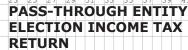
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33 34 35 36 37 38 39 40 41 42 43 44 45 55 50 51 50 51 52 53 54 55 56 57 58		<ul> <li>YPE OF ENTITY - Check</li> <li>S Corporation</li> <li>HECK HERE - Check app</li> <li>Name or address ha</li> <li>This tax year's begin</li> <li>This tax year's begin</li> <li>This tax year's begin</li> <li>Individual (include)</li> <li>Individual (include)</li> <li>Individual (include)</li> <li>Individual (include)</li> <li>Individual (include)</li> <li>Total</li> <li>Pass-through entity</li> <li>Unistate entities als</li> <li>LLOCATION OF INCOM</li> <li>Bultistate pass-througi</li> <li>Non-Maryland incom</li> <li>Subtract this amount</li> <li>Maryland apportionm</li> <li>using the apportionm</li> <li>on line 4. (If factor is</li> <li>note: Complete line)</li> </ul>	Partnership Limited Lial licable box(es). Is changed First filing of the ent aning and ending dates are different fro <b>Es that elect to remit tax on all me</b> s: ding fiduciary) residents of Maryland ► ding fiduciary) nonresidents ► taxable income (See instructions). o enter this amount on line 4 <b>E</b> h entities must complete Line 3a. o e (for entities using separate accounting from line 2 and enter the difference or tent factor from computation worksheet tent method). Multiply line 2 by this fact azable income allocable to Maryland	ity Inactive entity Final Return and resident or consolition or consolition or consolition   mbers' shares of income.   c. Nonresident and resident of d. Others (see instructions)   c. Nonresident and resident of d. Others (see instructions)   c. Nonresident and resident of d. Others (see instructions)   c. Nonresident and resident of d. Others (see instructions)   c. Nonresident and resident of d. Others (see instructions)   c. Nonresident and resident of d. Others (see instructions)   c. Nonresident and resident of d. Others (see instructions)   of 3b. Unistate entities go to line 4.)   g).   n line 4	Do not write in this space.       32         > ME       >YE         Amended       35         Return       38         39       38         40       39         41       39         42       43         43       40         44       41         45       43         46       47         48       48         49       50         51       51         52       51         54       54         55       54         56       57         60       57         70       70
33       34       35       36       37       38       39       40       41       42       43       44       45       50       51       52       53       54       55       56       57       58       59		<ul> <li>YPE OF ENTITY - Check</li> <li>S Corporation</li> <li>HECK HERE - Check app</li> <li>Name or address ha</li> <li>This tax year's begin</li> <li>This tax year's begin</li> <li>This tax year's begin</li> <li>Individual (include)</li> <li>Individual (include)</li> <li>Individual (include)</li> <li>Individual (include)</li> <li>Individual (include)</li> <li>Total</li> <li>Pass-through entity</li> <li>Unistate entities als</li> <li>LLOCATION OF INCOM</li> <li>Bultistate pass-througi</li> <li>Non-Maryland incom</li> <li>Subtract this amount</li> <li>Maryland apportionm</li> <li>using the apportionm</li> <li>on line 4. (If factor is</li> <li>note: Complete line)</li> </ul>	Partnership Limited Lial licable box(es). Is changed First filing of the ent aning and ending dates are different fro <b>Es that elect to remit tax on all men</b> s: ding fiduciary) residents of Maryland ► ding fiduciary) nonresidents ► taxable income (See instructions). to enter this amount on line 4 E h entities must complete Line 3a. o e (for entities using separate accounting from line 2 and enter the difference or tent factor from computation worksheet thent method). Multiply line 2 by this fac is zero, enter .000001)	ity Inactive entity Final Return and resident or consolition or consolition or consolition   mbers' shares of income.   c. Nonresident and resident of d. Others (see instructions)   c. Nonresident and resident of d. Others (see instructions)   c. Nonresident and resident of d. Others (see instructions)   c. Nonresident and resident of d. Others (see instructions)   c. Nonresident and resident of d. Others (see instructions)   c. Nonresident and resident of d. Others (see instructions)   c. Nonresident and resident of d. Others (see instructions)   of 3b. Unistate entities go to line 4.)   g).   n line 4	Do not write in this space.       32         → ME       34         → ME       34         Amended       35         Return       38         39       38         40       39         41       39         42       39         43       40         44       41         44       42         44       43         44       43         44       43         45       44         46       47         48       50         49       47         48       50         50       51         51       52         61       60         62       60         70       53         71       70         72       70         73       70         74       70         74       70         75       70         75       70         74       70         75       70         75       70         75       70

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## 314 16 17 18 MARYLAND FORM **511**



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5	6 / 8	9 11 13 15 17 19 21 MADVI AND	23 25 27 29 31 33 35 37 39 41 DASS_THDOUGH ENITTY	2 44 45 47 49 51 52 54 56 58 60 62 64 66 68 7 43 45 47 49 51 53 55 55 57 59 61 63 65 67 69	
		FORM 511	ELECTION INCOME TAX		2024 page 2
			REIORN	245110199	
-	NAME		FEIN		
	NAME				
0	5a.	Percentage of ownersh	ip by individual members shown on li	ines 1a and 1b (or profit/loss	
1					
2	5b.	Percentage of ownersh	ip by entity members shown on line :	1c (or profit/loss percentage,	
3					
	5c.				
	6.		xable income for individual members		
6	_				00
	7.			(Multiply line 6 by 8%.)7.	00
9	8.		xable income for entity members (M		00
	9.			ine 8 by 8.25%.)	00
	-				00
	11.		limitation from worksheet. See instru		
3				· · · · · · · · · · · · · · · · · · ·	00
4	12.			e 10 or line 11.)	00
5	13a.	Estimated tax paid wit	h Form 510/511D and MW506NRS	13a.	00
6	13b.	Tax paid with an exter	sion request on Form 510/511E		00
7	13c.	Credit for tax paid by an	nother pass-through entity <b>(Attach Mar</b>	yland Schedule K-1 (510/511).)▶13c.	00
8	13d.		ments made with original plus additio		
9					00
				▶ 13e.	00
				fference.)	00
				nce.)	00
		Interest and/or penalty		y issued.)	00
5	10.	late payment interest		 	0.0
	17.			13e.)	00
7			aid on line 12 is to be reported either		
8			s. Nonresident entity and fiduciary m		
9			in the composite return filed by nonre		
0		(See instructions.)			
1	18.		nt from original return to be applied t		
2			of lines 15 minus 15a and 16.)		00
	19.		nt TO BE REFUNDED (Add lines 16 an		
4		from line 15.) (If amer	nding subtract lines 15a and 16 from	line 15.)	0.0
5					
			UND (See Instruction 9)		
			formation is correct and clearly l	egible. If you are requesting direct deposit of yo	ur refund, com-
9	piete	the following.			
0	▶ Г	Check here if you a	uthorize the State of Maryland to iss	sue your refund by direct deposit.	
1					
2		Check here if this r	efund will go to an account outside c	of the United States.	
3					
4	20a.	Type of account:			g 📃 Savings
5					
	20b.	Routing Number (9-dig	jits):	• • • • • • • • • • • • • • • • • • • •	
7				┽┼┼┼┼┼┼┼┼┼┼┼┼┼┼ <mark>┢</mark> ┿┿┿┿	
	20c.	Account Number:	<u>• • • • • • • • • • • • • • • • • • • </u>	• • • • • • • • • • • • • • • • • • • •	
9 0					+++++++++++++++++++++++++++++++++++++++
- II - II	204	Name as it appears on			

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1	2	3	3	5	6	7	8	9	10	11		13	15		17		19	20	21
			2																
			1																

## **PASS-THROUGH ENTITY ELECTION INCOME TAX**

RETURN

40 41 



5<sup>76</sup>7 5 77 79 8 2024 page 3

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8		8
9		9
10	ADDITIONAL INFORMATION REQUIRED	10
11		11
12		12
13	2. Address at which tax records are located (in other tildh indicated on page 1).	13
14		14
15	3. Telephone number of pass-through entity tax department:	15
16	4. State of organization or incorporation:	16
17	5. Has the Internal Revenue Service made adjustments (for a tax year in which a Maryland return	17
18		18
19		19
20		20
21		21
22		22
		23
23	If a multistate operation, provide the following:	
24		24
25	8. Is this entity a multistate manufacturing corporation with more than 25 employees?	25
26		26
27	SIGNATURE AND VERIFICATION	27
28	Check here 🛄 if you authorize your preparer to discuss this return with us.	28
29	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to	29
30	the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is	30
31	based on all information of which the preparer has any knowledge.	31
32		32
33		33
34		34
35	Signature of general partner, officer or member Date Date Printed name of the Preparer/Firm's name	35
36		36
37	Title Signature of preparer other than taxpayer (Required by Law)	37
38		38
39	Street address of preparer or Firm's address	
		39
40	City, State, ZIP Code + 4	40
41		41
42		42
43	Telephone number of preparer Preparer's PTIN (Required by Law)	43
44		44
45		45
46	CODE NUMBERS (3 digits per line)	46
47		47
48		48
49		49
50		50
51		51
52		52
53		53
54		54
55	Have check of money of del payable to comptroner of Maryland. On your check of money of del, in blue of black mk	55
56	Comptroller of Maryland	56
57	Revenue Administration Division	57
58		58
59	Annapolis, Maryland 21411-0001	59
60		60
61		61
62		62
3 64	5 6 7 8 9 10 12 14 16 18 20 22 24 26 28 30 32 34 36 37 8 9 0 12 COM/RAD106917 19 21 2308/224 27 28 9 31 33 35 37 83 40 44 43 46 44 45 47 8 50 51 23 54 56 58 60 61 62 64 65 67 8 60 71 72 73 76 78 78 79	816483

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NAME	ZLAND       PASS-THROUGH E         RM       ELECTION INCOMI         L1       RETURN         FEIN       FEIN         OMPUTATION OF APPORTIONMENT         sing companies, financial institutions, ation companies, and worldwide headquarters see instructions on Special Apportionment         a. Gross receipts or sales less returns a allowances       Apportantion         b. Dividends       Comparison of the section of	FACTOR     Applie       FACTOR     Applie       Co     TOTAL       MAI     MAI       and     Image: Co        Image: Co </th <th></th> <th>245110399 te pass-through ent Column 2 TOTALS WITHIN AND WITHOUT MARYLAND 000 000 000 000 000 000 000 000 000 0</th> <th>Column 3 DECIMAL FACTOR (Column 1 ÷ Column rounded to six places</th>		245110399 te pass-through ent Column 2 TOTALS WITHIN AND WITHOUT MARYLAND 000 000 000 000 000 000 000 000 000 0	Column 3 DECIMAL FACTOR (Column 1 ÷ Column rounded to six places
NAME	FEIN         Sing companies, financial institutions, ation companies, and worldwide headquartes see instructions on Special Apportionment         a. Gross receipts or sales less returns a allowances         b. Dividends         c. Interest         c. Gross rents         c. Gross royalties         c. Capital gain net income         g. Other income (Attach schedule.)         n. Total receipts (Add lines 1(a) through	Co TOTAL TOTAL TOTAL MAI AND AND AND AND AND AND AND AND	s only to multista lumn 1 S WITHIN EXLAND 00 00 00 00	te pass-through en Column 2 TOTALS WITHIN AND WITHOUT MARYLAND 000 000 000 000 000	Column 3 DECIMAL FACTOR (Column 1 ÷ Column rounded to six places
Schedule A - CC         NOTE: Rental/lea         transporta         transporta <th>DMPUTATION OF APPORTIONMENT         sing companies, financial institutions,         ation companies, and worldwide headquarter         a see instructions on Special Apportionment         a. Gross receipts or sales less returns a         allowances         b. Dividends         c. Interest         c. Gross rents         c. Gross royalties         c. Capital gain net income         g. Other income (Attach schedule.)         n. Total receipts (Add lines 1(a) through</th> <th>Co TOTAL TOTAL TOTAL MAI AND AND AND AND AND AND AND AND</th> <th>lumn 1 S WITHIN SYLAND 00 00 00 00 00 00</th> <th>Column 2 TOTALS WITHIN AND WITHOUT MARYLAND</th> <th>Column 3 DECIMAL FACTOR (Column 1 ÷ Column rounded to six places</th>	DMPUTATION OF APPORTIONMENT         sing companies, financial institutions,         ation companies, and worldwide headquarter         a see instructions on Special Apportionment         a. Gross receipts or sales less returns a         allowances         b. Dividends         c. Interest         c. Gross rents         c. Gross royalties         c. Capital gain net income         g. Other income (Attach schedule.)         n. Total receipts (Add lines 1(a) through	Co TOTAL TOTAL TOTAL MAI AND AND AND AND AND AND AND AND	lumn 1 S WITHIN SYLAND 00 00 00 00 00 00	Column 2 TOTALS WITHIN AND WITHOUT MARYLAND	Column 3 DECIMAL FACTOR (Column 1 ÷ Column rounded to six places
Schedule A - CC         NOTE: Rental/lea         transporta         transporta <td>DMPUTATION OF APPORTIONMENT         sing companies, financial institutions,         ation companies, and worldwide headquarter         a see instructions on Special Apportionment         a. Gross receipts or sales less returns a         allowances         b. Dividends         c. Interest         c. Gross rents         c. Gross royalties         c. Capital gain net income         g. Other income (Attach schedule.)         n. Total receipts (Add lines 1(a) through</td> <td>Co TOTAL TOTAL TOTAL MAI AND AND AND AND AND AND AND AND</td> <td>lumn 1 S WITHIN SYLAND 00 00 00 00 00 00</td> <td>Column 2 TOTALS WITHIN AND WITHOUT MARYLAND</td> <td>Column 3 DECIMAL FACTOR (Column 1 ÷ Column rounded to six places</td>	DMPUTATION OF APPORTIONMENT         sing companies, financial institutions,         ation companies, and worldwide headquarter         a see instructions on Special Apportionment         a. Gross receipts or sales less returns a         allowances         b. Dividends         c. Interest         c. Gross rents         c. Gross royalties         c. Capital gain net income         g. Other income (Attach schedule.)         n. Total receipts (Add lines 1(a) through	Co TOTAL TOTAL TOTAL MAI AND AND AND AND AND AND AND AND	lumn 1 S WITHIN SYLAND 00 00 00 00 00 00	Column 2 TOTALS WITHIN AND WITHOUT MARYLAND	Column 3 DECIMAL FACTOR (Column 1 ÷ Column rounded to six places
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2       NOTE: Rental/lea         3       transporta         4       companies         5       1. Receipts       a         6       .       b         7       .       b         8       .       .       b         9       .       .       b         0       .       .       .         1       .       .       .         2       .       .       .         3       .       .       .         6       .       .       .         6       .       .       .         6       .       .       .         7       .       .       .         8       .       .       .         9       .       .       .         1       Report this fact       .       .         3       .       .       .         1       Report this fact       .       .         3       .       .       .	ation companies, and worldwide headquartes         a companies, and worldwide headquartes         a companies, and special Apportionment         a. Gross receipts or sales less returns a         allowances         b. Dividends         c. Interest         c. Gross rents         c. Gross royalties         c. Capital gain net income         g. Other income (Attach schedule.)         n. Total receipts (Add lines 1(a) through	ered TOTAL t. MAI and	S WITHIN RYLAND 00 00 00 00 00 00 00 00 00 00 00 00 00	TOTALS WITHIN AND WITHOUT MARYLAND 00 00 00 00 00 00 00 00 00	DECIMAL FACTOR (Column 1 ÷ Column rounded to six places
3     transporta       4     companies       5     1. Receipts     a       6     7     a       7     a     b       9     a     b       9     a     b       9     a     companies       9     a     b       9     a     b       9     a     companies       1     a     b       1     a     a       1     b     a       1     a     a       1     a     a       1     a     a       1     a     a       1     a     a	ation companies, and worldwide headquartes         a companies, and worldwide headquartes         a companies, and special Apportionment         a. Gross receipts or sales less returns a         allowances         b. Dividends         c. Interest         c. Gross rents         c. Gross royalties         c. Capital gain net income         g. Other income (Attach schedule.)         n. Total receipts (Add lines 1(a) through	ered TOTAL t. MAI and	S WITHIN RYLAND 00 00 00 00 00 00 00 00 00 00 00 00 00	AND WITHOUT MARYLAND 000 000 000 000 000 000	(Column 1 ÷ Column rounded to six places
6	allowances				
7	Dividends				
8     b       9     c       1     c       2     d       3     c       4     e       5     c       6     f.       7     c       8     g       9     h       0     c       1     Report this fact       2     apportionment       3     formula.	Interest		00	00	
9	Interest		00	00	
o c 1 2 4 4 5 6 7 7 8 9 9 1 Report this fact 2 apportionment 3 formula.	<ol> <li>Gross rents</li> <li>Gross royalties</li> <li>Capital gain net income</li> <li>Other income (Attach schedule.)</li> <li>Total receipts (Add lines 1(a) through</li> </ol>		00	00	2
1	<ol> <li>Gross rents</li> <li>Gross royalties</li> <li>Capital gain net income</li> <li>Other income (Attach schedule.)</li> <li>Total receipts (Add lines 1(a) through</li> </ol>		00	00	2
2 d 3 4 e 5 6 f. 7 8 g 9 h 0 1 1 Report this fact 2 apportionment 3 formula.	e. Gross royalties		00		
<ul> <li>3</li> <li>4</li> <li>6</li> <li>7</li> <li>8</li> <li>9</li> <li>9</li> <li>1</li> <li>Report this fact</li> <li>2</li> <li>apportionment</li> <li>3</li> <li>formula.</li> </ul>	e. Gross royalties		00		
4 e 5 f. 6 f. 7 9 h 0 1 1 Report this fact 2 apportionment 3 formula.	. Capital gain net income			00	
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8 g 9 h 1 Report this fact 2 apportionment 3 formula.	n. Total receipts (Add lines 1(a) through			00	
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<ol> <li>Report this fact</li> <li>apportionment</li> <li>formula.</li> </ol>	tor Columns 1 and 2.)				
apportionment formula.		<u>┝╺</u> ╺╺╺ ┡ <mark>┖</mark> ──── <u>─</u>		00	
5	or on line 4 unless you use a special formula or alternative apportionment	24			
	a. Inventory		00	0	
	1. Inventory				
	. Machinery and equipment		00	0	0
8					
	. Buildings		00	0	0
0					
	I.Land	┊┊┊┊╏┢┾┾┾┿	00	0	0
2			<del>╺╺╺╺╺╺</del>		
	. Other tangible assets (Attach schedu	ule.).	00	0	0
	. Rent expense capitalized				
5	(multiply by eight)		00	0	0
6 g	J. Total property (Add lines 2a through	2f,			
7	for Columns 1 and 2)		00	0	
8					
9 <b>3. Payroll</b> a	a. Compensation of officers		00	0	0
0					
1 b	o. Other salaries and wages		00	00	0
2 C	. Total payroll (Add lines 3a and 3b, fo				
3	Columns 1 and 2.)		00	00	0
4					
<sup>5</sup> 4. Marvland ap	portionment factor Enter amount fro	om Line 1 Column	3. If an alternati	ve apportionment	
	pecial apportionment formula is used,				
	r is zero, enter .000001 on line 3b, pag				
8					
9 🕨 Check	chere if special apportionment or	alternative app	ortionment forr	nula is used.	
0					
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**PASS-THROUGH ENTITY ELECTION INCOME TAX RETURN MEMBERS'** INFORMATION

 24511B099

page 1

PART I - INDIVIDUAL MEMBERS' INFORMATION

FEIN

	Enter tl	he information in Soc	ial Security Nu	nber order.				1:
12 13 14	Soci	al Security Number	· and	Address	Check here if	Distributive or pro rata share	pro rata share	Distributive or     12       pro rata share     14
15		name of member			Maryland:	of income	of tax paid	of tax credit 19
16					Resident Non- Resident	(See Instructions	.) (See Instructions.)	(See Instructions.) 1
17	1							17
18								18
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21	3							2:
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7	11							Form 500CR 3
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0								40
1	13							502S to your
2								
3	14 🗕							43
4 5								members. 44
5 6	15 🗕							45
7								47
8	16 🗕		┿┿┽┫╏┝┿┿┿					4.8
9		SUBT	TOTAL from add	itional Form 511 Scł	nedule B for in	dividual membe	ers	49
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		COM/RAD-069	08/24			50 52 F4 FC 5		
j4 5	6 7 8 9	11 13 15 17 19 21	23 25 27 29	$31^{32}$ $33^{4}$ $35^{50}$ $38^{40}$ $41$	43 45 47 48	51 53 55 57	59 61 63 65 67 68	70 72 74 76 77 78 80 81 <sup>64</sup>

	MARYLAND FORM 511 SCHEDULE B	PASS-TH ELECTIO	30 31 32 33 34 35 36 37 38 34 ROUGH ENTIT N INCOME TAX MEMBERS' ATION	Y IIIIII	50 51 53 54 55 57 58 59 <b>1 1 1 1 1 1 1 1 1 1</b>		70 <sub>71</sub> 72 <sub>73</sub> 74 <sub>75</sub> 76 <sub>77</sub> 78 <sub>79</sub> 80 <b>2024</b> page 2
ART I	I – FIDUCIARY M ne information in Fe	IEMBERS' INF	ORMATION Identification Numb	er order.			
	al Employer Ident per and name of e		Address	Check here if Maryland: Resident Booten	Distributive or pro rata share of income (See Instructions.)	Distributive or pro rata share of tax paid (See Instructions.)	Distributive or pro rata share of tax credit (See Instructions.)
1	trust			Resident Resident			
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7							electronically
							to pass on
8							business tax
9							credits from
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1							Form 500CR
.2							and/or
.3							Form 502S to
4							your members.
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	SL	JBTOTAL from a	dditional Form 511 S	Schedule B for fi	duciary members TOTAL:		

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54 5	6	11	8 9	C	DM2	RAD	106	917	1	9 2	21	23	268	/24	29	31	33	35	37	39	9 4:	1 4	13	45	47	49	51	53	5.	5 5	57	59	61	63	65	67	69	9 7	1	73	75	77	79	9 8	104	83	

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	<sup>0</sup> 11 <sup>12</sup> 13 <sup>14</sup> 15 <sup>16</sup> 17 <sup>18</sup> 9 <sup>2</sup> MARYLAND FORM <b>5111</b> SCHEDULE B	PASS-TH ELECTIO	N INCOME TAX MEMBERS'	2 44 46 748 43 45 47 49	50 51 52 53 54 55 56 57 8 59		70 <sub>71</sub> 72 <sub>73</sub> 74 <sub>75</sub> 76 <sub>77</sub> 78 <sub>79</sub> 2024 page 3
		FEIN					
			IEMBERS' INFORMAT r Identification Numbe		JDING S CORPO	RATIONS)	
Federa	al Employer Iden	tification		Is Member a Nonresident	Distributive or	Distributive or	Distributive or
Nun	nber and name o		Address	Entity	pro rata share of income	pro rata share of tax paid	pro rata share of tax credit
	Through Entity	<b>y</b>		YES NO	(See Instructions.)	(See Instructions.)	(See Instructions.)
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		SUBIOTAL f	rom additional Form 51	1 Schedule B	for PTE members TOTAL:		
					IOTAL:		

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	511 SCHEDULE B		IROUGH ENTITY ON INCOME TAX MEMBERS' ATION		24511B	399	page
		FEIN					
DADT							
			'INFORMATION (EXC) er Identification Number		ORPORATIONS)		
				Is Member a	Distributive or	Distributive or	Distributive or
	al Employer Identi		Address	Nonresident Entity	pro rata share	pro rata share	pro rata share
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