

MARYLAND FORM 500

CORPORATION INCOME TAX RETURN



225000099

2022

\$

OR FISCAL YEAR BEGINNING [ ] 2022, ENDING [ ]

Federal Employer Identification Number (9 digits)

FEIN Applied for Date (MMDDYY)

Date of Organization or Incorporation (MMDDYY)

Business Activity Code No. (6 digits)

Name

Current Mailing Address (PO Box, number, street and apt. no)

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

City or Town

State

ZIP Code + 4

Foreign Country Name

Foreign Province/State/County

Foreign Postal Code

Do not write in this space.

ME YE

Amended Return

CHECK HERE IF:

- Name or address has changed, Inactive corporation, First filing of the corporation, Final Return, This tax year's beginning and ending dates are different from last year's due to an acquisition or consolidation.

IF FILING TO CLAIM A NET OPERATING LOSS, CHECK THE APPROPRIATE BOX Carryback Carryforward Attach copies of the federal form for the loss year and Form 1139.

SEE 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:

1120 1120-REIT 990T

Other: IF 1120S, FILE ON FORM 510 1a. .00

1b. Special Deductions (Federal Form 1120 line 29b or Form 1120-C line 26b.) 1b. .00

1c. Federal Taxable Income before net operating loss deduction (Subtract line 1b from 1a) 1c. .00

MARYLAND ADJUSTMENTS TO FEDERAL TAXABLE INCOME

(All entries must be positive amounts.)

ADDITION ADJUSTMENTS

2a. Section 10-306.1 related party transactions 2a. .00

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) 2c. .00

SUBTRACTION ADJUSTMENTS

3a. 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

MARYLAND FORM 500

CORPORATION INCOME TAX RETURN



225000199

2022 page 2

NAME [ ] FEIN [ ]

- 3c. Dividends from related foreign corporations
3d. Decoupling Modification Subtraction adjustment
3e. Total Maryland Subtraction Adjustments to Federal Taxable Income
4. Maryland Adjusted Federal Taxable Income before NOL deduction is applied
5. Enter Adjusted Federal NOL Carry-forward available from previous tax years
6. Maryland Adjusted Federal Taxable Income

MARYLAND ADDITION MODIFICATIONS (All entries must be positive amounts.)

- 7a. State and local income tax
7b. Dividends and interest from another state, local or federal tax exempt obligation
7c. Net operating loss modification recapture
7d. Domestic Production Activities Deduction
7e. Deduction for Dividends paid by captive REIT
7f. Other additions
7g. Total Addition Modifications

MARYLAND SUBTRACTION MODIFICATIONS (All entries must be positive amounts.)

- 8a. Income from US Obligations
8b. Other subtractions
8c. Total Subtraction Modifications

NET MARYLAND MODIFICATIONS

- 9. Total Maryland Modifications
10. Maryland Modified Income

APPORTIONMENT OF INCOME

(To be completed by multistate corporations whose apportionment factor is less than 1, otherwise skip to line 13.)

- 11. Maryland apportionment factor
12. Maryland apportionment income
13. Maryland taxable income
14. Tax
15a. Estimated tax paid with Form 500D, Form MW506NRS and/or credited from 2021 overpayment
15b. Tax paid with an extension request
15c. Nonrefundable business income tax credits from Part AAA
15d. Refundable business income tax credits from Part DDD
15e. The Heritage Structure Rehabilitation Tax Credit is claimed on line 1 of Part DDD on Form 500CR.

You must file this form electronically to claim business tax credits from Form 500CR.

MARYLAND FORM 500

CORPORATION INCOME TAX RETURN



225000299

2022 page 3

NAME [ ] FEIN [ ]

- 15f. Nonresident tax paid on behalf of the corporation by pass-through entities
15g. If amending, total payments made with original plus additional tax paid
15h. Total payments and credits
16. Balance of tax due
17. Overpayment
17a. If amending prior overpayment
18. Interest and/or penalty from Form 500UP
19. Total balance due
20. Amount of overpayment from original return
21. Amount of overpayment TO BE REFUNDED

DIRECT DEPOSIT OF REFUND (See Instructions.) Verify that all account information is correct and clearly legible.

- Check here if you authorize the State of Maryland to issue your refund by direct deposit.
Check here if this refund will go to an account outside of the United States.

22a. Type of account: Checking Savings

22b. Routing Number (9-digits): [ ]

22c. Account number: [ ]

22d. Name as it appears on the bank account: [ ]

INFORMATIONAL PURPOSES ONLY (LINES 23 & 24)

- 23. NOL generated in Current Year - Carryforward 20 years and carry back 2 years (farming loss ONLY)
24. NAM generated in Current Year - Carried Forward/Back with Loss on Line 23 per Section 10-205(e)

FOR USE IF AMENDING THE RETURN

Explanation of Changes to Income, Modifications, Apportionment Factor and Credits. Show the computation in detail and attach schedules as necessary.

- 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

Explanation of Changes: [ ]

**MARYLAND  
FORM  
500**

**CORPORATION INCOME  
TAX RETURN**



**2022**  
page 4

NAME  FEIN

**Schedule A - COMPUTATION OF APPORTIONMENT FACTOR** (Applies only to multistate corporations. See instructions.)

**NOTE:** Rental/leasing companies, financial institutions, transportation companies, and worldwide headquartered companies see instructions on Special Apportionment.

**1. Receipts**

- a. Gross receipts or sales less returns and allowances . . . . .
- b. Dividends . . . . .
- c. Interest . . . . .
- d. Gross rents . . . . .
- e. Gross royalties . . . . .
- f. Capital gain net income . . . . .
- g. Other income (Attach schedule.) . . . . .
- h. Total receipts (Add lines 1(a) through 1(g), for Columns 1 and 2.) . . . . .

	<b>Column 1 TOTALS WITHIN MARYLAND</b>	<b>Column 2 TOTALS WITHIN AND WITHOUT MARYLAND</b>	<b>Column 3 DECIMAL FACTOR (Column 1 ÷ Column 2 rounded to six places)</b>
a. Gross receipts or sales less returns and allowances . . . . .	<input type="text"/> .00	<input type="text"/> .00	
b. Dividends . . . . .	<input type="text"/> .00	<input type="text"/> .00	
c. Interest . . . . .	<input type="text"/> .00	<input type="text"/> .00	
d. Gross rents . . . . .	<input type="text"/> .00	<input type="text"/> .00	
e. Gross royalties . . . . .	<input type="text"/> .00	<input type="text"/> .00	
f. Capital gain net income . . . . .	<input type="text"/> .00	<input type="text"/> .00	
g. Other income (Attach schedule.) . . . . .	<input type="text"/> .00	<input type="text"/> .00	
h. Total receipts (Add lines 1(a) through 1(g), for Columns 1 and 2.) . . . . .	<input type="text"/> .00	<input type="text"/> .00	<input type="text"/> . <input type="text"/>

Report this factor on line 4 unless you use a special apportionment formula or alternative apportionment formula.

**2. Property**

- a. Inventory . . . . .
- b. Machinery and equipment . . . . .
- c. Buildings . . . . .
- d. Land . . . . .
- e. Other tangible assets (Attach schedule.) . . . . .
- f. Rent expense capitalized (multiply by eight) . . . . .
- g. Total property (Add lines 2a through 2f, for Columns 1 and 2) . . . . .

a. Inventory . . . . .	<input type="text"/> .00	<input type="text"/> .00	
b. Machinery and equipment . . . . .	<input type="text"/> .00	<input type="text"/> .00	
c. Buildings . . . . .	<input type="text"/> .00	<input type="text"/> .00	
d. Land . . . . .	<input type="text"/> .00	<input type="text"/> .00	
e. Other tangible assets (Attach schedule.) . . . . .	<input type="text"/> .00	<input type="text"/> .00	
f. Rent expense capitalized (multiply by eight) . . . . .	<input type="text"/> .00	<input type="text"/> .00	
g. Total property (Add lines 2a through 2f, for Columns 1 and 2) . . . . .	<input type="text"/> .00	<input type="text"/> .00	<input type="text"/> . <input type="text"/>

**3. Payroll**

- a. Compensation of officers . . . . .
- b. Other salaries and wages . . . . .
- c. Total payroll (Add lines 3a and 3b, for Columns 1 and 2.) . . . . .

a. Compensation of officers . . . . .	<input type="text"/> .00	<input type="text"/> .00	
b. Other salaries and wages . . . . .	<input type="text"/> .00	<input type="text"/> .00	
c. Total payroll (Add lines 3a and 3b, for Columns 1 and 2.) . . . . .	<input type="text"/> .00	<input type="text"/> .00	<input type="text"/> . <input type="text"/>

**4. Maryland apportionment factor** Enter amount from Line 1 Column 3. If an alternative apportionment formula or a special apportionment formula is used, enter the alternative or special apportionment factor here. (If factor is zero, enter .000000 on line 11, page 2.) . . . . .

.

Check here if special apportionment or alternative apportionment formula is used.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60  
61  
62  
63  
64  
65  
66  
67  
68  
69  
70  
71  
72  
73  
74  
75  
76  
77  
78  
79  
80  
81  
82  
83  
84  
85

**MARYLAND  
FORM  
500**

**CORPORATION INCOME  
TAX RETURN**



**2022**  
page 5

NAME  FEIN

**SCHEDULE 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  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 separate cover.
  5. Did the corporation file employer withholding tax returns/forms with the Maryland Revenue Administration Division for the last calendar year? . . . . .  Yes  No
  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

**SCHEDULE C - ADDITIONAL INFORMATION REQUIRED (Attach a separate schedule if more space is necessary.)**

1. **Subtraction for donations of certain disposable diapers, certain hygiene products, and certain monetary gifts.**  
List the name(s) of the qualified charitable entity on the lines below.


Final as of 1/10/2022



**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	<input type="text"/>	Date	<input type="text"/>	Printed name of the Preparer / or Firm's name	<input type="text"/>
Officer's Name and Title	<input type="text"/>			Street address of preparer or Firm's address	<input type="text"/>
Preparer's signature (Required by Law)	<input type="text"/>	Date	<input type="text"/>	City, State, ZIP Code + 4	<input type="text"/>
Telephone number of preparer	<input type="text"/>			Preparer's PTIN (Required by Law)	<input type="text"/>

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.)

Final as of 1/11/2022