

MARYLAND FORM 510/511D PASS-THROUGH ENTITY DECLARATION OF ESTIMATED INCOME TAX



2025

25510D099

OR FISCAL YEAR BEGINNING [ ] 2025, ENDING [ ]

Federal Employer Identification Number (9 digits)

Name

Current Mailing Address Line 1 (Street No. and Street Name or PO Box)

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

Table with 4 columns: ME, YE, EC, EC. Header: For Office Use Only

USE THIS FORM TO REMIT ANY ESTIMATED PAYMENT DUE AT THIS TIME. IF FORMS ARE NEEDED TO MAKE ADDITIONAL INSTALLMENTS OF THE CURRENT TAX YEAR, SEE THE INSTRUCTIONS FOR MORE INFORMATION.

TYPE OF ENTITY - Check the applicable box.

- S Corporation Partnership Limited Liability Company Business Trust

IMPORTANT: Review the instructions before completing this form. If you are using this form for subsequent estimated payments, you do not need to complete this worksheet if you previously have calculated the amount you need to pay each quarter.

Check here if you are a first time filer or your mailing address has changed.

MANDATORY: You must select either Box A or Box B. The choice you make on your first filing of the tax year is irrevocable for the tax year. If this is not the first 510/511D for the tax year, your selection must match the selection you made on your first filing of the tax year.

Box A: Check here if PTE has made the irrevocable election for Tax Year 2025 to remit tax with respect to all members' shares. See instructions.

Box B: Check here if paying tax only on behalf of nonresident members.

ESTIMATED TAX WORKSHEET

Table with 12 rows for tax calculations and 1 row for estimated tax paid. Columns include description, amount, and tax liability.