CORPORATION INCOME TAX RETURN



2020

(DR FISCAL YEAR BEGINNING 2020, ENDING	\$
		·
	Federal Employer Identification Number (9 digits) FEIN Applied for Date (MMDDYY)	
	The state of the s	
	Date of Organization or Incorporation (MMDDYY) Business Activity Code No. (6 digits)	
Only		
Print Using Blue or Black Ink Only	Name	
or Blac		
ng Blue	Current Mailing Address Line 1 (Street No. and Street Name or PO Box)	
nt Usir		
	Current Mailing Address Line 2 (Apt No., Suite No., Floor No.)	
		e in this space.
		Amended Return
STAPLE CHECK HERE	City or town State ZIP Code +4	►YE
LE CH	CHECK HERE IF:	
STAP	Name or address has changed ► ☐ Inactive corporation ☐ First filing of the corpor	
	► ☐ This tax year's beginning and ending dates are different from last year's due to an acquisiti	on or consolidation.
IF	FILING TO CLAIM A NET OPERATING LOSS, CHECK THE APPROPRIATE BOX Carry	back Carryforward
	ach copies of the federal form for the loss year and Form 1139.	
SEI	CORPORATION INSTRUCTIONS. ATTACH A COPY OF THE FEDERAL INCOME TAX RETURN	THROUGH SCHEDULE M2.
1a.	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	
1.0	Form 1120-C line 26b.)	00
10.	(Subtract line 1b from 1a)	c
МА	RYLAND ADJUSTMENTS TO FEDERAL TAXABLE INCOME	
	l entries must be positive amounts.)	
•	DITION ADUSTMENTS	
2a.	Section 10-306.1 related party transactions ▶ 2a.	
2b.	Decoupling Modification Addition adjustment	
	(Enter code letter(s) from instructions.) ▶ ▶ 2b	00
2c.	Total Maryland Addition Adjustments to Federal Taxable Income (Add lines 2a and 2b) 20	c00
	BTRACTION ADJUSTMENTS	
	Section 10-306.1 related party transactions ▶ 3a	00
3b.	Dividends for domestic corporation claiming foreign tax credits	
_	(Federal form 1120/1120C Schedule C line 18) ▶ 3b.	00
ЗC.	Dividends from related foreign corporations (Foderal form 1120/1120C Schedule C line 14, 16b and 16c)	0.0
34	(Federal form 1120/1120C Schedule C line 14, 16b and 16c) ▶ 3c Decoupling Modification Subtraction adjustment	
Ju.	(Enter code letter(s) from instructions.) ► ► 3d	пп
3e.	Total Maryland Subtraction Adjustments to Federal Taxable Income	
	(Add lines 3a through 3d.)	e00

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NAME	FEIN			page =
4.	Maryland Adjusted Federal Taxable Income before NOL deduction is applied			
_	(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.)			
			00	
7b.	Dividends and interest from another state, local or federal tax			
			·00	
7c.	Net operating loss modification recapture (Do not enter NOL carryover.			
	See instructions.)		00	
7d.	Domestic Production Activities Deduction		00	
7e.	Deduction for Dividends paid by captive REIT			
7f.	Other additions (Enter code letter(s) from			
	instructions and attach schedule)		00	
7g.	Total Addition Modifications (Add lines 7a through 7f.)	7g.		00
	YLAND SUBTRACTION MODIFICATIONS			
(All	entries must be positive amounts.)			
8a.	Income from US Obligations▶ 8a.		пп	
8b.	Other subtractions (Enter code letter(s) from			
	instructions and attach schedule) ▶ 8b		пп	
8c.	Total Subtraction Modifications (Add lines 8a and 8b.)	8c.		00
	MARYLAND MODIFICATIONS			
9.	Total Maryland Modifications (Subtract line 8c from 7g. If less than zero,			
	enter negative amount.)	9.		пп
10.	Maryland Modified Income (Add lines 6 and 9.)	10.		nn
	ORTIONMENT OF INCOME			
(To	be completed by multistate corporations whose apportionment factor is less than	1, otherwise	skip to line 1	l 3.)
_	Maryland apportionment factor (from page 4 of this form)			-
	(If factor is zero, enter .000001.)	. ▶ 11.		
12.	Maryland apportionment income (Multiply line 10 by line 11.)			00
13.	Maryland taxable income (from line 10 or line 12, whichever is applicable.)	13.		00
	Tax (Multiply line 13 by 8.25%.)			00
	Estimated tax paid with Form 500D, Form MW506NRS and/or credited			
	from 2019 overpayment ▶15a.		00	
15b.	Tax paid with an extension request (Form 500E) ▶15b.			
	Nonrefundable business income tax credits from Part AAA. (See instructions for Form 5000)	CR \	00	
	Refundable business income tax credits from Part DDD. (See instructions for Form 500CR.		ile this form electr is tax credits from	-
	The Heritage Structure Rehabilitation Tax Credit is claimed on line 1 of Part DDD on Form		o tax cicarco irom	Torin bootin
156.	Check here I if you are a non-profit corporation.	Joock.		
1 E f	Nonresident/Resident tax paid on behalf of the corporation by pass-through entities			
131.	(Attach Maryland Schedule K-1.) ► 15f.			
15-	·			
_	If amending total payments made with original		00	
	Total payments and credits (add lines 15a through 15g)	15h		
	Balance of tax due (If line 14 exceeds line 15h enter the difference.)	► 16		00
	If amending Additional tax paid after original was filed	▶ 16a		00
17.	Overpayment (If line 15h exceeds line 14, enter the difference.)	► 17		00

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NAME	FEIN	page 3
17a.	. If amending prior overpayment (Total all refunds previously issued.)	. 00
	Interest and/or penalty from Form 500UP or late payment interest	
10	for original return	
	Total balance due (Add lines Add lines 14,17a and 18. Subtract lines 15h and 16a.) 19 Amount of overpayment from original return to be applied to estimated tax for 2021	
	(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.)	
	(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. comply with banking and NACHA (National Automated Clearing House Association) rules, if this refund will go to	o an account
outsi	ide of the United States, place "Y" in this box ▶ 🔲 or if you authorize the State of Maryland to direct deposit your r	efund, check
this b	box ▶ 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:	
	ORMATIONAL PURPOSES ONLY (LINES 23 & 24)	
23.	NOL generated in Current Year - Carryforward 20 years and carry back 2 years (farming loss ONLY). (If line 6 is less than zero, enter on line 23.)	. חח
24.	NAM generated in Current Year - Carried Forward/Back with Loss on Line 23 per	
	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
Expla	USE IF AMENDING THE RETURN anation of Changes to Income, Modifications, Apportionment Factor and Credits. Show the computation in detail ar dules as necessary. Check the box or boxes that reflect the reason for filing this amended return and explain in the ided below the checkboxes. If more space is needed, you may attach additional pages.	
	$oxedsymbol{\square}$ 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	
	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.)			:
	pportionment 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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NAME	FEIN _		p	page 5
SCH	EDULE B - ADDITIONAL INFORM	ATION REQUIRED (A	Attach a separate schedule if more space is necessary.)	
1.	Telephone number of corporation t	ax department:		
2.	Address of principal place of busine	ess in Maryland (if othe	r than indicated on page 1):	_
3.	Brief description of operations in M	aryland:		_
4.	Has the Internal Revenue Service r	made adjustments (for	a tax year in which a Maryland return	
	was required) that were not previo	usly reported to the Ma	aryland Revenue Administration Division? 📙 Yes 📙 I	No
	If "yes", indicate tax year(s) here:	and	submit an amended return(s) together with a copy of the IRS	
	adjustment report(s) under separa	te cover.		
5.	Did the corporation file employer w	ithholding tax returns/	forms with the Maryland Revenue	
	Administration Division for the last	calendar year?	Yes	No
6.				No
	If a multistate operation, provide			
7.	Is this entity a multistate corporati	on that is a member of	a unitary group?	No
8.	Is this entity a multistate manufact	turer with more than 2	5 employees? ▶ ☐ Yes ☐ I	No
SIG	NATURE AND VERIFICATION			
Und	er penalties of perjury, I declare that	t I have examined this	return, including accompanying schedules and statements and t	:0
			plete. If prepared by a person other than taxpayer, the declarati	
	ed on all information of which the pre			
		,		
Che	ck here \square $$ if you authorize your pro	eparer to discuss this r	eturn with us.	
		<u> </u>		
Offic	er's Signature	Date	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 lir

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.)