29
30		for Columns 1 and 2.)	00	00		30
31						31
32		Report this factor on line 4 unless you use a				32
33		special apportionment formula or alternative				33
34		apportionment formula.				34
35						35
36		······································				36
37	2. Property	a. Inventory	00	00		37
38 39		b. Machinery and equipment	0.0	0.0		38
40			00	00		39 40
41		c. Buildings	00	00		41
42				00		42
43		d.Land	00	00		43
44						44
45		e. Other tangible assets (Attach schedule.) .	00	00		45
46		f. Rent expense capitalized				46
47		(multiply by eight)	00	00		47
48		g. Total property (Add lines 2a through 2f,				48
49		for Columns 1 and 2)	00	00		49
50						50
51	3. Payroll	a. Compensation of officers	00	00		51
52						52
53		b. Other salaries and wages	00	00		53
54		c. Total payroll (Add lines 3a and 3b, for				54
55	+ + + + + + + + + + + + + + + + + + +	Columns 1 and 2.)	00	00	└╷╷┠┯┦╸┠┯┽┽┿┿┿╇┥	55
56	4 Maryland	apportionment factor Enter amount from Line 1 (Column 3. If an altern	ative apportionment		56
57	formula or	a special apportionment formula is used, enter the	alternative or special	apportionment factor		57
58		ctor is zero, enter .000001 on line 3b, page 1.)		· • • • • • • • • • • • • • • • •	<u> </u>	58
59	► Ch					59
60 61		eck here if special apportionment or alternativ	e apportionment fo	unnua is usea.		60 61
62						62
11.2						~ ~

9 10 MARYLAND FORM SCHEDULE B

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NAME

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PASS-THROUGH ENTITY INCOME TAX RETURN MEMBERS' INFORMATION



page 1

PART I - INDIVIDUAL MEMBERS' INFORMATION

FEIN .

Enter the information in Social Security Number order.

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_				Check	Distributive or	Distributive or	Distributive or
Sc	ocial Security Number			here if	pro rata share	pro rata share	pro rata share
	name of member			Maryland:	of income	of tax paid	of tax credit
				Resident Resident (See Instructions.)	(See Instructions.)	(See Instructions.
1							1
2							
3							
<u></u>							
							You must file
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5							Form 510
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1							electronically
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							business tax
							DUSINESS TAX
							credits from
							Form 500CR
╏							
2							and/or
┥							
3							Form 502S to
Η							
							your members
							your members
5							
;							
		TOTAL from additional Form !	510 Sched	ule B for indi	vidual members		
_			STO SCHEU		TOTAL:		
ì							
	COM/RAD-069 08/24	22 ₂₃ 24 26 28 30 32 34 36 23 25 27 29 31 33 35 37					

	MARYLAND FORM 510 SCHEDULE B	PASS-THRO INCOME TA MEMBERS'	DUGH ENTI	I I		50 51 52 53 54 55 56 57 58 59 1111 111 111 111 24510B1		$\begin{bmatrix} 70 & 71^{72} & 73^{74} & 75^{76} & 77^{76} \\ 1 & 1 & 1 & 202 \\ 1 & 1 & 1 & 1 & 202 \\ 1 & 1 & 1 & 1 & 1 & 1 \\ 1 & 1 & 1 & 1$
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		Y MEMBERS' INI Federal Employe		Number	order.			
					Check	Distributive or	Distributive or	Distributive o
	l Employer Ide er and name o		Addres	5	here if Maryland:	pro rata share of income	pro rata share of tax paid	pro rata share of tax credit
Numb	trust				Resident Non- Resident	(See Instructions.)	(See Instructions.)	
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5								Form 510
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14							<u> </u>	your membe
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16								
		SUBTOTAL from	additional Forr	n 510 Sch	nedule B for fi	duciary members		
						TOTAL:		

COM/RAD-069 08/24 0 12 14 16 18 20 1 11 13 15 17 19 21 68 69 72 . 5 2 7 38 39 1 2 3 64 5 6 7 81⁶⁴83 66

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NAME

S-THROUGH ENTITY OME TAX RETURN IBERS' INFORMATION

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page 3

PART III - PASS-THROUGH ENTITY MEMBERS' INFORMATION (INCLUDING S CORPORATIONS) Enter the information in Federal Employer Identification Number order. Is Member a **Distributive or Distributive or** Distributive or Nonresident Federal Employer Identification Address pro rata share pro rata share pro rata share Number and name of Pass-Entity of income of tax paid of tax credit (See Instructions.) (See Instructions.) (See Instructions.) YES NO Through Entity You must file Form 510 electronically to pass on business tax credits from Form 500CR and/or Form 502S to your members. SUBTOTAL from additional Form 510 Schedule B for PTE members TOTAL: COM/RAD-069 08/24

1 2 3 64 5 6 7 8 9 10 11 2 14 16 18 20 21 22 3

24 26 28 30 32 3 3 25 27 29 31 33

56 57 60 61 50 51 54 55 72 / 63 67 68 67 52 53 71 76 78 79 81⁶⁴83

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PART IV – CORPORATION MEMBERS Enter the information in Federal Employ			ORPORATIONS)	
Enter the mornation in rederal Employ	er identification Num	ber order.			
		Is Member a	Distributive or	Distributive or	Distributive or
Federal Employer Identification	Address	Nonresident	pro rata share	pro rata share	pro rata share
Number and name of		Entity	of income	of tax paid	of tax credit
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15		Number and name of		Entity	of income	of tax paid	of tax credit
16		Corporation		YES NO	(See Instructions.)	(See Instructions.)	(See Instructions.)
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