13 15 17 MARYLAND FORM 510

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PASS-THROUGH ENTITY INCOME TAX RETURN





2022 \$

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	MARYLAND	PASS-TH	ROUGH ENTITY			
	FORM	INCOME	TAX RETURN			\$ 5
	510				225100099	
					225100099	7
0.0	NEIGCAL VEAD DECI	NAUTALO	2022 ENDING			
UR	R FISCAL YEAR BEGI	NINING	2022, ENDING	_		0
						9
						10
						11
Federa	al Employer Identification N	lumber (9 digits) FE	IN Applied for Date (MMDDYY)			12
						13
						14
Date of	f Organization or Incorpora	ation (MMDDYY) ►I	Business Activity Code No. (6 digits)			15
						16
						15
Name						1.8
Name						10
Current	: Mailing Address (PO Bo	x, number, street a	nd apt. no)			20
						21
						22
Current	Mailing Address Line 2	(Ant No Suite N	Elega No.)			23
Current	. Mailing Address Line 2	(Apt No., Suite No	3., FIOOF NO.)			24
						25
						26
City or 7	Town		State	ZIP Code + 4		25
						28
						25
Foreign	Country Name			For	reign Province/State/County	30
						31
						Do not write in this snace
Foreign	Postal Code					32
TYPE	OF ENTITY - Ch	ock the applica	ble boy			34
						Amended 35
	S Corporation	Partne	rship Limited Li	ability Company	Business Trust	Return > 36
CHEC	CK HERE - Check a	applicable boy/	06)			37
CITE						38
	Name or address	has changed	First filing of the	entity Ir	nactive entity Final Ret	urn 510C Filed 39
						40
	This tax year's be	eginning an <mark>d</mark> er	iding dates are different	from last year's	due to an acquisition or consol	idation. 41
						42
			<mark>s pa</mark> ying tax only on b	ehalf of nonres	sident members and not ele	ecting to remit on all $_{43}$
	bers' share of in					44
					x paid on resident members' s for all members, you must us	nares of income if the
entity	rias decided flot t	o make the en	tity election. If FTL is el	ecting to pay tax	Tor all members, you must us	SE FOITH 311.
	Number of memb	ers.				
					 	47
	a. Individual (in	cluding fiduciar	y) residents of Mary <mark>land</mark>		c. Nonresident ent	
	b. Individual (in	c <mark>luding</mark> fiduciar	y) nonresidents 🕨 📗		d. Others ▶	49
	e. Total					50
2.	Total distributive	or pro rata shar	e of income per federal r	eturn (Form 106	5 or 1120S) - Unistate	51
			no nonresident membe			.00 52
A116						53
	DCATION OF INC	T	ss-through entities w	ith nonresident	members - unistate entitie	s and multistate 54
(101	ties with no nonr			nom esident	members - unistate entitle	s, and muitistate
				4: 4 = 1		56
3a.			es using separate accour		 	.00 57
			and enter the difference			
3b.			rom computation worksh			58
	using the apportion	onment method	d). Multiply line 2 by this	factor and enter		59
	on line 4. (If facto	or is zero, ente	r .000001)	<u> </u>		60
						61
2						62

MARYLAND FORM **510**

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PASS-THROUGH ENTITY INCOME TAX RETURN



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PASS-1 NCOME TAX RETURN TRICOME TAX RETURN		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 79 11 13 15 17 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 7 MARYLAND PASS-THROUGH ENTITY	3 75 77 79
A. Distributive or pro rata share of income allocable to Maryland			202
A. Distributive or pre rate share of income allocable to Maryland			page
A. Distributive or pro rata share of income allocable to Maryland b. NOTE: Complete lines 5 through 19 if there is an entry on line 1 b or line 1c. Tax is calculated only for nonresident individual or nonresident entity members. (Investment partnerships see Specific Instructions.) 5. Percentage of ownership by Individual nonresident members shown on line 1 b for profit/loss percentage, if applicable, if 100%, leave blank and enter the amount from line 4 on line 6. ▶ 5. Distributive or pro rata share of income for nonresident midvidual members (Multiply line 4 by the percentage on line 5.) Nonresident individual tax (Multiply line 6 by 5.75%.).		225100199	
A. Distributive or pro rata share of income allocable to Maryland b. NOTE: Complete lines 5 through 19 if there is an entry on line 1 b or line 1c. Tax is calculated only for nonresident individual or nonresident entity members. (Investment partnerships see Specific Instructions.) 5. Percentage of ownership by Individual nonresident members shown on line 1 b for profit/loss percentage, if applicable, if 100%, leave blank and enter the amount from line 4 on line 6. ▶ 5. Distributive or pro rata share of income for nonresident midvidual members (Multiply line 4 by the percentage on line 5.) Nonresident individual tax (Multiply line 6 by 5.75%.).			
NOTE: Complete lines 5 through 19 if there is an entry on line 1b or line 1c. Tax is calculated only for nonresident individual or nonresident emitty members. (Investment partnerships see Specific Instructions.) 5. Percentage of ownership by individual nonresident members shown on line 1b (or profit/loss percentage, if applicable). If 100%, leave blank and enter the amount from line 4 on line 6 ▶ 5. 6. Distributive or pro rate share of income for nonresident individual members (Multiply line 4 by the percentage on line 5.) 7. Nonresident individual tax (Multiply line 6 by 7.75%). 8. Special nonresident tax (Multiply line 6 by 7.25%). 8. Special nonresident tax (Multiply line 6 by 7.25%). 8. Journal of the state of th	NAME	FEIN FEIN	
NOTE: Complete lines 5 through 19 if there is an entry on line 1b or line 1c. Tax is calculated only for nonresident individual or nonresident emitty members. (Investment partnerships see Specific Instructions.) 5. Percentage of ownership by individual nonresident members shown on line 1b (or profit/loss percentage, if applicable). If 100%, leave blank and enter the amount from line 4 on line 6 ▶ 5. 6. Distributive or pro rate share of income for nonresident individual members (Multiply line 4 by the percentage on line 5.) 7. Nonresident individual tax (Multiply line 6 by 7.75%). 8. Special nonresident tax (Multiply line 6 by 7.25%). 8. Special nonresident tax (Multiply line 6 by 7.25%). 8. Journal of the state of th	4		
Individual or nonresident entity members. (Investment partnerships see Specific Instructions.) 5. Percentage of ownership by individual nonresident members shown on line 1b (or profit/loss percentage, if applicable). If 100%, leave blank and enter the amount from line 4 on line 6. ▶ 5. 6. Distributive or pro rata share of income for nonresident individual members (Mutiby) line 6 by 5.75%-0			
5. Percentage of ownership by individual nonresident members shown on line 10 (or profit/loss percentage, if applicable). If 100%, leveb blank and enter the amount from line 4 on line 6, ▶ 5. 6. Distributive or pro rata share of income for nonresident individual members (Multiply line 4 by the percentage on line 5.). 7. Nonresident individual tax (Multiply line 6 by 9.75%)			ident
bercentage, if applicable). If 100%, leave blank and enter the amount from line 4 on line 6. ▶ 5. 6. Distributive or pro rata share of income for nonresident individual members (Multiply) line 6 by the percentage on line 5.)			
6. Distributive or pro rata share of income for nonresident individual members (Multiply line 4 by the percentage on line 5.)	Э.		
(Multiply line 4 by the percentage on line 5.)	6		1
7. Nonresident individual tax (Multiply line 6 by 5.75%.)	0.		
8. Special nonresident tax (Multiply line 6 by 2,25%)	_		
10. Percentage of ownership by nonresident entities shown on line 1c (or profit/loss percentage, if applicable). If 100%, leave blank and enter the amount from line 4 on line 11. ▶10. □ 11. Distributive or pro rata share of income for nonresident entity members (Multiply line 4 by percentage on line 10.) □ 12. Nonresident entity tax (Multiply line 11 by 8.25%.) □ 13. Total nonresident tax (Add lines 9 and 12.) □ 13. Total nonresident tax (Add lines 9 and 12.) □ 14. Distributable cash flow limitation from worksheet. See instructions. If worksheet used check here ▶ □ 15. Nonresident tax (add lines 9 and 12.) □ 16. Estimated pass-through entity nonresident tax paid with Form 510/511D and MW506NRS ▶ 16a. □ 16b. Pass-through entity nonresident tax paid with an extension request (Form 510/511E) ▶ 16b. □ 16c. Credit for nonresident tax paid on behalf of the pass-through entity by another pass-through entity (Attach Maryland Schedule K-1 (510/511)) ▶ 16c. □ 16c. Credit for pass-through entity (Attach Maryland Schedule K-1 (510/511)) ▶ 16c. □ 16d. Total nonresident payments and credits (Add lines 16a through 16d.) □ 16e. Total nonresident payments and credits (Add lines 16a through 16d.) □ 16e. Total nonresident payments and credits (Add lines 16a through 16d.) □ 16e. Salance of tax due (If line 15 exceeds line 16e, enter the difference) ▶ 17. □ 17 Total nonresident balance due (Add lines 17 and 18.) Pay in full with this return □ 19. Total nonresident balance due (Add lines 17 and 18.) Pay in full with this return □ 19. Total nonresident balance due (Add lines 17 and 18.) Pay in full with this return □ 19. Total nonresident payments and credits (Add lines 17 and 18.) Pay in full with this return □ 19. Total nonresident balance due (Add lines 17 and 18.) Pay in full with this return □ 19. Total nonresident balance due (Add lines 17 and 18.) Pay in full with this return □ 19. Total nonresident balance due (Add lines 17 and 18.) Pay in full with this return □ 19. Total nonresident balance due (Add			
10. Percentage of ownership by nonresident entities shown on line 1c (or profit/loss percentage, if applicable). If 100%, leave blank and enter the amount from line 4 on line 11. ▶10. 11. Distributive or por rate share of income for nonresident entity members (Multiply line 4 by percentage on line 10.)			
percentage, if applicable). If 100%, leave blank and enter the amount from line 4 on line 11. ▶10. 11. Distributive or pro rata share of income for nonresident entity members (Multiply line 4 by percentage on line 10.)			
Multiply line 4 by percentage on line 10.)	10.		
(Multiply line 4 by percentage on line 10.)	4.4		+++++
12. Nonresident entity tax (Multiply line 11 by 8.25%.) 13. Total nonresident tax (Add lines 9 and 12.) 14. Distributable cash flow limitation from worksheet. See instructions. If worksheet used, check here ▶	11.		
12. Nonresident entity tax (Multiply line 11 by 8.25%)		triuitipiy iiile 4 by percentage on lille 10.)	
13. Total nonresident tax (Add lines 9 and 12.) 14. Distributable cash flow limitation from worksheet. See instructions. If worksheet used check here	12	Neprocident entity tay (Multiply line 11 by 9.25%)	-
14. Distributable cash flow limitation from worksheet. See instructions. If worksheet used, check here ▶			
check here ▶ 14. 15. Nonresident tax due (Enter the lesser of line 13 or line 14.)			11111
15. Nonresident tax due (Enter the lesser of line 13 or line 14.)	14.		
16a. Estimated pass-through entity nonresident tax paid with Form \$10/\$11D and MW506NRS. ▶16a			
16a. Estimated pass-through entity nonresident tax paid with Form 510/511D and MW506NRS ▶16a. 16b. Pass-through entity nonresident tax paid with an extension request (Form 510/511E) . ▶16b. 16c. Credit for nonresident tax paid on behalf of the pass-through entity by another pass-through entity (Attach Maryland Schedule K-1 (510/511)) ▶16c. 16d. Credit for pass-through entity election tax paid on nonresident shares of income by another pass-through entity. (Attach Schedule K-1 (510/511)) ▶16d. 16e. Total nonresident payments and credits (Add lines 16a through 16d.)	15.	Nonresident tax due (Enter the lesser of line 13 or line 14.)	
16b. Pass-through entity nonresident tax paid with an extension request (Form 510/511E) ▶16b ▶16c. Credit for nonresident tax paid on behalf of the pass-through entity by another pass-through entity (Attach Maryland Schedule K-1 (510/511)) ▶16c ▶16c ▶16c ▶16c №16c №16d №16d №16d №16d			
16c. Credit for nonresident tax paid on behalf of the pass-through entity by another pass-through entity (Attach Maryland Schedule K-1 (510/511))			
pass-through entity (Attach Maryland Schedule K-1 (510/511))			1
another pass-through entity. (Attach Schedule K-1 (\$10/\$511))	16c.		
another pass-through entity. (Attach Schedule K-1 (510/511))			1
16e. Total nonresident payments and credits (Add lines 16a through 16d.)	TPQ.		
17. Balance of tax due (If line 15 exceeds line 16e, enter the difference.)			
18. Interest and/or penalty from Form 500UP			
19. Total nonresident balance due (Add lines 17 and 18.) Pay in full with this return			1 1 1 1 1
19. Total nonresident balance due (Add lines 17 and 18.) Pay in full with this return	18.		
NOTE: The total tax paid from lines 16e and 17 is to be reported either on the composite return or on the returns of the nonresident members. Nonresident entity and fiduciary members cannot file a composite return nor be included in the composite return filed by nonresident individual members. (See instructions.) Complete lines 20a-22 only if you are requesting a refund of estimated payment(s) for tax paid on resident members' shares of income, because the entity decided not to elect or it was mistakenly paid. 20a. Estimated pass-through entity resident tax paid with Form 510/511D	+++		
nonresident members. Nonresident entity and fiduciary members cannot file a composite return or on the returns of it composite return filed by nonresident entity and fiduciary members. (See instructions.) Complete lines 20a-22 only if you are requesting a refund of estimated payment(s) for tax paid on resident members' shares of income, because the entity decided not to elect or it was mistakenly paid. 20a. Estimated pass-through entity resident tax paid with Form 510/511D	19.	Total nonresident balance due (Add lines 17 and 18.) Pay in full with this return 19.	1 1 1 0
composite return filed by nonresident individual members. (See instructions.) Complete lines 20a-22 only if you are requesting a refund of estimated payment(s) for tax paid on resident members' shares of income, because the entity decided not to elect or it was mistakenly paid. 20a. Estimated pass-through entity resident tax paid with Form 510/511D ▶ 20a. 20b. Pass-through entity resident tax paid with an extension request (Form 510/511E) ▶ 20b. 20c. Credit for pass-through entity election tax paid on resident shares of income by another pass-through entity. (Attach Maryland Schedule K-1 (510/511))			
Complete lines 20a-22 only if you are requesting a refund of estimated payment(s) for tax paid on resident members shares of income, because the entity decided not to elect or it was mistakenly paid. 20a. Estimated pass-through entity resident tax paid with Form 510/511D			ided in the
shares of income, because the entity decided not to elect or it was mistakenly paid. 20a. Estimated pass-through entity resident tax paid with Form 510/511D			mombers
20a. Estimated pass-through entity resident tax paid with Form 510/511D			members
20b. Pass-through entity resident tax paid with an extension request (Form 510/511E) ▶ 20b. 20c. Credit for pass-through entity election tax paid on resident shares of income by another pass-through entity. (Attach Maryland Schedule K-1 (510/511))			
20c. Credit for pass-through entity election tax paid on resident shares of income by another pass-through entity. (Attach Maryland Schedule K-1 (510/511))			
pass-through entity. (Attach Maryland Schedule K-1 (510/511))			
20d. Total resident payments and credits (Add lines 20a through 20c.)	∠UC.		
If Lines 20a-20d are blank, STOP. PTE may not request a refund. 21. Total resident and nonresident payments and credits (add 16e and 20d.)	20.		
 21. Total resident and nonresident payments and credits (add 16e and 20d.)			
22. Amount of resident payment TO BE REFUNDED (Line 21 must be greater than the sum of			
		 	1 1 1 1 1 1
Lines 15 and 18. Subtract the total of Line 15 plus Line 18 from Line 21 and enter total here). 22.	22.	 	
		Lines 15 and 18. Subtract the total of Line 15 plus Line 18 from Line 21 and enter total here). ▶ 22.	11110

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2022 page 3 5

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4	MARYLAND PASS-THROUGH ENTITY
5	FORM INCOME TAX RETURN
6	
7	225100299
-	
8	NAME FEIN 8
9	
10	DIRECT DEPOSIT OF REFUND (see Instruction 9)
11	Verify that all account information is correct and clearly legible. If you are requesting direct deposit of your refund, com-
12	plete the following.
13	13
14	Check here if you authorize the State of Maryland to issue your refund by direct deposit.
15	15
16	Check here if this refund will go to an account outside of the United States.
17	
18	23a. Type of account:
19	19
20	23b. Routing Number (9-digits):
21	21
22	23c. Account Number:
23	23
24	23d. Name as it appears on the bank account:
25	ADDITIONAL INFORMATION REQUIRED 25
26	ADDITIONAL INFORMATION REQUIRED
27	1. Address of principal place of business in Maryland (if other than indicated on page 1):
28	2. Address at which tax records are located (if other than indicated on page 1):
29	29
30	3. Telephone number of pass-through entity tax department:
31	4. State of organization or incorporation:
32	5. Has the Internal Revenue Service made adjustments (for a tax year in which a Maryland return
33	was required) that were not previously reported to the Comptroller of Maryland?
34	If "yes", indicate tax year(s) here: and submit an amended return(s) together
35	with a copy of the IRS adjustment report(s) under separate cover.
36	6. Did the pass-through entity file employer withholding tax returns/forms with the Comptroller of Maryland
37	
	To the last calcindary current and the second secon
38	If a multistate operation, provide the ronowing.
39	7. Is this entity a multistate corporation that is a member of a unitary group?
40	8. Is this entity a multistate manufacturing corporation with more than 25 employees? Yes — No 40
41	SIGNATURE AND VERIFICATION
42	SIGNATURE AND VERIFICATION
43	Check hereif you authorize your preparer to discuss this return with us. 43
44	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to
45	the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is 45
46	based on all information of which the preparer has any knowledge.
47	47
48	48
49	Signature of general partner, officer or member Date Printed name of the Preparer/Firm's name
50	50
	Title
51	
52	52 Street address of preparer or Firm's address 53
53	<u> </u>
54	54
55	City, State, ZIP Code + 4
56	56
57	Telephone number of preparer Preparer's PTIN (Required by Law) 57
58	58
59	59
60	
61	Comptroller Of Maryland, Revenue Administration Division
62	110 Carroll Street, Annapolis, Maryland 21411-0001
	(Write Your Federal Employer Identification Number On Check Using Blue Or Black Ink.)

MARYLAND FORM 510

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PASS-THROUGH ENTITY INCOME TAX RETURN



2022 page 4

7				7 8
9	NAME FEIN			9
10	Schedule A - COMPUTATION OF APPORTIONMENT FACT	OR (Applies only to mult	istate pass-through en	tities. See instructions.) 10
11	NOTE: Destablished and a single first significant	Calium 4	Column 2	11
12	NOTE: Rental/leasing companies, financial institutions, transportation companies, and worldwide headquartered	Column 1 TOTALS WITHIN	Column 2 TOTALS WITHIN	Column 3 DECIMAL FACTOR 12
13	companies see instructions on Special Apportionment.	MARYLAND	AND WITHOUT	(Column 1 ÷ Column 2 13
14			MARYLAND	rounded to six places)
15	1. Receipts a. Gross receipts or sales less returns and			15
16	allowances			16
17				17
18	b. Dividends			18
19				19
20	c. Interest			20
21				21
22	d. Gross rents			22
23				23
24	e. Gross royalties			2.4
25				25
26	f. Capital gain net income			26
27				27
28	g. Other income (Attach schedule.)			28
29	h. Total receipts (Add lines 1(a) through 1(g),			29
30	for Columns 1 and 2.)			■
31				31
32	Report this factor on line 4 unless you use a			32
33	special apportionment formula or alternative			33
34	apportionment formula.			34
35				35
36				36
37	2. Property a. Inventory			37
38				38
39	b. Machinery and equipment			39
40				40
41	c. Buildings			41
42				42
43	d. Land			43
44				4 4
45	e. Other tangible assets (Attach schedule.) .			45
46	f. Rent expense capitalized			4 6
47	(multiply by eight)			47
48	g. Total property (Add lines 2a through 2f,			48
49	for Columns 1 and 2)			■ 49
50				50
51	3. Payroll a. Compensation of officers			51
52				52
53	b. Other salaries and wages			53
54	c. Total payroll (Add lines 3a and 3b, for			54
55	Columns 1 and 2.)			■ 55
56				5.6
57	4. Maryland apportionment factor Enter amount from Line	e 1 Column 3. If an alter	native apportionment	57
58	formula or a special apportionment formula is used, enter here. (If factor is zero, enter .000001 on line 3b, page 1.)		a apportioninent ractor	58
59	incie. (ii factor is zero, enter .000001 off fille 30, page 1.)			59
60	Check here if special apportionment or altern	ative apportionment f	formula is used.	60
61				61
62				62
64 5	$\begin{smallmatrix} 5 \end{smallmatrix} \begin{picture}(20,0) \put(0,0) $	0 41 42 43 44 45 46 47 48 49 50 51 52 53	54 56 58 60 62 64 66 55 57 59 61 63 65 66	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$

14 16 18 24 26 28 30 32 34 36 38 1 2 3 3 **MARYLAND** PASS-THROUGH ENTITY **FORM INCOME TAX RETURN MEMBERS' INFORMATION SCHEDULE B** NAME FEIN 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

1 2 3 3 5 6 7 8 9 10 **MARYLAND** PASS-THROUGH ENTITY FORM **INCOME TAX RETURN MEMBERS' INFORMATION SCHEDULE B** FEIN

1 2 3 64 5 6

NAME



		I II - FIDUCIARY MEMBERS IN					
.1	Ente	the information in Federal Employe	r Identification Number	order.			
.2							
. 3				Check	Distributive or	Distributive or	Distributive or
4	Fed	eral Employer Identification	Address	here if	pro rata share	pro rata share	pro rata share
5		mber and name of estate or		Maryland:	of income	of tax paid	of tax credit
6		trust		Resident Non- Resident	(See Instructions.)	(See Instructions.)	(See Instructions.)
7				Resident			
3	1						
9				<u></u>			
	2						,
		 					
П	3						
							
	4						You must file
	5						Form 510
-							
-	6						
-				 			electronically
4	7						
4							to pass on
_	8						
_				N			business tou
_	9						business tax
_							
	10						credits from
	10						
	11						Form 500CR
	11						I om Souck
	12						
	12						and/or
	4.5						
	13				<u>-</u>		Form 502S to
	14						
							your members.
	15				<u> </u>	Į_	
	16	 					
+		SUBTOTAL from	additional Form 510 Sc	nedule B for fid	liciary members		
1		30BTOTAL IIOIII	addicional Form 510 50	icadic D for flu	TOTAL:		
Ļ					IOIAL.		<u> </u>

MARYLAND FORM SCHEDULE B

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PASS-THROUGH ENTITY INCOME TAX RETURN MEMBERS' INFORMATION

Enter the information in Federal Employer Identification Number order.



NAME	FEIN	
PART III - PASS-THROUG	H ENTITY MEMBERS' INFORMATION (INCLUDING S CORPORATIONS)	

Employer Identification ber and name of Pass-	Address	Nonr	Is Member a Nonresident Entity		itive or a share come	Distributive or pro rata share of tax paid	Distributive or pro rata share of tax credit
Through Entity		YES	NO	(See Insti	uctions.)	(See Instructions.)	(See Instructions.)
			7				
 1			1				
							
							V
							You must file
]
							Form 510
							electronically
							to pass on
							business tax
							credits from
							Form 500CR
			1				
							and/or
							Form 502S to
							j
							your members.
							, , , , , , , , , , , , , , , , , , , ,
			7				1
SUBTOTAL	from additional Form 5	10 Sche	dule B	for PTF n	nemhers		
JODIO IAL		20 00.10	aaic D		TOTAL:		4

14 16 18 20 22 24 26 28 30 32 34 36 38 **MARYLAND** PASS-THROUGH ENTITY FORM **INCOME TAX RETURN MEMBERS' INFORMATION SCHEDULE B**

FEIN

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NAME



TOTAL:

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 Nonresident Federal Employer Identification **Address** pro rata share pro rata share pro rata share Entity Number and name of of income of tax paid of tax credit (See Instructions.) (See Instructions.) (See Instructions.) Corporation YES NO 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 corporate members

28 30 7 29 31