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NOTE: Complete lines 5a. through 19 only if there is an entry on line 1a. through line 1d. (Investment partnerships see Specific Instructions). (Check instructions)	TYPE OF ENTITY S Corporati CHECK HERE - Cr Name or ad This tax yea This Form is used I. Number of r a. Individua b. Individua c. Total Unistate ent ALLOCATION OF Multistate pass- ALLOCATION OF Multistate pass- Subtract this Subtract this Maryland appropriate on line 4. (If	Partnership neck applicable box(es). dress has changed First r's beginning and ending dates a d by PTEs that elect to remit members: al (including fiduciary) residents al (including fiduciary) nonreside th entity taxable income (See instities also enter this amount on li INCOME through entities must compl d income (for entities using sepa amount from line 2 and enter the cortionment factor from computa cortionment method). Multiply lin factor is zero, enter .000001)	filing of the entity are different from last yes tax on all members's of Maryland tructions). ine 4	Inactive entity Fine ear's due to an acquisition or one shares of income. c. Nonresident and resemble d. Others (see instruct instruction in the	Amended t Return al Return consolidation. ident entities lons)
(Investment partnerships see Specific Instructions). (Check instructions)	TYPE OF ENTITY S Corporation This tax yea This Form is used This Form is used I. Number of it a. Individua b. Individua c. Total Unistate ent ALLOCATION OF Multistate pass- 3 A. Non-Marylan Subtract this Maryland appropriate in the propriation of the propriate in	Partnership neck applicable box(es). dress has changed First r's beginning and ending dates a d by PTEs that elect to remit members: al (including fiduciary) residents al (including fiduciary) nonreside the entity taxable income (See institutes also enter this amount on li INCOME through entities must complete income (for entities using separamount from line 2 and enter the portionment factor from computation or incomputation in the continument method). Multiply line factor is zero, enter .000001).	filing of the entity are different from last year tax on all members's of Maryland ents tructions). ine 4	Inactive entity Fine Par's due to an acquisition or of the shares of income. c. Nonresident and rest d. Others (see instruct the senter the result the shares of the sha	Amended t Return al Return consolidation. ident entities lons)
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5 6 7 8 9 10 12 14 16 18 20 22 24 26 28 30 32 34 36 38 40 42 44 46 48 50 52 54 56 58 60 62 64 66 68 70 72 74 76 78 80 COM/RAD106917 19 21 03/245 27 29 31 33 35 37 39 41 43 45 47 49 51 53 55 57 59 61 63 65 67 69 71 73 75 77 79 81	TYPE OF ENTITY S COrporation Name or add This tax yea This Form is used I. Number of a Individua L. Individua L. Total Value ALLOCATION OF Multistate pass- Multistate pass- Subtract this Maryland appusing the app	Partnership neck applicable box(es). dress has changed First r's beginning and ending dates a d by PTEs that elect to remit members: al (including fiduciary) residents al (including fiduciary) nonreside th entity taxable income (See institutes also enter this amount on li INCOME through entities must compl d income (for entities using sepa amount from line 2 and enter the cortionment factor from computation to the contionment method). Multiply lift factor is zero, enter .000001). lation n entity taxable income allocable plete lines 5a. through 19 only	filing of the entity are different from last year tax on all members's of Maryland tructions). ine 4	Inactive entity Inactive entity Fine ear's due to an acquisition or	Amended t Return al Return consolidation. dident entities ons)
5 6 7 8 9 10 12 14 16 18 20 22 24 26 28 30 32 34 36 38 40 42 44 46 48 50 52 54 56 58 60 62 64 66 68 70 72 74 76 78 80 COM/RRD106917 19 21 08/245 27 29 31 33 35 37 39 41 43 45 47 49 51 53 55 57 59 61 63 65 67 69 71 73 75 77 79 81	TYPE OF ENTITY S Corporati CHECK HERE - Cr Name or ad This tax yea This Form is used I. Number of r a. Individua b. Individua c. Total Z. Pass-throug Unistate ent ALLOCATION OF Multistate pass- ALOCATION OF Multistate pass- Subtract this Subtract this Maryland appropriate the propriate of the	Partnership neck applicable box(es). dress has changed First r's beginning and ending dates a d by PTEs that elect to remit members: al (including fiduciary) residents al (including fiduciary) nonreside th entity taxable income (See institutes also enter this amount on li INCOME through entities must compl d income (for entities using sepa amount from line 2 and enter the cortionment factor from computation to the contionment method). Multiply lift factor is zero, enter .000001). lation n entity taxable income allocable plete lines 5a. through 19 only	filing of the entity are different from last year tax on all members's of Maryland tructions). ine 4	Inactive entity Inactive entity Fine ear's due to an acquisition or	Amended t Return al Return consolidation. dident entities ons)
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4		MARYLAND FORM	PASS-THROU ELECTION IN	JGH ENTITY	2 44 46 48 50 52 54 56 58 60 62 64 66 68 70 71 72 43 45 47 49 51 53 53 55 57 59 61 62 63 65 67 69 71 72	2024 page 2 5	-
6	;	511	RETURN		245110199	6	T
	,				213110133	7	t
8	NAN	/IE	FEIN			8	İ
9						9	İ
1	.0 5 a	. Percentage of owner	ship by individual me	mbers shown on I	ines 1a and 1b (or profit/loss	10	0
1	.1					1:	1
1	2 5b				1c (or profit/loss percentage,	12	2
1	.3					1:	3
1	4 5c					14	4
1	.5 6.	Pass-through entity	taxable income for in	ndividual members	s (Multiply line 4 by the	15	5
1	. 6	percentage on line 5	ia.)			16	6
1	.7 7.	Total Individual men	nbers' pass-through	entity election tax	(Multiply line 6 by 8%.) 7.	1	7
1	8.	Pass-through entity	taxable income for e	ntity members (M	ultiply line 4 by percentage	18	8
1	.9	on line 5b.)				19	9
2	9.	Entity members' pas	s-through entity elect	tion tax (Multiply I	ine 8 by 8.25%.) 9.	20	0
2	1 10	. Total pass-through	entity election tax (Ad	d lines 7 and 9.).		2:	1
2	2 11	. Distributable cash flo	ow limitation from wo	rksheet. See instr	uctions. If worksheet used,	22	2
2	:3	check here				2.5	3
2	4 12	. Pass-through entity	election tax due (Ente	er the lesser of line	e 10 or line 11.)	24	4
2	5 13	a. Estimated tax paid v	vith Form 510/511D a	nd MW506NRS		25	5
2	6 13	b. Tax paid with an ext	ension request on For	rm 510/511E		2.0	6
2	7 13	c. Credit for tax paid by	another pass-through	entity (Attach Mar	yland Schedule K-1 (510/511).) ▶ 13c.	2.5	7
2	8 13	d. If amending, total pa	ayments made with o	riginal plus additio	onal tax paid after original	28	8
2	:9	was filed				29	9
3	13	e. Total payments and	credits (Add lines 13a	through 13d.)		30	0
3	1 14	. Balance of tax due (If line 12 exceeds line	e 13e, enter the di	fference.)	3:	1
3	² 15	. Overpayment (If line	e 13e exceeds line 12	, enter the differer	nce.)	32	2
3	3 15	a. If amending, prior o	verpayment (Total all	refunds previousl	y issued.)	33	3
3	4 16	. Interest and/or pena	alty from Form 500UP		or	34	4
3	5	late payment interes	st .			35	5
3	6 17	. Total balance due (A	dd lines 12, 15a and	16. Subtract line	13e.)	36	б
3	17	NOTE: The total tax	paid on line 12 is to	be rep <mark>ort</mark> ed either	on the composite return or on	37	7
3	8	the returns of memb	ers. Nonresident enti	ty and fiduciary m	embers cannot file a composite	38	8
3	19	return or be include	d in the composite re	turn filed by nonre	esident individual members.	39	9
4	0	(See instructions.)				4.0	J
4	1 18	. Amount of overpayn	nent from original retu	urn to be applied t	o estimated tax for next year	4:	1
4	2	(not to exceed the n	et of lines 15 minus 1	.5a and 16.)		42	2
4	3 19	 Amount of overpayn 	nent TO BE REFUNDE	D (Add lines 16 an	d 18, and subtract the total	43	3
4	4	from line 15.) (If am	ending subtract lines	15a and 16 from	line 15.)	4.4	4
4	5					4.5	5
4	6 DI	RECT DEPOSIT OF RE	FUND (See Instruc	tion 9)		4 (6
4	⁷ Ve	rify that all account	information is corr	ect and clearly I	egible. If you are requesting direct deposit of your ref	fund, com-	7
4	8 ple	te the following.				4.8	3
4	9					4.9	9
5	0	Check here if you	u authorize the State	of Maryland to iss	sue your refund by direct deposit.	50	С
5	1					51	1
5	2	Check here if thi	s refund will go to an	account outside of	of the United States.	52	2
5	3					53	3
		a. Type of account:				Savings 54	\forall
5	5					55	5

20b. Routing Number (9-digits):

20c. Account Number:

20d. Name as it appears on the bank account:

12 14 16 18 20 22 24 26 28 30 32 34 36 38 40 42 1 2 3 3 MARYLAND PASS-THROUGH ENTITY 4 **FORM ELECTION INCOME TAX** 511 RETURN FEIN NAME ADDITIONAL INFORMATION REQUIRED 11 1. Address of principal place of business in Maryland (if other than indicated on page 1): Address at which tax records are located (if other than indicated on page 1): 2. 14 Telephone number of pass-through entity tax department: 3. 16 State of organization or incorporation: 4. 5. Has the Internal Revenue Service made adjustments (for a tax year in which a Maryland return 18 was required) that were not previously reported to the Comptroller of Maryland? If "yes", indicate tax year(s) here: and submit an amended return(s) together 20 with a copy of the IRS adjustment report(s) under separate cover. 6. Did the pass-through entity file employer withholding tax returns/forms with the Comptroller 22 Yes If a multistate operation, provide the following: 7. Is this entity a multistate corporation that is a member of a unitary group? . . Yes 8. Is this entity a multistate manufacturing corporation with more than 25 employees? 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. 33 34 Signature of general partner, officer or member Printed name of the Preparer/Firm's name 36 Signature of preparer other than taxpayer (Required by Law) 37 38 Street address of preparer or Firm's address 40 City, State, ZIP Code + 4 41 42 Preparer's PTIN (Required by Law) Telephone number of preparer 44 45 CODE NUMBERS (3 digits per line) 46 47

2024

page 3

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No

No

No

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:

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12 14 16 18 2 COM/RAD-06917 19

20 22 24 26 21 23**08/254** 27

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

4 5	M	ARYLAND FORM	PASS-THROUGH ENTI ELECTION INCOME TA	TY	20 27 23 01 03 03	2024 page 4
6		511	RETURN			
7			RE FORM		245110399	
8			 			
9	NAME		FEIN			
10						
11	Schedule A	- COMPUTAT	TION OF APPORTIONMENT FAC	TOR (Applies only to mul	tistate pass-through en	tities. See instructions.)
12		/leasing.compa	nnies, financial institutions,	Column 1	Column 2	Column 3
13	trancr		anies, and worldwide headquartered	TOTALS WITHIN	TOTALS WITHIN	DECIMAL FACTOR
14	compa	nies see instru	ictions on Special Apportionment.	MARYLAND	AND WITHOUT MARYLAND	(Column 1 ÷ Column 2 rounded to six places)
15	 	a Gross ro	ceipts or sales less returns and			Tourided to SIX places,
16			ces			
17		allowalic				
18		b. Dividend	de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la			
19		b. Dividend	13			
20		c. Interest				
21		c. milerest	 			
21		d Gross ro	ents			
23		u.Gross re	3105			
24		o Cross ro	yalties			
		e. Gross 10	by arties			
25		f Capital o	rain not income			
26		i. Capitai g	gain net income			
27		a Othor in	como (Attach cobodulo)			
28			come (Attach schedule.)			
29			ceipts (Add lines 1(a) through 1(g) mns 1 and 2.)			
30						
31	Kepuit tilis		4 unless you use a special			
32	formula	ent formula o	r alternative apportionment			
33)					
34				K		
35		a. Inventor	y			
36				- /		
37		b. Machinei	ry and equipment			
38						
39		c. Buildings	s			
40						
41		d. Land	<u> </u>			
42						
43			ngible assets (Attach schedule.) .			
44			pense capitalized			
1 1 1 1 1 1			/ by eight)			
45		a lotal pro	perty (Add lines 2a through 2f,			
46			mno 1 and 3)			
4 6 4 7	7		mns 1 and 2)			-
46 47 48	7	for Colur				
46 47 48 49	3. Payroll	for Colur	mns 1 and 2)			
46 47 48 49 50	3. Payroll	for Colur a. Compens	sation of officers			
46 47 48 49 50	3. Payroll	for Colur a. Compens b. Other sa	sation of officers			
46 47 48 49 50 51	3. Payroll	a. Compens b. Other sa c. Total pay	sation of officers			
46 47 48 49 50 51 52 53	3. Payroll	a. Compens b. Other sa c. Total pay	sation of officers			
46 47 48 49 50 51 52 53	3. Payroll	a. Compens b. Other sa c. Total pay	sation of officers			
46 47 48 49 50 51 52 53 54	3. Payroll 4. Maryland	a. Compens b. Other sa c. Total pay Columns	sation of officers	ne 1 Column 3. If an alter	rnative apportionment	
46 47 48 49 50 51 52 53 54 55	3. Payroll 4. Maryland formula or	a. Compens b. Other sa c. Total pay Columns apportionm a special app	sation of officers	ne 1 Column 3. If an alter	al apportionment facto	r
46 47 48 49 50 51 52 53 54	3. Payroll 4. Maryland formula or here. (If fa	a. Compens b. Other sa c. Total pay Columns apportionm a special app	sation of officers	ne 1 Column 3. If an alter	al apportionment facto	r

1 2 3 64 5 6 7 8 9 10 12 14 16 18 20 22 24 26 28 30 32 34 36 37 39 41 43 45 47 49 51 53 55 57 59 61 63 65 67 69 71 73 75 77 79

	FORM 511 SCHEDULE B	PASS-THROUGH ENTITE ELECTION INCOME TAXER RETURN MEMBERS' INFORMATION		2024 page :
NAME		FEIN		
		MEMBERS' INFORMATION Social Security Number order.		
Soci	al Security Numl name of memb		here if pro rata share Maryland: of income	Distributive or Distributive or pro rata share pro rata share of tax paid of tax credit ee Instructions.)
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				You must file
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<i>'</i>				to pass on
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10				credits from
11				Form 500CR
**				
12				and/or Form
13				502S to your
13				5025 to your
14				members.
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16				<u>- </u>
	SI	JBTOTAL from additional Form 511 S		
			TOTAL:	
	COM/RAD-069	08/24 0 22 24 26 28 30 32 34 36 38 4	0 42 44 46 48 50 52 54 56 58 60 41 43 45 47 49 51 53 55 57 59 63	62 64 66 68 70 72 74 76 78 8

6 7 8 9 1	D ₁ 1 2 1 3 4 1 5 6 7 18 12 0 2 2 MARYLAND FORM SCHEDULE B	PASS-T ELECTION	HROUGH ENTI ON INCOME TA MEMBERS'	TY	24511B		70,72,74,76,78,78 9 71,72,74,75,76,78,78 2024 page 2
NAME		FEIN					
DADTT	- FIDUCIARY ME	EMPERS' TN	EORMATION				
			er Identification Num	ber order.			
_		<u> </u>		Check here if	Distributive or	Distributive or	Distributive or
	l Employer Identi er and name of es		Address	Maryland:	pro rata share of income	pro rata share of tax paid	pro rata share of tax credit
	trust			Resident Non- Resident	(See Instructions.)	(See Instructions.)	(See Instructions.)
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							1
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							FORM 511
6							electronically
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/							to pass on
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							business tax
9							Į
10							credits from
							Form 500CR
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12							and/or
13			(0)				Form 502S to
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							your members.
15							1
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	SUI	BTOTAL from	additional Form 511	Schedule B for fi	duciary members		
					TOTAL:		1

JAME	MARYLAND FORM 511 SCHEDULE B	PASS-THROUELECTION II RETURN MEI INFORMATIO	NCOME TAX MBERS'		0 52 53 54 56 58 6 59 59 59 24511B2	299	202 page
		UGH ENTITY MEMB ederal Employer Ide			DING S CORPOR	ATIONS)	
	ral Employer Iden mber and name o Through Entity	F Pass-	Address	Is Member a Nonresident Entity YES NO	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.)
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4							You must file
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6							101111 311
							electronically
7							to pass on
8							business tax
9							
10							credits from
11			9				Form 500CR
12							and/or
13							Form 502S to
14							
15							your members.
16							
		SUBTOTAL from a	dditional Form 511	Schedule B			
					TOTAL:		

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511 SCHEDULE B	ELECTION INCOME TAX RETURN MEMBERS' INFORMATION		24511B399	page
	N MEMBERS' INFORMATION (E)		rions)	
Federal Employer Ident Number and name Corporation	ification Address	Is Member a Distribut Nonresident pro rata Entity of inco	share pro rata shar me of tax paid	e pro rata share of tax credit
1				
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6				electronically
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9				business tax credits from
11				Form 500CR
13				and/or Form 502S to
14 15				your members
16				
SUE	TOTAL from additional Form 511 So		OTAL:	