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3b. Dividends for domestic corporation claiming foreign tax credits (Federal form 1120/1120C Schedule C line 18)	IF FIL Attack SEE C 1a. F 1b. S 1c. F 1c. F 1c. F 2d. S 2d.	Name or add This tax year This	NET OPERATING LOSS, Coderal form for the loss yes STRUCTIONS. ATTACH A come (Enter amount from Fecutions. Check applicable box 1120-REIT IF 1120S, FILE ON (Federal Form 1120 line 29b 6b.)	CHECK THE APear and Form COPY OF THE deral Form 112 x: FORM 510 or	FROPRIATE BOX 1139. FEDERAL INCOME TO 1120. 1120. 1120. 1120. 1220.	Carryback Ca Carryback Ca AX RETURN THROUGH SC C C 1c.	nrryforward
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MARYLAND FORM

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CORPORATION INCOME TAX RETURN



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36	Dividends from related foreign corporations		
3c.			
24	(Federal form 1120/1120C Schedule C line 14, 16b and 16c) ▶ 3c. □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □		
3d.			
20			
3e.	Total Maryland Subtraction Adjustments to Federal Taxable Income		
4	(Add lines 3a through 3d.)	Η.	.00
4.	Maryland Adjusted Federal Taxable Income before NOL deduction is applied (Add lines 1c and 2c, and subtract line 3e.)		
5.	Enter Adjusted Federal NOL Carry-forward available from previous tax years (including	-	.00
Э.			
6		Η.	.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		
B4 A	enter result. If result is less than zero, enter zero.)6.	-	00
	RYLAND ADDITION MODIFICATIONS entries must be positive amounts.)		
(AII			
7a. 7b.			
/ D.			
7-	exempt obligation		
7c.			
7d.			
7a. 7e.			
7f.	Other additions (Enter code letter(s) from instructions and attach schedules)		
7	instructions and attach schedules) ▶		
7g.	RYLAND SUBTRACTION MODIFICATIONS	-	00
	entries must be positive amounts.)		
8b.			
OD.			
	Instructions and attach schedule)		
8c.	Total Subtraction Modifications (Add lines 8a and 8b)		
		Η.	.00
	MARYLAND MODIFICATIONS		
9.	Total Maryland Modifications (Subtract line 8c from 7g. If less than zero,		.00
10		_	
	Maryland Modified Income (Add lines 6 and 9.)	Η'	.00
	PORTIONMENT OF INCOME be completed by multistate corporations whose apportionment factor is less than 1, otherwise skip to line 13	,	
		•)	
11.			
12.	(11 factor is zero, enter .00000.)		
	Maryland apportionment income (Multiply line 10 by line 11.)	Η.	.00
13. 14.	Maryland taxable income (from line 10 or line 12, whichever is applicable.)	Ħ.	
	Tax (Multiply line 13 by 8.25%.)	Η.	.00
158	Estimated tax paid with Form 500D, Form MW506NRS and/or credited from 2021 overpayment ▶15a		
4 -1			
	Tax paid with an extension request (Form 500E) ▶15b		
	Nonrefundable business income tax credits from Part AAA. (See instructions for Form 500CR.) You must file this form electronic	-	
	. Refulldable business income tax credits from Part DDD. (See instructions for Form 500CR.)		
156	The Heritage Structure Rehabilitation Tax Credit is claimed on line 1 of Part DDD on Form 500CR.		
+	Check here ▶ if you are a non-profit corporation.		
+			

1 2 3 3 5 6 7 8 9

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CORPORATION INCOME TAX RETURN



75 76 77 78 79 80 813 **2022** page 3 5

	4		FORM		202	=	\perp
	5		500	TAX RETURN	pag	je 3	5
	6		300	225000299			6
	8						8
	9	NAME		FEIN			9
	10	4 - 6	N				10
	11	151.		d on behalf of the corporation by pass-through entities			11
+	12	4-	`	chedule 510/511 K-1.)			12
	13	15g.		payments made with original plus additional tax paid			13
	14	4	after original was fil		$\overline{}$	00	14
H	15			credits (add lines 15a through 15g)			15
H	16			(If line 14 exceeds line 15h enter the difference.) ▶ 16.			
H	17			e 15h exceeds line 14, enter the difference.) • 17. • overpayment (Total all refunds previously issued.)			17
t	18				┥.	UU	18
H	19	18.	Interest and/or pen	alty from Form 500UP or late payment interest	$\overline{}$		19
	20	10	Takal balanas dus (for original return	_		20
	21					UU	21
H	22	20.		ment from original return to be applied to estimated tax for 2023		00	22
	23	24		net of lines 17 minus 17a and 18.)		UU	23
	24	21.		ment TO BE REFUNDED			24
	25			0, and subtract the total from line 17.) cract lines 17a and 18 from line 17.)	$\overline{}$	00	25
	26		(11 amending subt	ract lines 17a and 18 from line 17.)		υυ	26
	27	DIDE	CT DEDOCIT OF D				27
	_			EFUND (See Instructions.) Verify that all account information is correct and clearly legible ect deposit of your refund, complete the following.	s		28
	29	11 ,00	a die requesting dire	eccusions of your relation complete the following.			29
	30		Check here if you	u authorize the State of Maryland to issue your refund by direct deposit.			30
	31						31
	32		Check here if thi	s refund will go to an account outside of the United States.			32
	33						33
	34	22a.	Type of account: ▶	Checking Savings Savings			34
	35						35
	36	22b.	Routing Number (9-	-digits): ▶			36
	37						37
	38	22c.	Account number: ▶				38
	39					Щ	39
	40	22d.	Name as it appears	on the bank account:	$\perp \! \! \perp$		40
	41					Ш	41
	42	INFO	RMATIONAL PUR	POSES ONLY (LINES 23 & 24)			42
	43	23.	NOL generated in C	urrent Year - Carryforward 20 years and carry back 2 years (farming loss ONLY).			43
	44		(If line 6 is less than	n zero, enter on line 23.)	— ∙	00	44
	45	24.	NAM generated in C	Current Year - Carried Forward/Back with Loss on Line 23 per			45
	46		Section 10-205(e) ((If line 6 is less than zero AND line 9 is greater than zero, enter the			46
	47		amount from line 9	on line 24.)	— •	00	47
	48	FOR	USE IF AMENDING	3 THE RETURN	+++	-	48
	49			o Income, Modifications, Apportionment Factor and Credits. Show the computation in detail and a	ttach		49
	50	sched	dules as necessary.	Check the box or boxes that reflect the reason for filing this amended return and explain in the sp	ace		50
	51	provi	ded below the check	kboxes. If more space is needed, you may attach additional pages.			51
	52		1 Amandad t	to claim a Net Operating Logs Deduction			52
	53	•		to claim a Net Operating Loss Deduction			53
	55			to report a federal adjustment or an RAR (Revenue Agent Report) to claim Business Tax Credit.			54 55
	56			to claim nonresident PTE Tax Credit			56
	57			to report income omitted on previous filing	++	+++	57
	58			to change apportionment factor	++	+++	58
	59			for another reason		+++	59
	60		7. Amended I			++	60
	61		Fynlanatio	n of Changes:	+	++	61
	62		LADIGITAÇIO	no changes	+	++	62
					1		++
3	64 5	6 7 8	9 10 12 14 16 18 2	20 22 24 26 28 30 32 34 36 38 40 42 44 46 48 50 52 54 56 58 60 62 64 66 68 70 72 74 21 23 25 27 29 31 33 35 37 39 41 43 45 47 49 51 53 55 57 59 61 63 65 67 69 71 73 75	76 78	80	,64
J	110	10 10	- LUU U.GJYI/JKAD#00119	- DI DELDE DE DE DE DE LEGI ESTE ESTE ESTE ESTE ESTE LASTE LASTE LASTE LASTE LASTE DE LEGI LASTE LASTE LASTE L	a 17.71	1/9/ 8	. 11" 18

MARYLAND FORM 500

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CORPORATION INCOME TAX RETURN

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2022 page 4 5

Cakadal	A COMPLICATION OF A DOOD TO MACE TO TAKE OF CO.	D (Applied orbit to maille o	toto componetions C	inctructions \
Schedule	A - COMPUTATION OF APPORTIONMENT FACTOR			
		Column 1	Column 2	Column 3
	ntal/leasing companies, financial institutions,	TOTALS WITHIN	TOTALS WITHIN	DECIMAL FACTOR
	insportation companies, and worldwide headquartered	MARYLAND	AND WITHOUT MARYLAND	(Column 1 ÷ Column rounded to six places
l CC	mpanies see instructions on Special Apportionment.		TAKT LATE	Tourided to six places
1. Receij	ots a. Gross receipts or sales less returns and			
5	allowances	-00	.00	
7				
3	b. Dividends	- 0 0	-00	
9				
	c. Interest	- 0 0	-00	
2	d. Gross rents	- 0 0	-00	
3				
	e. Gross royalties	-00	.00	
5				
5	f. Capital gain net income	.00	-00	
7				
3	g. Other income (Attach schedule.)	0.00	.00	
9	h. Total receipts (Add lines 1(a) through 1(g),			
	for Columns 1 and 2.)	.00	.00	
	s factor on line 4 unless you use a special ment formula or alternative apportionment formula.			
в пррогион	nicite rolling of Greenways appointments formation			
1				
2. Prope	rty a.Inventory	- 0 0	-00	
5				
7	b. Machinery and equipment	- 0 0	.00	
3				
9	c. Buildings	- 0 0	- 00	
)				
	d.Land	- 00	-00	
2				
3	e. Other tangible assets (Attach schedule.) .	- 0 0	.00	
1	f. Rent expense capitalized			
5	(multiply by eight)	-00	.00	
5	g. Total property (Add lines 2a through 2f,			
7	for Columns 1 and 2)	-00 ▶	.00	
3				
3. Payro	a. Compensation of officers	-00	-00	
)				
	b. Other salaries and wages	-00	-00	
2	c. Total payroll (Add lines 3a and 3b, for			
3	Columns 1 and 2.)	-00 ▶	.00	
1				
4. Maryla	and apportionment factor Enter amount from Line 1	1 Column 3. If an alterna	tive apportionment	
formula	or a special apportionment formula is used, enter th	ne alternative or special	apportionment factor	
here. (If factor is zero, enter .000000 on line 11, page 2.)	+		<u> </u>
3				
• 	Check here if special apportionment or alternative ap	portionment formula is u	used.	

13 15 17 MARYLAND FORM 500

65 66 CORPORATION INCOME TAX RETURN





2022 page 5

	7			7
	8	NAME	FEIN	8
T	9	IVAPIL		9
+				10
+	10		IEDULE B - ADDITIONAL INFORMATION REQUIRED (Attach a separate schedule if more space is necessary.)	
+	11		Telephone number of corporation tax department:	11
_	12	2.	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	4.	Has the Internal Revenue Service made adjustments (for a tax year in which a Maryland return	15
	16		was required) that were not previously reported to the Maryland Revenue Administration Division? Yes No	16
	17		If "yes", indicate tax year(s) here: and submit an amended return(s) together with a copy of the IRS	17
	18		adjustment report(s) under separate cover.	18
	19	5.	Did the corporation file employer withholding tax returns/forms with the Maryland Revenue	19
Ť	20	٥.		20
+	21			21
+	22	0.	Is this entity part of the federal consolidated filing?	22
+			If a multistate operation, provide the following:	23
+	23	' '	Is this entity a multistate corporation that is a member of a unitary group?	
+	24	О.	Is this entity a multistate manufacturer with more than 25 employees? Yes No	24
+	25			25
_	26	SCH	IEDULE C - ADDITIONAL INFORMATION REQUIRED (Attach a separate schedule if more space is necessary.)	26
	27			27
	28	1.	Subtraction for donations of certain disposable diapers, certain hygiene products, and certain monetary gifts.	28
	29		List the name(s) of the qualified charitable entity on the lines below.	29
	30			30
	31			31
	32			32
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1 2	3 64	5 6 7 8	8 9 10 12 14 16 18 20 22 24 26 28 30 32 34 36 38 40 42 44 46 48 50 52 54 56 58 60 62 64 66 68 70 72 74 76 78 80 10 11 COM/RAD1001 19 21 23 25 27 29 31 33 35 37 39 41 43 45 47 49 51 53 55 57 59 61 63 65 67 69 71 73 75 77 79	8164

14 16 18 24 26 28 30 32 34 1 2 3 3 MARYLAND **CORPORATION INCOME FORM** TAX RETURN page 6 SIGNATURE AND VERIFICATION 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. Check here if you authorize your preparer to discuss this return with us. Officer's signature Date Printed name of the Preparer / or Firm's name Officer's Name and Title Street address of preparer or Firm's address City, State, ZIP Code + 4 Preparer's signature (Required by Law) Date Telephone number of preparer 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.) 4.3 1 2 3 64 5 6 7 8 9 10 12 14 16 18 20 22 24 26 28 30 32 34 36 38 40 42 44 46 48 50 52 54 56 58 60 62 64 66 68 70 72 74 76 78 80 12 14 COM/RADa00119 21 23 25 27 29 31 33 35 37 39 41 43 45 47 49 51 53 55 57 59 61 63 65 67 69 71 73 75 77 79