CORPORATION INCOME TAX RETURN



2020

	OR FISCAL YEAR BEGINNING 2020, ENDING	\$
	Federal Employer Identification Number (9 digits) FEIN Applied for Date (MMDDYY)	
	Feath Applied for Date (MINDUTY)	
	▶ Date of Organization or Incorporation (MMDDYY)	
Only		
Print Using Blue or Black Ink Only	Name	
: Using Blue	Current Mailing Address Line 1 (Street No. and Street Name or PO Box)	
Print		
	Current Mailing Address Line 2 (Apt No., Suite No., Floor No.)	
	Do not wi	ite in this space. Amended
<i></i>	City or town State ZIP Code +4	Return
STAPLE CHECK HERE		P 12
ZE O	CHECK HERE IF: ► Name or address has changed ► Inactive corporation First filing of the corporation	ration Final Return
STAF	This tax year's beginning and ending dates are different from last year's due to an acquisi	
ΙF	FILING TO CLAIM A NET OPERATING LOSS, CHECK THE APPROPRIATE BOX Carr	yback Carryforward
	ach copies of the federal form for the loss year and Form 1139.	yback carryrorward
	E CORPORATION INSTRUCTIONS. ATTACH A COPY OF THE FEDERAL INCOME TAX RETUR	N THROUGH SCHEDULE M2.
	Federal Taxable Income (Enter amount from Federal Form 1120 line 28 or Form 1120-C	
	line 25c.) See Instructions. Check applicable box:	
	Other: IF 1120S, FILE ON FORM 5101a	00
1b.	Special Deductions (Federal Form 1120 line 29b or	
	Form 1120-C line 26b.)	00
1c.	Federal Taxable Income before net operating loss deduction	
	(Subtract line 1b from 1a)	lc00
	RYLAND ADJUSTMENTS TO FEDERAL TAXABLE INCOME	
_	l entries must be positive am <mark>o</mark> unts.) DITION ADUSTMENTS	
	Section 10-306.1 related party transactions	nn
	Decoupling Modification Addition adjustment	00
	(Enter code letter(s) from instructions.) ▶ ▶ 2b	00
_		
	Total Maryland Addition Adjustments to Federal Taxable Income (Add lines 2a and 2b)	2c00
	BTRACTION ADJUSTMENTS	
	Section 10-306.1 related party transactions	
3D.	Dividends for domestic corporation claiming foreign tax credits (Federal form 1120/1120C Schedule C line 18) ▶ 3b	nn
3c.	Dividends from related foreign corporations	
. . .	(Federal form 1120/1120C Schedule C line 14, 16b and 16c) ▶ 3c	nn
3d.	Decoupling Modification Subtraction adjustment	
	(Enter code letter(s) from instructions.) ▶ ▶ 3d	00
3e.	Total Maryland Subtraction Adjustments to Federal Taxable Income	

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NAME	FEIN			page 2
4.	Maryland Adjusted Federal Taxable Income before NOL deduction is applied			
4.		4		
_	(Add lines 1c and 2c, and subtract line 3e.)	4		00
5.	Enter Adjusted Federal NOL Carry-forward available from previous tax years (including	. -		
_	FDSC Carry-forward) on a separate company basis (Enter NOL as a positive amount.)	· · · · · > · 5		00
6.	Maryland Adjusted Federal Taxable Income (If line 4 is less than or equal to zero,			
	enter amount from line 4.) (If line 4 is greater than zero, subtract line 5 from line 4 and			
	enter result. If result is less than zero, enter zero.)	<u> 6</u>		00
	YLAND ADDITION MODIFICATIONS			
-	entries must be positive amounts.)			
7a.	State and local income tax ▶ 7a		00	
7b.	Dividends and interest from another state, local or federal tax			
	exempt obligation		00	
7c.	Net operating loss modification recapture (Do not enter NOL carryover.			
	See instructions.)		. חח	
7d.	Domestic Production Activities Deduction ▶ 7d.			
7e.	Deduction for Dividends paid by captive REIT			
7f.	Other additions (Enter code letter(s) from			
	instructions and attach schedule)		пп	
7a.	Total Addition Modifications (Add lines 7a through 7f.)	7a.		0.0
	YLAND SUBTRACTION MODIFICATIONS	<u> </u>		
	entries must be positive amounts.)			
	Income from US Obligations ▶ 8a.		0.0	
	-			
05.	instructions and attach schedule)		0.0	
8c.	Total Subtraction Modifications (Add lines 8a and 8b.)	_		
	MARYLAND MODIFICATIONS			"
9.	Total Maryland Modifications (Subtract line 8c from 7g. If less than zero,			
Э.	enter negative amount.)	0		
10	Maryland Modified Income (Add lines 6 and 9.)	10		UU
	ORTIONMENT OF INCOME			<u> </u>
	be completed by multistate corporations whose apportionment factor is less that	n 1 othomulas a	rin to line 1	12.)
1 -		n 1, otherwise s	kip to line 1	.3.)
11.	Maryland apportionment factor (from page 4 of this form) (If factor is zero, enter .000001.)	L 11		
4.2			- • -	
12.	Maryland apportionment income (Multiply line 10 by line 11.)			00
42	Manufacidate de la compactica de la comp	12		
13.	Maryland taxable income (from line 10 or line 12, whichever is applicable.)			00
	Tax (Multiply line 13 by 8.25%.)	14		00
15a.	Estimated tax paid with Form 500D, Form MW506NRS and/or credited			
	from 2019 overpayment		00	
	Tax paid with an extension request (Form 500E) ▶15b.		00	
	Nonrefundable business income tax credits from Part AAA. (See instructions for Form 50		this form electr	-
	Refundable business income tax credits from Part DDD. (See instructions for Form 500Cl		tax credits from	Form 500CR.
15e.	The Heritage Structure Rehabilitation Tax Credit is claimed on line 1 of Part DDD on Forr	n 500CR.		
	Check here ▶☐ if you are a non-profit corporation.			
15f.	Nonresident/Resident tax paid on behalf of the corporation by pass-through entities			
	(Attach Maryland Schedule K-1.) ▶ 15f		00	
15g.	If amending total payments made with original plus additional tax paid			
	after original was filed		00	
15h.	Total payments and credits (add lines 15a through 15g)	1 F b		
	Balance of tax due (If line 14 exceeds line 15h enter the difference.)	16		
17 .	Overpayment (If line 15h exceeds line 14, enter the difference.)	▶ 17.		00

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NAME	FEIN	page 3
	If amending prior overpayment (Total all refunds previously issued.)	00
18.	Interest and/or penalty from Form 500UP or late payment interest for original return ▶ 18	nn
19.	Total balance due (Add lines 14, 17a and 18. Subtract line 15h.)	
	Amount of overpayment from original return to be applied to estimated tax for 2021	00
	(not to exceed the net of lines 17 minus 17a and 18.) ▶ 20	. 00
21.	Amount of overpayment TO BE REFUNDED	
	(Add lines 18 and 20, and subtract the total from line 17.) (If amending subtract lines 17a and 18 from line 17.)▶ 21.	00
	ECT DEPOSIT OF REFUND (See Instructions.) Be sure the account information is correct. omply with banking and NACHA (National Automated Clearing House Association) rules, if this refund will go to an	account
outsi	de of the United States, place "Y" in this box ▶ ☐ or if you authorize the State of Maryland to direct deposit your refun	d, check
this b	pox ▶ and complete the following information clearly and legibly.	
22a.	Type of account: ▶ ☐ Checking ☐ Savings	
22b.	Routing Number (9-digits): ▶	
22c.	Account number: ▶	
22d.	Name as it appears on the bank account:	
INFO	DRMATIONAL PURPOSES ONLY (LINES 23 & 24)	
	NOL generated in Current Year - Carryforward 20 years and carry back 2 years (farming loss ONLY).	
23.	(If line 6 is less than zero, enter on line 23.)	пп
24.		
	Section 10-205(e) (If line 6 is less than zero AND line 9 is greater than zero, enter the	
	amount from line 9 on line 24.)	00
FOR	USE IF AMENDING THE RETURN	
Expla sched	anation of Changes to Income, Modifications, Apportionment Factor and Credits. Show the computation in detail and at dules as necessary. Check the box or boxes that reflect the reason for filing this amended return and explain in the spa ded below the checkboxes. If more space is needed, you may attach additional pages.	
	1. Amended to claim a Net Operating Loss Deduction	
•	2. Amended to report a federal adjustment or an RAR (Revenue Agent Report)	
	3. Amended to claim Business Tax Credit.	
	4. Amended to claim nonresident PTE Tax Credit	
	5. Amended to report income omitted on previous filing	
	6. Amended to change apportionment factor	
	7. Amended for another reason stated below:	

FEIN __

NAME _

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Schedule A -	COMPUTATION OF APPORTIONMENT FACTO	OR (Applies only to mult	istate corporations. See	instructions.)
leasing, manufac	apportionment formulas are required for rental/ financial institutions, transportation and cturing companies. Worldwide headquartered ies see instructions.	Column 1 TOTALS WITHIN MARYLAND	Column 2 TOTALS WITHIN AND WITHOUT MARYLAND	Column 3 DECIMAL FACTOR (Column 1 ÷ Column 2 rounded to six places)
1A. Receipts	a. Gross receipts or sales less returns and			
	allowances ▶	.00	▶ .00	
	b. Dividends	.00	.00	
	c. Interest	.00	.00	
	d. Gross rents	.00	.00	
	e. Gross royalties	.00	.00	
	f. Capital gain net income	.00	.00	
	g. Other income (Attach schedule.) h. Total receipts (Add lines 1A(a) through	.00.	.00	
	1A(g), for Columns 1 and 2.) ▶	.00	▶ .00	
1B. Receipts	Multiply factor on line 1A, Column 3 by 4. Disregard this line if special apportionment formula is used			
2. Property	a. Inventory	. 00	. 00	
	b. Machinery and equipment	. 00	. 00	
	c. Buildings	. 00	. 00	
	d.Land	. 00	. 00	
	e. Other tangible assets (Attach schedule.) .	. 00	. 00	
	f. Rent expense capitalized (multiply by eight)	. 00	. 00	
	g. Total property (Add lines 2a through 2f, for Columns 1 and 2) ▶	. 00	. 00	
3. Payroll	a. Compensation of officers	. 00	. 00	
	b. Other salaries and wages	. 00	. 00	
	c. Total payroll (Add lines 3a and 3b, for			
	Columns 1 and 2.) ▶	. 00	· 00	◄
4. Total of fac	etors (Add entries in Column 3.)			_·
	apportionment factor Divide line 4 by seven for if special apportionment formula required. (If fa			
▶ ☐ Che	ck here if special apportionment formula is	s used.		

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SCH	EDULE B - ADDITIONAL INFORMATION REQUIRED (Attach a separate schedule if more space is necessary.)
1.	Telephone number of corporation tax department:
2.	Address of principal place of business in Maryland (if other than indicated on page 1):
3.	Brief description of operations in Maryland:
4.	Has the Internal Revenue Service made adjustments (for a tax year in which a Maryland return
	was required) that were not previously reported to the Maryland Revenue Administration Division? Yes
	If "yes", indicate tax year(s) here: and submit an amended return(s) together with a copy of the IRS
	adjustment report(s) under separate cover.
5.	Did the corporation file employer withholding tax returns/forms with the Maryland Revenue
	Administration Division for the last calendar year?
6.	Is this entity part of the federal consolidated filing? № ☐ Yes ☐ No
	If a multistate operation, provide the following:
7.	Is this entity a multistate corporation that is a member of a unitary group? ▶ ☐ Yes ☐ No
8.	Is this entity a multistate manufacturer with more than 25 employees? ▶ ☐ Yes ☐ No
SIG	NATURE AND VERIFICATION
Und	er penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to
the	pest of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is
	d on all information of which the preparer has any knowledge.
Che	ck here 📗 if you authorize your preparer to discuss this return with us.
Offic	er's Signature Preparer's Signature
Offic	er's Name and Title Preparer's name/or Firm's name, address and telephone number
	Preparer's PTIN (Required by law)
	>
	CODE NUMBERS (3 digits per line

INCLUDE ALL REQUIRED PAGES OF FORM 500

Make checks payable to and mail to:

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

(Write Your FEIN On Check Using Blue Or Black Ink.)