



185040099

OR FISCAL YEAR BEGINNING \_\_\_\_\_ 2018, ENDING \_\_\_\_\_

Federal Employer Identification Number (9 digits)

Name of Estate or Trust

Name and Title of Fiduciary

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

Current Mailing Address of Fiduciary - Line 2 (Apt No., Suite No., Floor No.)

City or Town

State

ZIP Code

+4

TYPE OF ENTITY - Check the box(es) on the return corresponding to your federal return.

- 1. Decedent's estate, 2. Simple trust, 3. Complex trust, 4. Grantor type trust, 5. Bankruptcy estate, 6. Qualified funeral trust, 7. Electing Small Business Trust, 8. Other

DECEDENT'S ESTATE INFORMATION

If Decedent's estate:

Date of death

Domicile of decedent

Decedent's Social Security Number

Check here if final return.

(do not enter / or -)

RESIDENT STATUS

Check box if resident and complete the following

Subdivision Code

County

City, town or taxing area

Check box if nonresident. See Form 504NR

AMENDED RETURN

Check applicable box(es).

- This is an amended return. (Attach explanation.)
Net operating loss is being carried back.
Name or address has changed.

Table with 10 rows for tax calculations: Federal taxable income, Exemption claimed, Income from Electing Small Business Trust, Federal taxable income plus nonallocable additions, Fiduciary's Share of Maryland Modifications, Line 4 plus or minus line 5, Nonresident beneficiary deduction, Maryland adjusted gross income, Maryland exemption, Fiduciary's Maryland taxable net income.

NOTE: Nonresident fiduciary - see instruction for Form 504NR.

Table with 3 rows for Maryland tax: Maryland tax, Special nonresident tax, Total Maryland tax.



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NAME \_\_\_\_\_ FEIN \_\_\_\_\_

<b>14.</b> Credit for fiduciary income tax paid to another state and/or credit for preservation and conservation easements from Part AA, line 1 and Part AA, line 6 of Form 502CR ( <b>Attach Form 502CR.</b> ) . . . .	14.	_____
<b>15.</b> Enter the Nonrefundable Business Tax Credits from Part AAA of Form 504CR. . . . .	▶ 15.	_____
<b>16.</b> Total credits (Add lines 14 and 15) . . . . .	16.	_____
<b>17.</b> Maryland Tax after credits (Subtract line 16 from line 13, if less than zero, enter zero). . . . .	17.	_____
<b>18.</b> Local tax (Multiply the fiduciary's Maryland taxable net income from line 10 by .0 _____). See Instruction 15. Non-residents: enter zero. . . . .	18.	_____
<b>19.</b> Local Credit for fiduciary income tax paid to another state from Part BB of Form 502CR. . . . .	19.	_____
<b>20.</b> Local tax after credit. (Subtract line 19 from line 18.) If less than zero, enter zero . . . . .	20.	_____
<b>21.</b> Total Maryland and local tax. (Add lines 17 and 20.) . . . . .	21.	_____
<b>22.</b> Contribution to Chesapeake Bay and Endangered Species Fund . . . . .	▶ 22.	_____
<b>23.</b> Contribution to Developmental Disabilities Services and Support Fund. . . . .	▶ 23.	_____
<b>24.</b> Contribution to Maryland Cancer Fund . . . . .	▶ 24.	_____
<b>25.</b> Contribution to Fair Campaign Financing Fund . . . . .	▶ 25.	_____
<b>26. Total Maryland income tax, local income tax and contributions</b> (Add lines 21 through 25.)	26.	_____
<b>27.</b> Maryland and local tax withheld. See Instruction 17. . . . .	▶ 27.	_____
<b>28.</b> Estimated tax payments and payments made with extension request and with Form MW506NRS. . . . .	▶ 28.	_____
<b>29.</b> Nonresident tax paid by pass-through entities. ( <b>Attach Maryland Schedule K-1 (510).</b> ) . . . . .	▶ 29.	_____
<b>30.</b> Refundable Business and/or Heritage Structure Rehabilitation tax credits ( <b>Attach Form 504CR and/or Form 502S.</b> ) . . . . .	▶ 30.	_____
<b>31.</b> Total payments and credits (Add lines 27 through 30.) . . . . .	31.	_____
<b>32.</b> Balance due (If line 26 is more than line 31, enter the difference.) . . . . .	▶ 32.	_____
<b>33.</b> Overpayment (If line 26 is less than line 31, enter the difference.) . . . . .	▶ 33.	_____
<b>34.</b> Amount of overpayment to be applied to 2019 estimated tax . . . . .	▶ 34.	_____
<b>35.</b> Amount of overpayment to be refunded (Subtract line 34 from line 33.) . . . . .	▶ 35.	_____
<b>36.</b> Interest charges from Form 504UP _____ or for late filing _____	▶ 36.	_____
<b>37. TOTAL AMOUNT DUE</b> (Add lines 32 and 36.) . . . . .	37.	_____

**AMENDED RETURNS**

If you are filing an amended fiduciary income tax return, check the applicable boxes and draw a line through any bar codes on the front. Explain the changes you are making in the space below. Attach a copy of the amended federal Form 1041 if the federal return is being amended, and any other required documentation.



185040299

NAME \_\_\_\_\_ FEIN \_\_\_\_\_

**DIRECT DEPOSIT OF REFUND** See Instruction 18.

Be sure the account information is correct. **For Splitting Direct Deposit**, see Form 588.

If this refund will go to an account outside of the United States, then to comply with banking rules, place a "Y" in this box  and see Instruction 18.

**38.** For the direct deposit option, complete the following information clearly and legibly:

**38a.** Type of account: \_\_\_\_\_ **38a.**  Checking  Savings

**38b.** Routing Number (9-digits): \_\_\_\_\_ **38b.** \_\_\_\_\_

**38c.** Account number: \_\_\_\_\_ **38c.** \_\_\_\_\_

**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.

\_\_\_\_\_  
Signature of fiduciary or officer representing fiduciary Date

\_\_\_\_\_  
Signature of preparer other than fiduciary Date

\_\_\_\_\_  
Address and telephone number of preparer

\_\_\_\_\_  
Preparer's PTIN (required by law)

\_\_\_\_\_  
Daytime telephone number (Fiduciary)



**Nonresidents must include Form 504NR with Form 504.**

**Make checks payable to and mail to:**

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

(Write Your Federal Employer Identification Number On Check  
Using Blue Or Black Ink.)