

MARYLAND FORM 511

PASS-THROUGH ENTITY ELECTION INCOME TAX RETURN



225110099

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

TYPE OF ENTITY - Check the applicable box. S Corporation Partnership Limited Liability Company Business Trust Amended Return

CHECK HERE - Check applicable box(es). Name or address has changed First filing of the entity Inactive entity Final Return 510C Filed This tax year's beginning and ending dates are different from last year's due to an acquisition or consolidation.

This Form is used by PTEs that elect to remit tax on all members' shares of income.

1. Number of members: a. Individual (including fiduciary) residents of Maryland b. Individual (including fiduciary) nonresidents c. Nonresident and resident entities d. Others (see instructions) e. Total 2. Pass-through entity taxable income (See instructions). Unistate entities also enter this amount on line 4. .00

ALLOCATION OF INCOME Multistate pass-through entities must complete Line 3a. or 3b. Unistate entities go to line 4. 3a. Non-Maryland income (for entities using separate accounting). Subtract this amount from line 2 and enter the difference on line 4. 3b. Maryland apportionment factor from computation worksheet on Page 4 (for entities using the apportionment method). Multiply line 2 by this factor and enter the result on line 4. (If factor is zero, enter .000001).

Entity Tax Calculation 4. Pass-through entity taxable income allocable to Maryland NOTE: Complete lines 5a. through 19 only if there is an entry on line 1a. through line 1d. (Investment partnerships see Specific Instructions). (Check instructions)

Final Pass of 10/27/22

MARYLAND FORM 511

PASS-THROUGH ENTITY ELECTION INCOME TAX RETURN



225110199

2022 page 2

NAME [] FEIN []

- 5a. Percentage of ownership by individual members shown on lines 1a and 1b (or profit/loss percentage, if applicable) 5a. []
5b. Percentage of ownership by entity members shown on line 1c (or profit/loss percentage, if applicable) 5b. []
5c. Add Lines 5a and 5b 5c. []
6. Pass-through entity taxable income for individual members (Multiply line 4 by the percentage on line 5a.) 6. [] .00
7. Total Individual members' pass-through entity election tax (Multiply line 6 by 8%.) 7. [] .00
8. Pass-through entity taxable income for entity members (Multiply line 4 by percentage on line 5b.) 8. [] .00
9. Entity members' pass-through entity election tax (Multiply line 8 by 8.25%.) 9. [] .00
10. Total pass-through entity election tax (Add lines 7 and 9.) 10. [] .00
11. Distributable cash flow limitation from worksheet. See instructions. If worksheet used, check here [] 11. [] .00
12. Pass-through entity election tax due (Enter the lesser of line 10 or line 11.) 12. [] .00
13a. Estimated tax paid with Form 510/511D and MW506NRS. 13a. [] .00
13b. Tax paid with an extension request on Form 510/511E 13b. [] .00
13c. Credit for tax paid by another pass-through entity (Attach Maryland Schedule K-1 (510/511).) 13c. [] .00
13d. If amending, total payments made with original plus additional tax paid after original was filed. 13d. [] .00
13e. Total payments and credits (Add lines 13a through 13d.) 13e. [] .00
14. Balance of tax due (If line 12 exceeds line 13e, enter the difference.) 14. [] .00
15. Overpayment (If line 13e exceeds line 12, enter the difference.) 15. [] .00
15a. If amending, prior overpayment (Total all refunds previously issued.) 15a. [] .00
16. Interest and/or penalty from Form 500UP [] or late payment interest [] 16. [] .00
17. Total balance due (Add lines 12, 15a and 16. Subtract line 13e.) 17. [] .00
NOTE: The total tax paid on line 12 is to be reported either on the composite return or on the returns of members. Nonresident entity and fiduciary members cannot file a composite return or be included in the composite return filed by nonresident individual members. (See instructions.)
18. Amount of overpayment from original return to be applied to estimated tax for 2023 (not to exceed the net of lines 15 minus 15a and 16.) 18. [] .00
19. Amount of overpayment TO BE REFUNDED (Add lines 16 and 18, and subtract the total from line 15.) (If amending subtract lines 15a and 16 from line 15.) 19. [] .00

DIRECT DEPOSIT OF REFUND (see Instruction 9)

Verify that all account information is correct and clearly legible. If you are requesting direct deposit of your refund, complete 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.

20a. Type of account: [] Checking [] Savings

20b. Routing Number (9-digits): []

20c. Account Number: []

20d. Name as it appears on the bank account: []



225110299

NAME [] FEIN []

ADDITIONAL INFORMATION REQUIRED

- 1. Address of principal place of business in Maryland...
2. Address at which tax records are located...
3. Telephone number of pass-through entity tax department...
4. State of organization or incorporation...
5. Has the Internal Revenue Service made adjustments...
6. Did the pass-through entity file employer withholding tax returns...
7. Is this entity a multistate corporation...
8. Is this entity a multistate manufacturing corporation...

SIGNATURE AND VERIFICATION

Check here [] if you authorize your preparer to discuss this return with us. Under penalties of perjury, I declare that I have examined this return...

Signature of general partner, officer or member, Date, Printed name of the Preparer/Firm's name, Signature of preparer other than taxpayer, Street address of preparer or Firm's address, City, State, ZIP Code + 4, Telephone number of preparer, Preparer's PTIN

CODE NUMBERS (3 digits per line)

Make checks payable to and mail to: Comptroller Of Maryland, Revenue Administration Division 110 Carroll Street, Annapolis, Maryland 21411-0001 (Write Your Federal Employer Identification Number On Check Using Blue Or Black Ink.)



225110399

NAME [] FEIN []

Schedule A - COMPUTATION OF APPORTIONMENT FACTOR (Applies only to multistate pass-through entities. See instructions.)

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

Column 1 TOTALS WITHIN MARYLAND

Column 2 TOTALS WITHIN AND WITHOUT MARYLAND

Column 3 DECIMAL FACTOR (Column 1 ÷ Column 2 rounded to six places)

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.)

Table with 2 columns for Column 1 and Column 2, containing input boxes for each receipt category.

[] . []

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.)

Table with 2 columns for Column 1 and Column 2, containing input boxes for each property category.

[] . []

3. Payroll

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

Table with 2 columns for Column 1 and Column 2, containing input boxes for each payroll category.

[] . []

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 .000001 on line 11, page 2.)

[] . []

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

**MARYLAND
FORM
511
SCHEDULE B**

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



2022

22511B099

NAME FEIN

PART I – INDIVIDUAL MEMBERS' INFORMATION

Enter the information in Social Security Number order.

| Social Security Number and name of member | Address | Check here if | | Distributive or pro rata share of income (See Instructions.) | Distributive or pro rata share of tax paid (See Instructions.) | Distributive or pro rata share of tax credit (See Instructions.) |
|---|---------|---------------|--------------|---|---|---|
| | | Maryland: | | | | |
| | | Resident | Non-Resident | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| 11 | | | | | | |
| 12 | | | | | | |
| 13 | | | | | | |
| 14 | | | | | | |
| 15 | | | | | | |
| 16 | | | | | | |
| SUBTOTAL from additional Form 511 Schedule B for individual members | | | | | | |
| TOTAL: | | | | | | |

**You must file
Form 511
electronically
to pass on
business tax
credits from
Form 500CR
and/or Form
502S to your
members.**

**MARYLAND
FORM
511
SCHEDULE B**

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



2022

22511B199

NAME FEIN

PART II – FIDUCIARY MEMBERS' INFORMATION
Enter the information in Federal Employer Identification Number order.

| Federal Employer Identification Number and name of estate or trust | Address | Check here if Maryland: | | Distributive or pro rata share of income (See Instructions.) | Distributive or pro rata share of tax paid (See Instructions.) | Distributive or pro rata share of tax credit (See Instructions.) |
|--|---------|-------------------------|--------------|---|---|---|
| | | Resident | Non-Resident | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| 11 | | | | | | |
| 12 | | | | | | |
| 13 | | | | | | |
| 14 | | | | | | |
| 15 | | | | | | |
| 16 | | | | | | |
| SUBTOTAL from additional Form 511 Schedule B for fiduciary members | | | | | | |
| TOTAL: | | | | | | |

**You must file
Form 511
electronically
to pass on
business tax
credits from
Form 500CR
and/or
Form 502S to
your members.**

**MARYLAND
FORM
511
SCHEDULE B**

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



22511B299

2022

NAME FEIN

PART III – PASS-THROUGH ENTITY MEMBERS' INFORMATION (INCLUDING S CORPORATIONS)
Enter the information in Federal Employer Identification Number order.

| Federal Employer Identification Number and name of Pass-Through Entity | Address | Is Member a Nonresident Entity | | Distributive or pro rata share of income | Distributive or pro rata share of tax paid | Distributive or pro rata share of tax credit |
|--|---------|--------------------------------|----|--|--|--|
| | | YES | NO | (See Instructions.) | (See Instructions.) | (See Instructions.) |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| 11 | | | | | | |
| 12 | | | | | | |
| 13 | | | | | | |
| 14 | | | | | | |
| 15 | | | | | | |
| 16 | | | | | | |
| SUBTOTAL from additional Form 511 Schedule B for PTE members | | | | | | |
| TOTAL: | | | | | | |

You must file Form 511 electronically to pass on business tax credits from Form 500CR and/or Form 502S to your members.

**MARYLAND
FORM
511
SCHEDULE B**

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



2022

NAME FEIN

PART IV – CORPORATION MEMBERS' INFORMATION (EXCLUDING S CORPORATIONS)
Enter the information in Federal Employer Identification Number order.

| Federal Employer Identification Number and name of Corporation | Address | Is Member a Nonresident Entity | | Distributive or pro rata share of income (See Instructions.) | Distributive or pro rata share of tax paid (See Instructions.) | Distributive or pro rata share of tax credit (See Instructions.) |
|--|---------|--------------------------------|----|---|---|---|
| | | YES | NO | | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| 11 | | | | | | |
| 12 | | | | | | |
| 13 | | | | | | |
| 14 | | | | | | |
| 15 | | | | | | |
| 16 | | | | | | |
| SUBTOTAL from additional Form 511 Schedule B for corporate members | | | | | | |
| TOTAL: | | | | | | |

**You must file
Form 511
electronically
to pass on
business tax
credits from
Form 500CR
and/or
Form 502S to
your members.**