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3 5 6 7 8	9 10 12 14 16 18 20 22 24 26 28 30 32 34 36 38 40 42 44 45 47 49 51 52 54 55 57 59 61 62 64 66 68 70 71 72 74 76 78 80 10 10 10 10 10 10 10 10 10 10 10 10 10	31 ³ 83 ⁸
4	MARYLAND CORPORATION INCOME 1111 111 111 111 111 111 111 111 111	
5		5
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	FISCAL YEAR BEGINNING 2022, ENDING 2022, ENDING	0
9		9
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12 Federa	I Employer Identification Number (9 digits)	12
13		13
14 FEIN Ap	slied for Date (MMDDYY)	14
15		15
	f Organization or Incorporation (MMDDYY)	16
17 27 2		17
	ss Activity Code No. (6 digits)	18
19 2		19
20 9		20
21 g		21
22 S Name		22
23 H	╶╴╴╴╴╴╴╴╴╴╴╴╴╴╴╴╴╴╴╴╴╴╴╴╴╴╴╴╴╴╴╴╴	23
	Mailing Address (PO Box, number, street and apt. no)	24
25	Amended Amended	25
Curront	Mailing Address Line 2 (Apt No., Suite No., Floor No.) ► ME ► YE	
20		26
27 28 City or	Town State ZIP Code + 4	27
20		28
29 Foreign	Country Name	29
30 Foreign	Country Name Foreign Province/State/County	30
31		31
32 Foreign	Postal Code	32
33		33
34		34
35 Y	CHECK HERE IF:	35
36 ER CH	Name or address has changed Final Return Inactive corporation First filing of the corporation Final Return	36
37 JUNE	This tax year's beginning and ending dates are different from last year's due to an acquisition or consolidation.	37
38 0		38
39 IF FI	LING TO CLAIM A NET OPERATING LOSS, CHECK THE APPROPRIATE BOX Carryback Carryforward	39
40 Attac	h copies of the federal form for the loss year and Form 1139.	40
41 SEE (ORPORATION INSTRUCTIONS. ATTACH A COPY OF THE FEDERAL INCOME TAX RETURN THROUGH SCHEDULE M2.	41
	Federal Taxable Income (Enter amount from Federal Form 1120 line 28 or Form 1120-C	42
	ine 25c.) See Instructions. Check applicable box:	
	1120 1120-REIT 990T	43
44		43
44		44
45	Other: IF 1120S, FILE ON FORM 510	44 45
45 46 1b.	Special Deductions (Federal Form 1120 line 29b or	44 45 46
45 46 1b. 47	Special Deductions (Federal Form 1120 line 29b or Form 1120-C line 26b.)	44 45 46 47
 45 46 47 48 4c. 	Special Deductions (Federal Form 1120 line 29b or Form 1120-C line 26b.)	44 45 46 47 48
45 46 47 48 1 C. 49	Special Deductions (Federal Form 1120 line 29b or Form 1120-C line 26b.)	4 4 4 5 4 6 4 7 4 8 4 9
 45 46 1b. 47 48 1c. 49 50 MARY 	Special Deductions (Federal Form 1120 line 29b or Form 1120-C line 26b.) •□□ Federal Taxable Income before net operating loss deduction (Subtract line 1b from 1a) •□□ /LAND ADJUSTMENTS TO FEDERAL TAXABLE INCOME	44 45 46 47 48 49 50
 45 46 47 48 49 50 MARY 51 (All et al.) 	Special Deductions (Federal Form 1120 line 29b or Form 1120-C line 26b.)	4 4 4 5 4 6 4 7 4 8 4 9
 45 46 47 48 47. 48 49 50 MAR 51 (All e 52 ADDI 	Special Deductions (Federal Form 1120 line 29b or Form 1120-C line 26b.)	44 45 46 47 48 49 50
 45 46 47 48 47. 48 49 50 MAR 51 (All e 52 ADDI 	Special Deductions (Federal Form 1120 line 29b or Form 1120-C line 26b.)	44 45 46 47 48 49 50 51
 45 46 47 48 49 50 MAR 51 (All e 52 ADDI 53 2a. 	Special Deductions (Federal Form 1120 line 29b or Form 1120-C line 26b.)	44 45 46 47 48 49 50 51 52
 45 46 47 48 49 50 MAR 51 (All e 52 ADDI 53 54 2b. 	Special Deductions (Federal Form 1120 line 29b or Form 1120-C line 26b.)	44 45 46 47 48 49 50 51 51 52 53
45 46 47 48 50 50 51 51 53 53 53 54 55 55	Special Deductions (Federal Form 1120 line 29b or Form 1120-C line 26b.)	44 45 46 47 48 49 50 51 52 53 53 54
 45 46 47 48 49 50 MAR 51 (All e 52 ADDI 53 2a. 54 2b. 55 56 2c. 	Special Deductions (Federal Form 1120 line 29b or Form 1120-C line 26b.)	44 45 46 47 48 49 50 51 52 53 54 55
 45 46 1b. 47 48 1c. 49 50 MAR 51 (All e) 52 ADDI 53 2a. 54 2b. 55 56 2c. 57 SUBT 	Special Deductions (Federal Form 1120 line 29b or Form 1120-C line 26b.)	44 45 46 47 48 49 50 51 52 53 53 54 55 56
 45 46 1b. 47 48 1c. 49 50 MAR 51 (AII e) 52 ADDI 53 2a. 54 2b. 55 56 2c. 57 SUBT 58 3a. 	Special Deductions (Federal Form 1120 line 29b or Form 1120-C line 26b.)	44 45 46 47 48 50 51 52 53 54 55 56 56 57
 45 46 1b. 47 48 1c. 49 50 MAR 51 (All e) 52 ADDI 53 2a. 54 2b. 55 56 2c. 57 SUBT 58 3a. 59 3b. 	Special Deductions (Federal Form 1120 line 29b or Form 1120-C line 26b.) Federal Taxable Income before net operating loss deduction (Subtract line 1b from 1a) (Enter code letter(s) from instructions.) (Subtract line 2a and 2b) (Subtract line 1b from 1b from 1a) (Subtract line 1b from 1a) </td <td>44 45 46 47 48 50 51 52 53 53 54 55 55 56 57 58 59</td>	44 45 46 47 48 50 51 52 53 53 54 55 55 56 57 58 59
45 1b. 46 1b. 47 4 48 1c. 49 50 50 MAR 51 (All e 52 ADDI 53 2a. 54 2b. 55 2c. 56 2c. 57 SUBT 58 3a. 59 3b.	Special Deductions (Federal Form 1120 line 29b or Form 1120-C line 26b.)	44 45 46 47 48 50 51 51 52 53 54 55 54 55 56 57 58 59 60
 45 46 1b. 47 48 1c. 49 50 MAR 51 (All e) 52 ADDI 53 2a. 54 2b. 55 56 2c. 57 SUBT 58 3a. 59 3b. 	Special Deductions (Federal Form 1120 line 29b or Form 1120-C line 26b.) Federal Taxable Income before net operating loss deduction (Subtract line 1b from 1a) (Enter code letter(s) from instructions.) (Subtract line 2a and 2b) (Subtract line 1b from 1b from 1a) (Subtract line 1b from 1a) </td <td>44 45 46 47 48 50 51 52 53 53 54 55 55 56 57 58 59</td>	44 45 46 47 48 50 51 52 53 53 54 55 55 56 57 58 59

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CORPORATION INCOME TAX RETURN

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page 2

/			
8	NAME	FEIN FEIN	8
9			9
10	3c.	Dividends from related foreign corporations	10
11		(Federal form 1120/1120C Schedule C line 14, 16b and 16c) ▶ 3c.	11
12	3d.	Decoupling Modification Subtraction adjustment	12
13		(Enter code letter(s) from instructions.)▶ ► 3d	13
14	3e.	Total Maryland Subtraction Adjustments to Federal Taxable Income	14
15		(Add lines 3a through 3d.)	•00 15
16	4.	Maryland Adjusted Federal Taxable Income before NOL deduction is applied	16
17		(Add lines 1c and 2c, and subtract line 3e.)	•00 17
18	5.	Enter Adjusted Federal NOL Carry-forward available from previous tax years (including	18
19		FDSC Carry-forward) on a separate company basis (Enter NOL as a positive amount.) > 5.	•00 19
20	6.	Maryland Adjusted Federal Taxable Income (If line 4 is less than or equal to zero,	20
21		enter amount from line 4.) (If line 4 is greater than zero, subtract line 5 from line 4 and	21
22		enter result. If result is less than zero, enter zero.)	•00 22
23	MAR	RYLAND ADDITION MODIFICATIONS	23
24	(All	entries must be positive amounts.)	2.4
25	7a.	State and local income tax	25
26	7b.	Dividends and interest from another state, local or federal tax	26
27		exempt obligation	27
28	7c.	Net operating loss modification recapture (Do not enter NOL carryover.	28
29		See instructions.)	29
30	7d.	Domestic Production Activities Deduction	30
31	7e.	Deduction for Dividends paid by captive REIT	31
32	7f.	Other additions (Enter code letter(s) from	32
33		instructions and attach schedules)	33
34	7g.	Total Addition Modifications (Add lines 7a through 7f)	•00 34
35		RYLAND SUBTRACTION MODIFICATIONS	35
35 36	MAR	RYLAND SUBTRACTION MODIFICATIONS entries must be positive amounts.)	
	MAR (All	entries must be positive amounts.)	35
36	MAR (All	entries must be positive amounts.)	35
36 37	MAR (All 8a.	entries must be positive amounts.) Income from US Obligations	35 36 37
36 37 38	MAR (All 8a.	entries must be positive amounts.) Income from US Obligations	35 36 37 38
36 37 38 39	MAR (All 8a.	entries must be positive amounts.) Income from US Obligations	35 36 37 38 39
36 37 38 39 40	MAR (All 8a. 8b. 8c.	entries must be positive amounts.) Income from US Obligations	35 36 37 38 39 40
36 37 38 39 40 41	MAR (All 8a. 8b. 8c.	entries must be positive amounts.) Income from US Obligations	35 36 37 38 39 40 40
36 37 38 39 40 41 42	MAR (All 8a. 8b. 8c. NET	entries must be positive amounts.) Income from US Obligations	35 36 37 38 39 40 41 42
36 37 38 39 40 41 42 43	MAR (All 8a. 8b. 8c. NET 9.	entries must be positive amounts.) Income from US Obligations	35 36 37 38 39 40 40 41 42 43
36 37 38 39 40 41 42 43 43 44	MAR (All 8a. 8b. 8c. NET 9.	entries must be positive amounts.) Income from US Obligations	35 36 37 38 39 40 40 41 42 43 43
36 37 38 39 40 41 42 43 44 45	MAR (All 8a. 8b. 8c. NET 9. 10. APP	entries must be positive amounts.) Income from US Obligations	35 36 37 38 39 40 40 41 42 43 43 43 45 46
36 37 38 39 40 41 42 43 44 45 46	MAR (All 8a. 8b. 8c. NET 9. 10. APP	entries must be positive amounts.) Income from US Obligations	35 36 37 38 39 40 40 41 42 43 43 43 45 46
36 37 38 39 40 41 42 43 44 45 46 47	MAR (All 8a. 8b. 8c. NET 9. 10. APP (To	entries must be positive amounts.) Income from US Obligations	35 36 37 38 39 40 40 41 42 43 43 43 43 45 46
36 37 38 39 40 41 42 43 44 45 46 47 48 49	MAR (All 8a. 8b. 8c. NET 9. 10. APP (To	entries must be positive amounts.) Income from US Obligations	35 36 37 38 39 40 40 41 42 43 42 43 43 45 46 5.) 48
36 37 38 39 40 41 42 43 44 45 46 47 48 49	MAR (All 8a. 8b. 8c. NET 9. 10. APP (To 11. 12.	entries must be positive amounts.) Income from US Obligations	35 36 37 37 38 39 40 40 40 41 42 43 43 43 45 46 5. 46 47 48
36 37 38 39 40 41 42 43 44 45 46 47 48 49 50	MAR (All 8a. 8b. 8c. NET 9. 10. APP (To 11. 12. 13.	entries must be positive amounts.) Income from US Obligations	35 36 37 37 38 39 40 40 40 41 42 43 42 43 43 43 46 45 46 47 48 49
36 37 38 39 40 41 42 43 44 45 46 47 48 49 50	MAR (All 8a. 8b. 8c. NET 9. 10. APP (To 11. 12. 13. 14.	entries must be positive amounts.) Income from US Obligations	35 36 37 38 39 40 40 41 42 43 42 43 43 43 45 46 50 47 48 49 49 50 50 50 50 50 50 50 50 50 50 50 50 50
36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52	MAR (All 8a. 8b. 8c. NET 9. 10. APP (To 11. 12. 13. 14.	entries must be positive amounts.) Income from US Obligations	35 36 37 38 39 40 40 41 42 43 43 43 43 44 43 45 46 45 46 47 48 49 49 49 49 51 51 51 51 52 51 52
36 37 38 39 40 41 42 43 43 44 45 46 47 48 49 50 51 52 53 53	MAR (All 8a. 8b. 8c. NET 9. 10. APP (To 11. 12. 13. 14. 15a.	entries must be positive amounts.) Income from US Obligations	35 36 37 38 39 40 41 42 43 42 43 45 46 47 48 49 40 41 42 43 44 45 46 47 48 50 50 51 52 53
36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55	MAR (All 8a. 8b. 8c. NET 9. 10. APP (To 11. 12. 13. 14. 15a. 15b.	entries must be positive amounts.) Income from US Obligations	35 36 37 37 38 39 40 40 40 40 40 40 40 40 40 40 40 40 41 42 43 46 47 48 49 40 40 51 53 54 55
36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55	MAR (All 8a. 8b. 8c. NET 9. 10. APP (To 11. 12. 13. 14. 15a. 15b. 15c.	entries must be positive amounts.) Income from US Obligations	35 36 37 37 38 39 40 40 40 40 40 40 40 40 40 40 40 40 41 42 43 45 46 47 48 49 50 51 53 54 55 54 55 56
36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 55 55 55	MAR (All 8a. 8b. 8c. NET 9. 10. APP (To 11. 12. 13. 14. 15a. 15b. 15c. 15d.	entries must be positive amounts.) Income from US Obligations. Other subtractions (Enter code letter(s) from instructions and attach schedule) If you are claiming subtraction H, enter your state medical cannabis business license number: > Total Subtraction Modifications (Add lines 8a and 8b) MARYLAND MODIFICATIONS Total Maryland Modifications (Subtract line 8c from 7g. If less than zero, enter negative amount.) Maryland Modified Income (Add lines 6 and 9.). Maryland Modified Income (Add lines 6 and 9.). ORTIONMENT OF INCOME be completed by multistate corporations whose apportionment factor is less than 1, otherwise skip to line 13 Maryland apportionment factor (from page 4 of this form) (If factor is zero, enter .000000.) If you are stable income (from line 10 or line 12, whichever is applicable.) Maryland taxable income (from S00D, Form MW506NRS and/or credited from 2021 overpayment	35 36 37 37 38 39 40 40 40 41 42 43 42 43 42 43 43 46 45 46 47 48 46 47 48 49 49 49 49 49 49 49 49 49 49 49 49 49
36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 52 53 55 55 56 56 57	MAR (All 8a. 8b. 8c. NET 9. 10. APP (To 11. 12. 13. 14. 15a. 15b. 15c. 15d.	entries must be positive amounts.) Income from US Obligations	35 36 37 38 39 40 41 42 43 44 44 44 44 44 44 44 44 44 44 44 44 54 55 54 55 56 57 56
36 37 38 39 40 41 42 43 43 44 45 46 47 48 49 50 51 52 53 53 54 55 56 57 58	MAR (All 8a. 8b. 8c. NET 9. 10. APP (To 11. 12. 13. 14. 15a. 15b. 15c. 15d.	entries must be positive amounts.) Income from US Obligations	

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23 25 27 29 31 33 35 37 39 CORPORATION INCOME TAX RETURN

page 3

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9 15. Norresident tax paid on behalf of the corporation by pass-through entities 9 15. (Attach Maryland Schedule 510/511 K-1.)	8	NAME	FEIN		8
1. Montaselent approximate biological parameters introductions 157. 100 115. 115. 100 115. 115. 115. 115. 115. 115. 115. 115. 115. 115. 115. 115. 115. 115. 115. 115. 115. 115. 12. 115. 115. 13. 116. 116. 13. 116. 116. 13. 116. 116. 14. 116. 117. 15. 116. 117. 15. 116. 117. 15. 116. 117. 15. 116. 117. 16. 116. 117. 17. 116. 117. 15. 116. 117. 15. 117. 117. 16. 117. 117. 17. 117. 117. 17. 116. 117. 17. 116. 117. 1	9				9
 (Attach Maryland Schedule 310/511 K-1)	10	1 E f	Nonresident tax paid on hebalf of the corporation by pace-through entities		10
19: Test if amending, total psyments made with original pub additional pub additional pack and the payments and credits (add lines 15 through 150) 150,,0	11	151.			11
19. A memory way way in a permutation of a permutation is a prime in the second in		45-			
a lot of up and we field. 100 <t< td=""><td></td><td>- T</td><td></td><td></td><td></td></t<>		- T			
13 16. Balance of tax due (if line 14 exceeds line 15h enter the difference.) 10. <td>+++</td> <td></td> <td></td> <td></td> <td>-</td>	+++				-
17. Overpayment (If the 15h exceeds line 14, enter the difference.) > 17, 17,					
17a. If amending prior overpayment (Total all refunds previously issued.) 17a 17a 000 77 18. Interest and/or penalty from from S0000 12b payment interest 100 100 100 20. Amount of overpayment from original returns. 18b 000 100 100 20. Amount of overpayment from original return to be applied to estimated tax for 2023. 200 000 100 100 21. Amount of overpayment from original return to be applied to estimated tax for 2023. 200 000 100<					
18. Interest and/or penalty from form 500UP or late payment interest 18. 19. Total balance due (Add Ims 14, 17a and 18. Subtract line 15h.) 19. 10. 20. Amount of overpayment from original return to be applied to estimated tax for 2023					
incorreginal return				.00	
19. Total balance due (Add lines 14, 17a and 18. Subtract line 15h)		18.		1	
 20. Amount of overpayment from original return to be applied to estimated tax for 2023 (not to exceed the net of lines 17 minus 17a and 18)					
induction of polynetic type of a control of grant and 18.)		19.	Total balance due (Add lines 14, 17a and 18. Subtract line 15h.)	.00	
21. Amount of overpayment TO BE REPUNDED Add lines 18 and 20, and subtract the total from line 17.) (If amending subtract lines 1/a and 18 from line 17.) > 21		20.		1	
Image: Stand 20, and subtract the total from line 17.) Image: Stand 20, and subtract the stand 20, and	22		(not to exceed the net of lines 17 minus 17a and 18.)	.00	22
It a mending subtract lines 172 and 18 from line 17	23	21.	Amount of overpayment TO BE REFUNDED		23
VIRECT DEPOSIT OF REFUND (See Instructions.) Verify that all account information is correct and clearly legible. 77 If you are requesting direct deposit of your refund, complete the following. 78 If you are requesting direct deposit of your refund, complete the following. 78 If you are requesting direct deposit of your refund by direct deposit. 78 If you are requesting direct deposit of your refund by direct deposit. 78 If you are requesting direct deposit of your refund by direct deposit. 78 If you are of account: Image: Ima	24		(Add lines 18 and 20, and subtract the total from line 17.)		24
VIRECT DEPOSIT OF REFUND (See Instructions.) Verify that all account information is correct and clearly legible. 77 If you are requesting direct deposit of your refund, complete the following. 78 If you are requesting direct deposit of your refund, complete the following. 78 If you are requesting direct deposit of your refund by direct deposit. 78 If you are requesting direct deposit of your refund by direct deposit. 78 If you are requesting direct deposit of your refund by direct deposit. 78 If you are of account: Image: Ima	25		(If amending subtract lines 17a and 18 from line 17.)	.00	25
If you are requesting direct deposit of your refund, complete the following. 24 If you are requesting direct deposit of your refund by direct deposit. 26 Image: Check here if this refund will go to an account outside of the United States. 31 Image: Check here if this refund will go to an account outside of the United States. 32 Image: Check here if this refund will go to an account outside of the United States. 33 Image: Check here if this refund will go to an account outside of the United States. 33 Image: Check here if this refund will go to an account outside of the United States. 33 Image: Check here if this refund will go to an account outside of the United States. 34 Image: Check here if this refund will go to an account outside of the United States. 34 Image: Check here if this refund will go to an account outside of the United States. 35 Image: Check here if this refund will go to an account outside of the United States. 34 Image: Check here if this refund will go to an account outside of the United States. 35 Image: Check here if this refund will go to an account outside of the United States. 36 Image: Check here if this refund will go to an account: 36 Image: Check here if this refund will go to an account: 37 Image: Check here if this refund will go	26				26
2 P 2 Check here if you authorize the State of Maryland to issue your refund by direct deposit. 3 Check here if this refund will go to an account outside of the United States. 3 2 2 Type of account: 4 Checking 3 Savings 3 2 2 Nouting Number (9-digits): 2 Checking 3 2 2 Account number: 3 3 3 2 2 Account number: 3 3 3 3 3 2 2 Account number: 3 3 </td <td>27</td> <td>DIRE</td> <td>CT DEPOSIT OF REFUND (See Instructions.) Verify that all account information is correct and clearly legible.</td> <td></td> <td>27</td>	27	DIRE	CT DEPOSIT OF REFUND (See Instructions.) Verify that all account information is correct and clearly legible.		27
Check here if you authorize the State of Maryland to issue your refund by direct deposit. a Check here if this refund will go to an account outside of the United States. a Z2a. Type of account: Checking Savings a Z2b. Routing Number (9-digits): Checking Savings a Z2c. Account number: a Z2d. NoL generated in Current Year- Carrief Groward/Back with Loss on Line 23 per <td>28</td> <td>If you</td> <td>are requesting direct deposit of your refund, complete the following.</td> <td></td> <td>28</td>	28	If you	are requesting direct deposit of your refund, complete the following.		28
21 Check here if this refund will go to an account outside of the United States. 33 22a. Type of account: Checking 22b. Routing Number (9-digits): Checking 22b. Routing Number (9-digits): 33 22c. Account number: 33 22d. Name as it appears on the bank account: 33 22d. Name as it appears on the bank account: 33 32 INFORMATIONAL PURPOSES ONLY (LINES 23 & 24) 33 33 NOL generated in Current Year Carryforward 20 years and carry back 2 years (farming loss ONLY). 34 44 (If line 6 is less than zero, enter on line 23.) 23 55 Corr USE IF AMENDING THE RETURN 36 56 For USE IF AMENDING THE RETURN 36 57 Explanation of Changes to Income, Modifications, Apportionment Factor and Credits. Show the computation in detail and attach schedules as necessary. Check the box or boxes that reflect the reason for filing this amended return and explain in the space is needed, you may attach additional pages. 58 1 1. Amended to claim a Net Operating Loss Deduction 59 2. Amended to claim an Net Operating Loss Deduction 50 3. Amended to claim and the on a RAR (Revenue Agent Report) 51 3. Amended to claim any explore on line 3. 52 5. Amended to claim on ortenider PTE Tax Credit 53 6. Amended to claim apportionment factor 54 6. Amended to claim any explore on a RAR (Revenue Agent Report) 55 7. Amended to claim any explore on a RAR (Revenue Agent Report) 56 6. Amended	29				29
22 Check here if this refund will go to an account outside of the United States. 22 22a. Type of account: Checking 22b. Routing Number (9-digits): Checking 22c. Account number: 38 22c. Account number: 38 22d. Name as it appears on the bank account: 38 33 Check here of the united States. 34 22d. Name as it appears on the bank account: 35 38 36 22d. Name as it appears on the bank account: 36 38 37 39 38 39 39 30 30 39 30 30 31 And generated in Current Year - Carry forward 20 years and carry back 2 years (farming loss ONLY). 31 (If line 6 is less than zero, enter on line 23.) 32 A. NAM generated in Current Year - Carry forward/Back with Loss on Line 23 per 34 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.) 30 And Generated in Current Year - Carried Forward/Back with Loss on Line 23 per 32 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.) 33 And generated in Current Year - Carried Forward/Back with Loss on Line 23 per 34 NAM generated in Current Year - Carried Forward/Back with Loss on Line 23 per 35 FOR USE IF AMENDING THE RETURN 36 An mended to claim an Net Operating Loss Deduction 37 Amended to claim a	30		Check here if you authorize the State of Maryland to issue your refund by direct deposit.		30
33 33 34 35 35 4 22a. Type of account: ▶ Checking Savings 34 5 22b. Routing Number (9-digits): ▶ 36 7 22c. Account number: ▶ 37 32 22c. Account number: ▶ 40 42 1 100 41 43 41 41 44 41 42 45 42. NAL generated in Current Year - Carried Forward/Back with Loss on Line 23 per 23. 46 Anount from line 24.	31				31
22a. Type of account: Checking Savings Savings <td< td=""><td>32</td><td></td><td>Check here if this refund will go to an account outside of the United States.</td><td></td><td>32</td></td<>	32		Check here if this refund will go to an account outside of the United States.		32
35 35 36 22b. Routing Number (9-digits): ▶ 36 37 32 38 32 38 32 38 32 39 32 39 32 30 32 30 32 31 Amended to claim a Net Operating Loss Deduction 32 33 32 1. Amended to claim norresider TPT Tax Credit 35 3. Amended to claim norresider TPT Tax Credit 36 3. Amended to claim norresider TPT Tax Credit 36 3. Amended to claim norresider TPT Tax Credit 36 3. Amended to claim norresider TPT Tax Credit 37 3. Amended to claim norresider TPT Tax Credit 38 3. Amended to claim norresider TPT Tax Credit 39 3. Amended to claim norresider TPT Tax Credit 30 7. Amended to claim norresider TPT Tax Credit 31 7. Amended to chaim apportionment factor 32 7. Amended to claim norresider TPT Tax Credit 33 7. Amended to claim norresider TPT Tax Credit 34 7. Amended to change apportionment factor	33				33
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37 22c. Account number: ▶ 38 38 22c. Account number: ▶ 38 39 22c. Account number: ▶ 38 30 22d. Name as it appears on the bank account: 48 41 INFORMATIONAL PURPOSES ONLY (LINES 23 & 24) 41 42 INFORMATIONAL PURPOSES ONLY (LINES 23 & 24) 41 43 30, NOL generated in Current Year - Carried Forward/Back with Loss on Line 23 per 32 44 NAM generated in Current Year - Carried Forward/Back with Loss on Line 23 per 45 45 ANAM generated in Current Year - Carried Forward/Back with Loss on Line 23 per 46 46 For USE IF AMENDING THE RETURN 46 47 For USE IF AMENDING THE RETURN 47 48 Explanation of Changes to Income, Modifications, Apportionment Factor and Credits. Show the computation in detail and attach schules as necessary. Check the box or boxes that reflect the reason for filing this amended return and explain in the space 51 59 1. Amended to claim a Net Operating Loss Deduction 53 50 1. Amended to claim Business Tax Credit. 54 51 3. Amended to claim Business Tax Credit. 56 52 4. Amended to change apportionment factor 7.	35				35
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61 Explanation of Changes: 61			1. Amended for another reason		
		++-			
			Explanation of Changes:		
	62				62

1⁻⁻⁻13⁻⁻¹15⁻⁻⁻17¹⁰ MARYLAND FORM **500** CORPORATION INCOME TAX RETURN

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	FORM	CORPORATION INCOME TAX RETURN		225000399	¹⁸ 69 ⁷⁰ 71 ⁷² 73 ⁷⁴ 75 ⁷⁶ 77 ⁸ 79 202 page
NAME		FEIN			
Schedule	A - COMPUTAT	TION OF APPORTIONMENT FACT	OR (Applies only to multista	ite corporations. See i	nstructions.)
1			Column 1	Column 2	Column 3
tra		anies, financial institutions, anies, and worldwide headquartered	TOTALS WITHIN MARYLAND	TOTALS WITHIN AND WITHOUT	DECIMAL FACTOR (Column 1 ÷ Column
3		ictions on Special Apportionment.			rounded to six places
5 1. Receip	ts a. Gross re	eceipts or sales less returns and			
6		es	.00 ►	.00	
7					
9	b. Divideno	ds		•00	
0	c. Interest		- 0 0	- 0 0	
1	c. milerest				
2	d. Gross re	ents	- 0 0		
3					
5	e.Gross ro	oyalties			
6	f Canital (gain net income		.00	
7	i. capital y			• • • • •	
8	g. Other in	come (Attach schedule.)		.00	
9		ceipts (Add lines 1(a) through 1(g),			
1	for Colu	mns 1 and 2.) ▶		•00	
Report this		unless you use a special			
apportionn	nent formula or a	alternative apportionment formula.			
4					
5 2. Proper	ty a. Invento	ſy			
The second se					
6		ny and aquinment			
8		ry and equipment	.00	• • • • •	
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7	b. Machine			• 0 0	
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7 8 9 0 1 2	b. Machine c. Building d. Land	s		• 0 0 • 0 0	
7 8 9 0 1	b. Machine c. Building d. Land e. Other ta	s		• 0 0	
7 8 9 0 1 2 3	b. Machine c. Building d. Land e. Other ta f. Rent exp	s		• 0 0 • 0 0	
7	b. Machine c. Building d. Land e. Other ta f. Rent exp (multiply g. Total pro	ss angible assets (Attach schedule.) . pense capitalized y by eight) operty (Add lines 2a through 2f,			
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CORPORATION INCOME TAX RETURN

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10	SCH	HEDULE B - ADDITIONAL INFORMATION REQUIRED (Attach a separate schedule if more space is necessary.)	10
11	1.	Telephone number of corporation tax department:	11
12		Address of principal place of business in Maryland (if other than indicated on page 1):	12
13			13
14	3.	Brief description of operations in Maryland:	14
15	J.	Has the Internal Revenue Service made adjustments (for a tax year in which a Maryland return	15
16			
17			10 16 17
18		If "yes", indicate tax year(s) here: and submit an amended return(s) together with a copy of the IRS	18
19		adjustment report(s) under separate cover.	19
20	5.	Did the corporation file employer withholding tax returns/forms with the Maryland Revenue	
	_		NU
21	6.	Is this entity part of the federal consolidated filing?	
22		If a multistate operation, provide the following:	22
23			lo 23
24	8.	Is this entity a multistate manufacturer with more than 25 employees?	
25			25
26		HEDULE C - ADDITIONAL INFORMATION REQUIRED (Attach a separate schedule if more space is necessary.)	2.6
27			27
28	1.	Subtraction for donations of certain disposable diapers, certain hygiene products, and certain monetary gifts.	2.8
29		List the name(s) of the qualified charitable entity on the lines below.	29
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	MARTLAND	CORPORATION INC	
	FORM	TAX RETURN	16 38 40 42 44 46 48 50 52 54 56 58 60 62 64 66 68 70 72 74 76 78 80 37 39 41 43 45 47 49 51 53 55 57 59 61 63 65 67 69 71 73 74 75 77 79 79 COME 20222 page 6
	500		225000599
SIGNA	TURE AND VERI	FICATION	
			nined this return, including accompanying schedules and statements and to
		e and belief it is true, correct on of which the preparer has	t and complete. If prepared by a person other than taxpayer, the declaration
13 Duse		si or which the preparer has	
Check	here if you a	authorize your preparer to di	scuss this return with us.
Officer's	signature	Dai	te Printed name of the Preparer / or Firm's name
Officeric	Name and Title		Street address of prepare or Eirm's address
oncer s			Street address of preparer or Firm's address
		·····	╶╶╴╴ ┓╷╷╷ <mark>┎╶╶╶╶╴╴╴╴╴╴╴╴╴╴╴╴╴╴╴╴╴╴╴╴╴╴╴╴╴╴╴╴╴╴╴</mark>
Preparer	s signature (Required	by Law)	te City, State, ZIP Code + 4
Telephon	e number of preparer		Preparer's PTIN (Required by Law)
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