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PASS-THROUGH ENTITY **INCOME TAX RETURN**

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page 2

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NAME FEIN 4. Distributive or pro rata share of income allocable to Maryland NOTE: Complete lines 5 through 19 if there is an entry on line 1b or line 1c. Tax is calculated only for nonresident individual or nonresident entity members. (Investment partnerships see Specific Instructions.) 13 5. Percentage of ownership by individual nonresident members shown on line 1b (or profit/loss 13 14 percentage, if applicable). If 100%, leave blank and enter the amount from line 4 on line 6. ► 5 14 15 Distributive or pro rata share of income for nonresident individual members 15 6. 16 16 6. 17 7. Nonresident individual tax (Multiply line 6 by 5.75%.)........ 17 7. 18 Special nonresident tax (Multiply line 6 by 2.25%.)...... 8. 18 8 19 19 9. 9 10 Percentage of ownership by nonresident entities shown on line 1c (or profit/loss 21 percentage, if applicable). If 100%, leave blank and enter the amount from line 4 on line 11. ▶10 22 Distributive or pro rata share of income for nonresident entity members 11. 23 23 (Multiply line 4 by percentage on line 10.).... 11 24 24 12. Nonresident entity tax (Multiply line 11 by 8.25%.)..... 12. 26 13. 13 26 27 Distributable cash flow limitation from worksheet. See instructions. If worksheet used, 14. 28 28 check here 14 29 29 15. Nonresident tax due (Enter the lesser of line 13 or line 14.)...... 15. **16a.** Estimated PTE nonresident tax paid with Form 510/511D and MW506NRS..... .▶16a 32 **16b.** PTE nonresident tax paid with an extension request (Form 510/511E)...... .►16b 33 33 16c. Credit for nonresident tax paid on behalf of the PTE by another 34 34 PTE (Attach Schedule K-1 (510/511)) Mc. 😾 **16d.** If the PTE filing this return is a non-resident member of a PTE paying tax at the entity level, 36 report the amount of credit for tax paid by the PTE paying tax at the entity level with regard 36 37 to this entity's nonresident shares of income. (Attach Schedule K-1 (510/511)).... P16d 38 16e. If the PTE filing this return is a resident member of a PTE paying tax at the entity level, 38 39 39 report the amount of credit for tax paid by the PTE paying tax at the entity level with regard 40 to this entity's resident shares of income. (Attach Schedule K-1 (510/511)).▶16e. 40 41 16f. If amending, total payments made with original plus additional tax paid after original was 41 42 16f. 42 43 43 44 44 17. 45 45 18. Overpayment. (If line 16g exceeds line 15, enter the difference.).......... 18. 46 18a. If amending, prior overpayment. (Total all refunds previously issued.) 46 Interest and/or penalty from Form 500UP or late payment interest 47 19. 47 48 19. 48 49 Total nonresident balance due (Add lines 15, 18a, and 19. Subtract line 16g.) Pay in full 49 20. 50 51 NOTE: The total tax paid from lines 16g and 17 is to be reported either on the composite return or on the returns of the nonresident members. Nonresident entity and fiduciary members cannot file a composite return nor be included in the composite return filed by nonresident individual members. (See instructions.) 53 54 54 Amount of overpayment from original return to be applied to estimated tax for next year 21 55 (not to exceed the net of lines 18 minus 18a and 19).......... 56 56 22. Amount of overpayment TO BE REFUNDED. (Add lines 19 and 21, and subtract the total from 57 57 line 18.) (If amending, subtract lines 18a and 19 from line 18.). 22 58 58 59 59 60 60

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	MARYLAND	19 ²⁰ 21 ²² 23 ²⁴ 25 ²⁶ 27 ²⁸ 29 ³⁰ 31 ³² 33 ³⁴ 3 PASS-THROUGH EI	ΙΤΙΤΥ						77 ⁷⁸ 79 ⁸⁰
	FORM	INCOME TAX RETU	RN						page 3
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		nt information is correct a	nd clearly leg	gible. If you	ı are requestin	g direct depo	sit of your r	efund, c	:om-
plete th	e following.								<u> </u>
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	Chack bara if t	this refund will go to an acco	unt outsido of	the United	Statos				
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23a. Tv	pe of account: .					23a. 🕨	Checking	Sav	inas
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ADDIT	ONAL INFORM	1ATION REQUIRED							
1 . Ad	dress of princip	al place of business in Maryla	und (if other th	an indicated	l on page 1):				
2. Ad	dress at which i	<u>tax records are located (if oth</u>	<u>er than indica</u>	ited on page	1):				
		r of pass-through entity tax o	lepartment:						
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		t were not previously reporte	•			recum		Yes	No
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		Iltistate corporation that is a					· · · Þ 🛏	Yes	No
8. Is	this entity a mu	Iltistate manufacturing corpo	ration with mo	ore than 25 e	mployees?	• • • • • • • • • •	· · · Þ 🛏	Yes	No
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page 4

Schedule A - COMPUTATION OF APPORTIONMENT FACTOR (Applies only to multistate pass-through entities. See instructions.) NOTE: Rental/leasing companies, financial institutions, Column 1 Column 2 Column 3 transportation companies, and worldwide headquartered TOTALS WITHIN TOTALS WITHIN **DECIMAL FACTOR** companies see instructions on Special Apportionment. MARYLAND AND WITHOUT (Column 1 ÷ Column 2 MARYLAND rounded to six places) 1. Receipts a. Gross receipts or sales less returns and allowances b. Dividends c. Interest . . d. Gross rents. . . . e. Gross royalties f. Capital gain net income g. Other income (Attach schedule.). h. Total receipts (Add lines 1(a) through 1(g), for Columns 1 and 2.) Report this factor on line 4 unless you use a special apportionment formula or alternative apportionment formula. 2. Property a. Inventory c. Buildings d. Land e. Other tangible assets (Attach schedule.) . f. Rent expense capitalized (multiply by eight) g. Total property (Add lines 2a through 2f, for Columns 1 and 2) 3. Payroll a. Compensation of officers b. Other salaries and wages c. Total payroll (Add lines 3a and 3b, for Columns 1 and 2.) 4 55 4. Maryland apportionment factor Enter amount from Line 1 Column 3. If an alternative apportionment formula or a special apportionment formula is used, enter the alternative or special apportionment factor Check here if special apportionment or alternative apportionment formula is used.

9 10 MARYLAND FORM SCHEDULE B

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PASS-THROUGH ENTITY INCOME TAX RETURN MEMBERS' INFORMATION

 

page 1

PART I - INDIVIDUAL MEMBERS' INFORMATION

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Enter the information in Social Security Number order.

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13					Check	Distributive or	Distributive or	Distributive or	13
14	S	ocial Security Number an	d	Address	here if	pro rata share	pro rata share	pro rata share	14
15		name of member			Maryland:	of income	of tax paid	of tax credit	15
16					Resident Resident	(See Instructions.)	(See Instructions.)	(See Instructions.)	16
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		/ MEMBERS' INF Federal Employer		Number o	rder.			
					Check	Distributive or	Distributive or	Distributive or
	ral Employer Ide ber and name o		Address		here if Maryland:	pro rata share of income	pro rata share of tax paid	pro rata share of tax credit
Nun	trust	i estate or			Resident Non- Resident	(See Instructions.)	(See Instructions.)	(See Instructions
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page 3

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Distributive or

pro rata share

of tax credit

(See Instructions.)

You must file

Form 510

electronically

to pass on

business tax

credits from

Form 500CR

and/or

Form 502S to

your members.

page 4

FEIN NAME PART IV - CORPORATION MEMBERS' INFORMATION (EXCLUDING S CORPORATIONS) Enter the information in Federal Employer Identification Number order. Is Member a **Distributive or Distributive or** Nonresident Federal Employer Identification Address pro rata share pro rata share Entity Number and name of of income of tax paid (See Instructions.) (See Instructions.) Corporation YES NO SUBTOTAL from additional Form 510 Schedule B for corporate members TOTAL:

COM/RAD-069 08/24

60 61 70 71 9 10 12 14 13 15 16 18 20 22 23 24 26 27 28 30 7 29 31 76 78 79 2 3 64 5 6