MARYLAND FORM **510**

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PASS-THROUGH ENTITY INCOME TAX RETURN





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OR	R FISCAL YEAR BEGINNING 2022, ENDING 2022, E				
► Federa	Il Employer Identification Number (9 digits) FEIN Applied for Date (MMDDYY)				
Date o	f 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 3 (Ant No. Suite No. Floor No.)				
Jurrent	Mailing Address Line 2 (Apt No., Suite No., Floor No.)				
2:4.					
ity or 1	Town State ZIP Code + 4				
oreign	Country Name Foreign Province/State/County				
		Do not	write ir	n this sp	ace.
oreian	Postal Code				
-1-13.1					
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	OF ENTITY - Check the applicable box. ▶				
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ГҮРЕ	S Corporation Partnership Limited Liability Company Business Trust	Ame		d	
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Fhis 1 memity 1.	S Corporation Partnership Limited Liability Company Business Trust KHERE - Check applicable box(es). Name or address has changed First filing of the entity Inactive entity Final Return This tax year's beginning and ending dates are different from last year's due to an acquisition or consolidat form may be used if the PTE is paying tax only on behalf of nonresident members and not electivers' share of income. The property of income is a refund of estimated payment(s) for tax paid on resident members' share as decided not to make the entity election. If PTE is electing to pay tax for all members, you must use Final individual (including fiduciary) residents of Maryland Individual (including fiduciary) nonresidents Individual (including fiduciary) nonreside	Ame Ret	5100	t on	all
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TYPE CHEC This 1 memilyou mentity 1. 2. ALLC (To I	S Corporation Partnership Limited Liability Company Business Trust KHERE - Check applicable box(es). Name or address has changed First filing of the entity Inactive entity Final Return This tax year's beginning and ending dates are different from last year's due to an acquisition or consolidat form may be used if the PTE is paying tax only on behalf of nonresident members and not electivers' share of income. The property of income is a refund of estimated payment(s) for tax paid on resident members' share as decided not to make the entity election. If PTE is electing to pay tax for all members, you must use Final individual (including fiduciary) residents of Maryland Individual (including fiduciary) nonresidents Individual (including fiduciary) nonreside	Ame Retion.	5100 remi	t on	all
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Fhis finemity 1. ALLC (To I entity	S Corporation Partnership Limited Liability Company Business Trust K HERE - Check applicable box(es). Name or address has changed First filing of the entity Inactive entity Final Return This tax year's beginning and ending dates are different from last year's due to an acquisition or consolidat form may be used if the PTE is paying tax only on behalf of nonresident members and not elections share of income. This tax year's beginning and ending dates are different from last year's due to an acquisition or consolidat form may be used if the PTE is paying tax only on behalf of nonresident members and not elections share of income. This tax year's beginning and ending dates are different from last year's due to an acquisition or consolidate to the share of income. This tax year's beginning and ending dates are different from last year's due to an acquisition or consolidate to the share of income. This tax year's due to an acquisition or consolidate to an acquisition or co	Ame Retion.	5100 remi	C File	all he
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TYPE CHEC This 1 memilyou mentity 1. ALLC (To I entit) 3a.	S Corporation Partnership Limited Liability Company Business Trust K HERE - Check applicable box(es). Name or address has changed First filing of the entity Inactive entity Final Return This tax year's beginning and ending dates are different from last year's due to an acquisition or consolidat form may be used if the PTE is paying tax only on behalf of nonresident members and not elections' share of income. Nay also use this form to request a refund of estimated payment(s) for tax paid on resident members' share has decided not to make the entity election. If PTE is electing to pay tax for all members, you must use Final Number of members: a. Individual (including fiduciary) residents of Maryland ▶ c. Nonresident entities b. Individual (including fiduciary) nonresidents ▶ d. Others ▶ e. Total Total distributive or pro rata share of income per federal return (Form 1065 or 11205) - Unistate entities or multistate entities with no nonresident members also enter this amount on line 4 ▶ 2. DCATION OF INCOME the completed by multistate pass-through entities with nonresident members - unistate entities, a bit of the page 4 (for entities). Non-Maryland income (for entities using separate accounting). Subtract this amount from line 2 and enter the difference on line 4. Maryland apportionment factor from computation worksheet on Page 4 (for entities).	Ame Retion.	5100 remi	C File	all
TYPE CHEC This 1 memilyou mentity 1. ALLC (To I entit) 3a.	EX HERE - Check applicable box(es). Name or address has changed	Ame Retion.	5100 remi	C File	all he

MARYLAND FORM **510**

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PASS-THROUGH ENTITY INCOME TAX RETURN



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4		MARYLAND	PASS-THROUGH ENTITY			III 2022
5		FORM	INCOME TAX RETURN			page 2 5
6		510			100199	1881 6
7				2231	100199	7
8						8
9	NAME		FEIN			a
10	4.	Diatributive or suc		1		BB 10
	17		rata share of income allocable to Mary			.00 10
11			5 through 19 if there is an entry o			nresident
12			ent entity members. (Investment			12
13	5.		ership by individual nonresident meml			13
14			icable). If 100%, leave blank and ente		line 6. ► 5.	14
15	6.		rata share of income for nonresident i		<u> </u>	15
16			the percentage on line 5.)		6.	.00 16
17	7.		dual tax (Multiply line 6 by 5.75%.)			.00 17
18	8.		t tax (Multiply line 6 by 2.25%.)			.00 18
19	9.		on individual members (Add lines 7 a		9.	.00 19
20	10.		ership by nonresident entities shown o			20
21			icable). If 100%, leave blank and ente		line 11.▶10.	21
22	11.	Distributive or pro	rata share of income for nonresident	entity members		22
23		(Multiply line 4 by	percentage on line 10.)		11.	.00 23
24						24
25			tax (Multiply line 11 by 8.25%.)			.00 25
26	13.	Total nonresident t	tax (Add lines 9 and 12.)		13.	.00 26
27	14.	Distributable cash	flow limitation from worksheet. See in	structions. If worksheet used,	,	27
28		check here ►			▶ 14.	.00 28
29	15.	Nonresident tax du	ue (Enter the lesser of line 13 or line 1	4.)	15.	.00 29
30						30
31	16a.	Estimated pass-thr	ough entity nonresident tax paid with	Form 510/511D and MW506N	NRS .▶16a.	.00 31
32	16b.	Pass-through entit	y nonresident tax paid with an extensi	on request (Form 510/511E)	▶16b.	.00 32
33	16c.	Credit for nonresid	ent tax paid on behalf of the pass-thro	ough entity by another		33
34		pass-through entit	y (Attach Maryland Schedule K-1 (510/511))	▶16c.	.00 34
35	16d.	Credit for pass-thr	ough entity election tax paid on nonre	sident shares of income by		35
36		another pass-throu	igh entity. (Attach Schedule K-1 (5	10/511))	▶16d.	.00 36
37	16e.	Total nonresident	payments and credits (Add lines 16a t	nrough 16d.)	16e.	.00 37
38	17.	Balance of tax due	(If line 15 exceeds line 16e, enter the	difference.)	17.	.00 38
39	18.	Interest and/or pe	nalty from Form 500UP	or late payment interest		39
40				TOTAI	L▶ 18.	.00 40
41	19.	Total nonresident l	palance due (Add lines 17 and 18.) Pa	y in full with this return	19.	.00 41
42	NOT	F: The total tax n	aid from lines 16e and 17 is to be	reported either on the com	nosite return or on th	40
43			. Nonresident entity and fiduciary			
44	com	posite return filed	l by nonresident individual membe	rs. (See instructions.)		44
45			2 only if you are requesting a refu			ent members' 45
46	shar	es of income, bec	ause the entity decided not to elec	t or it was mistakenly paid	1.	46
47	20a.	Estimated pass-thr	ough entity resident tax paid with For	m 510/511D	▶20a.	.00 47
48	20b.	Pass-through entit	y resident tax paid with an extension i	equest (Form 510/511E)	▶20b.	.00 48
49	20c.	Credit for pass-thre	ough entity election tax paid on reside	nt shares of income by anoth	er	49
50		pass-through entit	y. (Attach Maryland Schedule K-1	(510/511))	▶20c.	.00 50
51	20d.	Total resident payr	ments and credits (Add lines 20a throu	ıgh 20c.)	20d.	.00 51
52			olank, STOP. PTE may not request			52
53	21.	Total resident and	nonresident payments and credits (ad	d 16e and 20d.)	21.	.00 53
54	22.	Amount of resident	t payment TO BE REFUNDED (Line 21	must be greater than the sum	n of	54
55		Lines 15 and 18. Su	ubtract the total of Line 15 plus Line 18	from Line 21 and enter total h	nere).▶ 22.	.00 55
56						56
57						57
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PASS-THROUGH ENTITY **INCOME TAX RETURN**



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NAME		
	FEIN FEIN	
DIR	CT DEPOSIT OF REFUND (see Instruction 9)	
Veri	y that all account information is correct and clearly legible. If you are requesting direct deposit of you	ır refund, com
plete	the following.	
>	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.	
23a.	Type of account:	Savings
23b.	Routing Number (9-digits):	
22		
23c.	Account Number:	
224		
$\overline{}$	Name as it appears on the bank account:	
	ITIONAL INFORMATION REQUIRED	
1.	Address of principal place of business in Maryland (if other than indicated on page 1):	
2.	Address at which tax records are located (if other than indicated on page 1):	
_	T-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
3.	Telephone number of pass-through entity tax department:	
4. 5.	State of organization or incorporation:	
Э.	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 Comptroller of Maryland?	Yes
	If "yes", indicate tax year(s) here: and submit an amended return(s) together	Tes
	with a copy of the IRS adjustment report(s) under separate cover.	
6.	Did the pass-through entity file employer withholding tax returns/forms with the Comptroller of Maryland	
	for the last calendar year?	Yes
If a	nultistate operation, provide the following:	
7.	Is this entity a multistate corporation that is a member of a unitary group?	Yes
8.	Is this entity a multistate manufacturing corporation with more than 25 employees? ▶ ∟	Yes
CTC	ATURE AND VERIFICATION	
210		
	k hereif you authorize your preparer to discuss this return with us.	
Unde	r penalties of perjury, I declare that I have examined this return, including accompanying schedules and staten	
Unde	est of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, t	
Unde		
Unde	est of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, t	
Under the base	est of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the lon all information of which the preparer has any knowledge.	
Under the base	est of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, t	
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Under the base	est of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the lon all information of which the preparer has any knowledge.	he declaration
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Under the Laborate base	est of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the formation of which the preparer has any knowledge. The prepared by a person other than taxpayer, the formation of which the preparer has any knowledge. The prepared by a person other than taxpayer, the formation of which the preparer has any knowledge. The prepared by a person other than taxpayer, the formation of which the preparer of the pre	he declaration
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Under the base	est of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the formation of which the preparer has any knowledge. The prepared by a person other than taxpayer, the formation of which the preparer has any knowledge. The printed name of the Preparer/Firm's name Signature of preparer other than taxpayer (Required by Law) Street address of preparer or Firm's address City, State, ZIP Code + 4	the declaration
Under the base	est of my knowledge and belief, it is true, correct and complete. If prepared by a person other than taxpayer, the structure of general partner, officer or member Date Printed name of the Preparer/Firm's name Signature of preparer other than taxpayer (Required by Law Street address of preparer or Firm's address City, State, ZIP Code + 4 Telephone number of preparer Preparer's PTI	he declaration
Under the base	est of my knowledge and belief, it is true, correct and complete. If prepared by a person other than taxpayer, the structure of general partner, officer or member Date Printed name of the Preparer/Firm's name Signature of preparer other than taxpayer (Required by Law Street address of preparer or Firm's address City, State, ZIP Code + 4 Telephone number of preparer Preparer's PTI	the declaration

MARYLAND FORM

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PASS-THROUGH ENTITY INCOME TAX RETURN



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	easing companies, financial institutions,	Column 1	Column 2	Column 3
	tation companies, and worldwide headquartered lies see instructions on Special Apportionment.	TOTALS WITHIN	TOTALS WITHIN	DECIMAL FACTOR
Compan	les see instructions on Special Apportionnent.	MARYLAND	AND WITHOUT MARYLAND	(Column 1 ÷ Column 2 rounded to six places)
			MARTEARD	Tourided to six places)
. 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			
	Capital gail lice income			
	a Other income (Attach achedule)			-
	g. Other income (Attach schedule.)			
	h. Total receipts (Add lines 1(a) through 1(g), for Columns 1 and 2.)			
	101 Coluitiis 1 aliu 2.)			
	Report this factor on line 4 unless you use a			
	special apportionment formula or alternative			
	apportionment formula.			
. 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)			
				_
. Payroll	a. Compensation of officers			
				_
	b. Other salaries and wages			
	c. Total payroll (Add lines 3a and 3b, for			
	Columns 1 and 2.)			
. Maryland a	pportionment factor Enter amount from Line	1 Column 3. If an alterr	ative apportionment	
	special apportionment formula is used, enter the			
here. (If fac	tor is zero, enter .000001 on line 11, page 2.) .		 	
▶ Che			armula is used	
r i i une	ck here if special apportionment or alterna	uve apportionment t	viillula IS usea.	

14 16 18 1 2 3 3 **MARYLAND** PASS-THROUGH ENTITY **FORM INCOME TAX RETURN MEMBERS' INFORMATION SCHEDULE B** FEIN NAME PART I - INDIVIDUAL MEMBERS' INFORMATION Enter the information in Social Security Number order. Check Distributive or Distributive or Distributive or here if **Social Security Number and Address** pro rata share pro rata share pro rata share name of member Marvland: of income of tax paid of tax credit (See Instructions.) (See Instructions.) (See Instructions.) Resident You must file **Form 510** electronically to pass on business tax credits from Form 500CR and/or Form 502S to your members. SUBTOTAL from additional Form 510 Schedule B for individual members

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09/22

24 26 28 30 32 34 36 38 **MARYLAND** PASS-THROUGH ENTITY **FORM INCOME TAX RETURN MEMBERS' INFORMATION SCHEDULE B** NAME FEIN

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PART II - FIDUCIARY MEMBERS' INFORMATION Enter the information in Federal Employer Identification Number order. Check Distributive or Distributive or Distributive or here if Federal Employer Identification **Address** pro rata share pro rata share pro rata share



14 16 18 20 22 24 26 28 30 32 34 36 38 **MARYLAND FORM SCHEDULE B**

FEIN

1 2 3 3

3 64 5

09/22

30 31

NAME

PASS-THROUGH ENTITY **INCOME TAX RETURN** MEMBERS' INFORMATION



PART III - PASS-THROUGH ENTITY MEMBERS' INFORMATION (INCLUDING S CORPORATIONS) Enter the information in Federal Employer Identification Number order. Is Member a Distributive or Distributive or Distributive or Nonresident Federal Employer Identification **Address** pro rata share pro rata share pro rata share Number and name of Pass-Entity of income of tax paid of tax credit (See Instructions.) (See Instructions.) (See Instructions.) YES NO Through Entity You must file **Form 510** electronically to pass on business tax credits from Form 500CR and/or Form 502S to your members. SUBTOTAL from additional Form 510 Schedule B for PTE members TOTAL:



NAME FEIN

1 2 3 3 5 6 7 8

2 3 64 5

PART IV - CORPORATION MEMBERS' INFORMATION (EXCLUDING S CORPORATIONS)

Enter the information in Federal Employer Identification Number order.

		Is Member a	Distributive or	Distributive or	Distributive or
ederal Employer Identification	Address	Nonresident	pro rata share	pro rata share	pro rata share
Number and name of	Address	Entity	of income	of tax paid	of tax credit
Corporation		YES NO	(See Instructions.)	(See Instructions.)	(See Instructions.)
2					
3					
,					You must file
4			.()		Tou must me
5				·	Form 510
6				·	electronically
7					to nace on
					to pass on
8				•	
					business tax
9					
					credits from
.0					
					Form 500CR
1					l orm social
2					
					and/or
3					
					Form 502S to
4					
					your members.
.5					,
.6					
SUBTOTAL from a	additional Form 510 So	chedule B for co	rporate members		
			TOTAL:		