

MARYLAND
FORM
510C

COMPOSITE PASS-
THROUGH ENTITY
INCOME TAX RETURN



24510C099

2024
\$

OR FISCAL YEAR BEGINNING [] 2024, ENDING []

[]
Federal Employer Identification Number (9 digits)

[] []
Date of Organization or Incorporation (MMDDYY) Business Activity Code No. (6 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

Amended Return

Do not write in this space.
ME YE

NOTE: YOU MUST COMPLETE FORM 510 BEFORE YOU BEGIN THIS RETURN. SEE TECHNICAL BULLETIN 6.

- 1. Enter the total number of nonresident individual members of PTE listed on Form 510, line 1b 1. []
- 2. Enter the number of eligible nonresident individual members who have elected to be included in this composite filing 2. []
- 3. Enter the total distributive or pro rata share of income for nonresident individuals included on line 2 of this form 3. []
- 4. Enter total exemption amount from Form 510C Schedule A, Column C 4. []
- 5. Enter total standard deduction from Form 510C Schedule A, Column D. 5. []
- 6. Allowable exemption and deductions. (Add lines 4 and 5.) 6. []
- 7. Enter the total flow-through decoupling modifications from Form 510C Schedule A, Column E. If negative, enter negative. 7. []
- 8. Enter total income allocable to MD from Form 510C Schedule A, Column F 8. []
- 9. Add lines 7 and 8 9. []
- 10. MD taxable income. Subtract line 6 from line 9. (If less than zero, enter zero.) 10. []
- 11. MD tax. (Multiply line 10 by 8%.) 11. []
- 12a. Enter total PTE nonresident tax from Form 510C Schedule A, Column G 12a. []
- 12b. Enter payment made with extension request 12b. []
- 12c. Total payments (Add line 12a and 12b.) 12c. []
- 13. Balance Due. If line 11 is greater than 12c, subtract line 12c from line 11 and enter here; go to line 15 13. []
- 14. Overpayment. If line 12c is greater than line 11, subtract line 11 from line 12c and enter amount here.. . . . 14. []
- 15. Interest charge for late filing 15. []
- 16. Total Balance Due (Add lines 13 and 15 or if line 15 exceeds line 14, enter the difference.) 16. []
- 17. Overpayment TO BE REFUNDED (Subtract line 15 from line 14.) 17. []



24510C199

NAME [redacted] FEIN [redacted]

DIRECT DEPOSIT OF REFUND (See Instruction 18)

Verify that all account information is correct and clearly legible. If you are requesting direct deposit of your refund, complete the following.

[] Check here if you authorize the State of Maryland to issue your refund by direct deposit.

[] Check here if this refund will go to an account outside of the United States.

18a. Type of account: 18a. [] Checking [] Savings

18b. Routing Number (9-digits): 18b. [redacted]

18c. Account Number: 18c. [redacted]

18d. Name as it appears on the bank account: [redacted]

SIGNATURE AND VERIFICATION

Check here [] if you authorize your preparer to discuss this return with us.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

[redacted] [redacted] Signature of General Partner/Officer Title

[redacted] Printed name of the Preparer/Firm's name [redacted] Street address of preparer /or Firm's address

[redacted] Signature of preparer (Required by Law) [redacted] City, State, ZIP Code + 4

[redacted] Telephone number of preparer [redacted] Preparer's PTIN (Required by Law)

[] [] [] CODE NUMBERS (3 digits per line)

Make check or money order payable to Comptroller of Maryland. On your check or money order, in blue or black ink only, you must include the Federal Employer Identification Number, tax year, and tax type. Failure to include this information will delay the processing of your payment. Mail to:

Comptroller of Maryland Revenue Administration Division 110 Carroll Street Annapolis, Maryland 21411-0001

MARYLAND
FORM
510C
SCHEDULE A

**COMPOSITE PASS-THROUGH ENTITY
 INCOME TAX RETURN**



24510C299

2024
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► **Federal Employer Identification Number** (9 digits)

Name

Street Address

City or town

State

ZIP code

+4

MARYLAND COMPOSITE PASS-THROUGH ENTITY INCOME TAX RETURN
PASS THROUGH ENTITY MEMBER INFORMATION FOR COMPOSITE FILERS

A Member Name/ Social Security Number	B Number of Exemptions	C Exemption Amount	D Standard Deduction Amount	E PTE Decoupling Modifications	F Income Allocable to Maryland	G Distributive or Pro Rata Share of Tax Paid
SUBTOTAL of members from additional Form 510C Schedule A						
TOTALS						