	ND PASS-THROUGH	ENTITY		
FORM	ELECTION INCO			\$
511	RETURN		245110099	- III III II
OR FISCAL YEAR B	EGINNING 2024, ENDING			
Federal Employer Identifica	tion Number (9 digits) FEIN Applied for Date (	(MMDDYY)		
3				
1				
Date of Organization or Inco	orporation (MMDDYY) Business Activity Coc	de No. (6 digits)		
5				
7				
Name				
ink				
A 11.				
`L	O Box, Number, Street and Apt. No)			
0				
D D				
	ne 2 (Apt No., Suite No., Floor No.)			
City or Town		State ZIP Code + 4		
Foreign Country Name			Foreign Province/State/County	<del></del>
	<del></del>			Do not write in this space.
Foreign Postal Code	<del></del> -			
				►ME ►YE
1	Check the applicable boy			►ME ►YE
TYPE OF ENTITY	Check the applicable box. ▶			Amended
TYPE OF ENTITY -		Limited Liability Comp	pany Business Trust	Amended Return
TYPE OF ENTITY - S Corporatio	n Partnership	Limited Liability Comp	pany Business Trust	Amended
TYPE OF ENTITY - S Corporatio CHECK HERE - Che	Partnership	9		Amended Return
TYPE OF ENTITY - S Corporatio CHECK HERE - Che Name or addi	Partnership	Limited Liability Comp	Dany Business Trust  Inactive entity Final F	Amended Return
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4 5		MARYLAND FORM	PASS-THROUGH ENTITY ELECTION INCOME TAX	22   44   46   48   50   52   54   56   58   60   62   64   66   68   70   72   7.43   43   45   47   49   51   53   55   57   59   61   63   65   67   69   71   73   73   73   73   73   73   74   75   75   75   75   75   75   75	2024 page 2 5
6		511	RETURN	245110199	6
7					7
8	NAME		FEIN		8
9					9
10	5a.		ship by individual members shown on I		10
11			able)		11
12	5b.		ship by entity members shown on line		12
13					13
14	5c.				14
15	6.		taxable income for individual member		15
16			a.)		16
17	7.		nbers' pass-through entity election tax		17
18	8.	Pass-through entity	taxable income for entity members (M	fultiply line 4 by percentage	18
19					19
20			s-through entity election tax (Multiply		20
21	10.		entity election tax (Add lines 7 and 9.).		21
22	11.	Distributable cash flo	ow limitation from worksheet. See instr	uctions. If worksheet used,	22
23					23
24			election tax due (Enter the lesser of lin		24
25	13a	. Estimated tax paid v	with Form $510/511$ D and MW $506$ NRS		25
26	13b	. Tax paid with an ext	ension request on Form 510/511E		26
27	13c.	. Credit for tax paid by	another pass-through entity (Attach Ma	ryland Schedule K-1 (510/511).)▶13c.	27
28	13d	. If amending, total pa	ayments made with original plus addition	onal tax paid after original	28
29					29
30	13e	. Total payments and	credits (Add lines 13a through 13d.)		30
31	14.	Balance of tax due (	If line 12 exceeds line 13e, enter the d	ifference.)	31
32			13e exceeds line 12, enter the differe		32
33	15a	. If amending, prior o	verpayment (Total all refunds previous)	y issued.)	33
34	16.	Interest and/or pena	alty from Form 500UP	or	34
35		late payment interes	t		35
36	17.	Total balance due (A	dd lines 12, 15a and 16. Subtrac <mark>t line</mark>	13e.)	36
37		NOTE: The total tax	paid on line 12 is to be reported either	on the composite return or on	37
38		the returns of memb	ers. Nonresident entity <mark>and fiduc</mark> iary m	nembers cannot file a composite	38
39		return or be include	d in the composite return filed by nonr	esident individual members.	39
40		(See instructions.)			40
41	18.	Amount of overpaym	nent from original return to be applied t	to estimated tax for next year	41
42		(not to exceed the n	et of lines 15 minus 15a and 16.)		42
43	19.		nent TO BE REFUNDED (Add lines 16 ar		43
44		from line 15.) (If am	ending subtract lines 15a and 16 from	line 15.)	44
45					45
46	DIR	ECT DEPOSIT OF RE	FUND (See Instruction 9)		46
47	Veri	fy that all account	information is correct and clearly I	egible. If you are requesting direct deposit of your reful	nd, com-
48	plete	the following.			48
50		Check here if you	authorize the State of Maryland to is:	sue your refund by direct deposit.	50
51					51
52	ьГ	Check here if this	s refund will go to an account outside	of the United States.	52
53			3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		53
54	20a	. Type of account:		Checking	Savings 54
		, p = 0. = ==============================			

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60 62 64 66 68 70 72 74 76 78 8 9 61 63 65 67 69 71 73 75 77 79

20b. Routing Number (9-digits):

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

**20c.** Account Number:

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 Date 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 48

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

	FORM 511	PASS-THROUGH ENTITE ELECTION INCOME TAX RETURN		245110399	2024
NAME		FEIN			
Schodulo	A - COMPLITAT	ION OF APPORTIONMENT FACT	OP (Applies only to mul	tistato pass-through on	titios Soo instructions )
Scriedule	A - COMPOTAT	ION OF APPORTIONNENT FACT	CK (Applies only to mul		
		nies, financial institutions,	Column 1	Column 2 TOTALS WITHIN	Column 3 DECIMAL FACTOR
		nies, and worldwide headquartered ctions on Special Apportionment.	TOTALS WITHIN MARYLAND	AND WITHOUT	(Column 1 ÷ Column 2
				MARYLAND	rounded to six places
1. Receip		ceipts or sales less returns and			
	allowaric	es			
	b. Dividend				
	b. Dividend	15			
	c. Interest				
	c. milerest				
	d Gross re	nts			
	4.0103310	1100			
	e. Gross ro	yalties			
	f. Capital o	gain net income			
	g. Other ind	come (Attach schedule.)			
	h. Total rec	eipts (Add lines 1(a) through 1(g),			
	for Colur	mns 1 and 2.)			
Report th	is factor on line	4 unless you use a special			
apportion		r alternative apportionment			
formula.					
2. Proper		у			
2. i i opci	<b>ty</b> a. Inventor				
2.11060					
		ry and equipment			
	b. Machinei				
	b. Machinei	ry and equipment	7		
	b. Machiner	5			
	b. Machinei	5			
	b. Machiner c. Buildings d. Land	5			
	b. Machines c. Buildings d. Land e. Other ta	ngible assets (Attach schedule.)			
	b. Machines c. Buildings d. Land e. Other ta f. Rent exp	ngible assets (Attach schedule.) .			
	b. Machines c. Buildings d. Land e. Other ta f. Rent exp (multiply	ngible assets (Attach schedule.) . vense capitalized			
	b. Machines c. Buildings d. Land e. Other ta f. Rent exp (multiply g. Total pro	ngible assets (Attach schedule.) . vense capitalized by eight)			
	b. Machines c. Buildings d. Land e. Other ta f. Rent exp (multiply g. Total pro	ngible assets (Attach schedule.) . vense capitalized			
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3. Payroli	b. Machines c. Buildings d. Land e. Other ta f. Rent exp (multiply g. Total pro for Colur a. Compens	ngible assets (Attach schedule.) .  vense capitalized by eight)			
3. Payroll	b. Machines c. Buildings d. Land e. Other tal f. Rent exp (multiply g. Total pro for Colur a. Compens	ngible assets (Attach schedule.) .  bense capitalized by eight)			
3. Payroll	b. Machines c. Buildings d. Land e. Other ta f. Rent exp (multiply g. Total pro for Colur a. Compens b. Other sa c. Total pay	ngible assets (Attach schedule.) .  vense capitalized by eight)			
3. Payroll	b. Machines c. Buildings d. Land e. Other ta f. Rent exp (multiply g. Total pro for Colur a. Compens b. Other sa c. Total pay	ngible assets (Attach schedule.) .  pense capitalized by eight)			
3. Payroll	b. Machines c. Buildings d. Land e. Other ta f. Rent exp (multiply g. Total pro for Colur a. Compens b. Other sa c. Total pay	ngible assets (Attach schedule.) .  pense capitalized by eight)	a 1 Column 3. If an altro-	mative apportionment	
3. Payroll	b. Machines c. Buildings d. Land e. Other ta f. Rent exp (multiply g. Total pro for Colur a. Compens b. Other sa c. Total pay Columns	ngible assets (Attach schedule.) .  pense capitalized by eight)			
3. Payroll 4. Maryla formula	b. Machines c. Buildings d. Land e. Other ta f. Rent exp (multiply g. Total pro for Colur a. Compens b. Other sa c. Total pay Columns a special app	ngible assets (Attach schedule.) .  pense capitalized by eight)	the alternative or speci-	al apportionment factor	

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 ENTITY ELECTION INCOME TAX RETURN MEMBERS' INFORMATION		2024 page 1
NAME		FEIN		
		MEMBERS' INFORMATION Social Security Number order.		
		7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -		
Soci	al Security Numl name of memb		Check Distributive or Distributive or here if pro rata share pro rata share  Maryland: of income of tax paid  Resident Resident (See Instructions.) (See Instructions.)	Distributive or pro rata share of tax credit (See Instructions.)
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5				Form 511
-				
6				electronically
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·				to pass on
8				business tax
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		<del></del>		credits from
10				
11				Form 500CR
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12				and/or Form
13				502S to your
				3023 to your
14				members.
15				]
7				
16				
	St	JBTOTAL from additional Form 511 So		]
			TOTAL:	<u> </u>
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	COM/RAD-069	08/24	42 44 46 48 50 52 54 56 58 60 62 64 66 68 11 43 45 47 49 51 53 55 57 59 61 63 65 67	70 72 74 76 78 8

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2 3 3		6 7 8 9	10 12 14 16 18 20 MARYLAND	PASS-TH	30 32 34 36 38 40 ROUGH ENTITY	42 43 44 45 46 47 49	50 52 54 56 57 59 51 53 54 55 57 59	60 61 62 64 65 66 67 68 69	<b>      </b>     2024	813 83
6	5		511 SCHEDULE B		N INCOME TAX MEMBERS'		24511B	199	page 2	5
8		NAME	SCILEBOLL B	FEIN FEIN	4110I4					8
9	9	INAME		FEIN						9
	10		II – FIDUCIARY M							10
		Enter t	he information in Fe	ederal Employer	Identification Numbe	r order.				11
	12					Check	Distributive or	Distributive or	Distributive or	12
	1.4	Feder	al Employer Ident	tification	Address	here if	pro rata share	pro rata share	pro rata share	14
1	15		ber and name of e			Maryland:	of income	of tax paid	of tax credit	15
1	L 6		trust			Resident Non- Resident	(See Instructions.)	(See Instructions.)	(See Instructions.)	16
	17	1 -							1	17
	18 19									18
	20	2								20
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	23	4 -							You must file	23
	24									24
	26	5 -							Form 511	26
	27	_								27
2	28	6							electronically	28
	29	7								29
	30								to pass on	30
	31	8								31
	33								business tax	33
	34	9								34
3	35	10							credits from	35
	36	10								36
	37	11							Form 500CR	37
	38 39									38
	10	12							and/or	40
4	11	4.5								41
4	12	13							Form 502S to	42
	13	14								43
	14								your members.	44
	45 46	15								45 46
	17			<del>                                     </del>						47
	18	16								48
4	19		Sl	JBTOTAL from a	dditional Form 511 So	hedule B for fi	duciary members			49
	50						TOTAL:			50
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IAME _	MARYLAND FORM 511 SCHEDULE B	PASS-THROU ELECTION II RETURN MEI INFORMATIO	NCOME TAX MBERS'		0 51 53 55 57 59 59 59 59 59 59 59 59 59 59 59 59 59		70 71 72 774 76 78 79 79 <b>202</b> 6 page
		<b>UGH ENTITY MEMB</b> 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.)
1							
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7							electronically
+							to pass on
8							business tax
9							credits from
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 f			
					TOTAL:		

1 2 3 64 5 6

511 SCHEDULE B	ELECTION INCOME TAX RETURN MEMBERS' INFORMATION		24511B399	page
	N MEMBERS' INFORMATION (E) deral Employer Identification Num		TIONS)	
Federal Employer Identi Number and name Corporation		Is Member a Distribu Nonresident pro rata Entity of inc YES NO (See Instr	share pro rata shar ome of tax paid	e pro rata share of tax credit
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3				Vou must file
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7				electronically
8				to pass on business tax
10				credits from
11				Form 500CR
13				and/or Form 502S to
14				your members
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506	TOTAL from additional Form 511 S		TOTAL:	