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#### PASS-THROUGH ENTITY **INCOME TAX RETURN**

 

8	NAME		8
9			9
10	4.	Distributive or pro rata share of income allocable to Maryland	10
11		E: Complete lines 5 through 19 if there is an entry on line 1b or line 1c. Tax is calculated only for nonresident	11
12		vidual or nonresident entity members. (Investment partnerships see Specific Instructions.)	12
13	5.	Percentage of ownership by individual nonresident members shown on line 1b (or profit/loss	13
14		percentage, if applicable). If 100%, leave blank and enter the amount from line 4 on line 6. ► 5.	14
15	6.	Distributive or pro rata share of income for nonresident individual members	15
16		(Multiply line 4 by the percentage on line 5.)	16
17	7.	Nonresident individual tax (Multiply line 6 by 5.75%.)	17
18	8.	Special nonresident tax (Multiply line 6 by 2.25%.)	18
19	9.	Total Maryland tax on individual members (Add lines 7 and 8.) 9.	19
20	10.	Percentage of ownership by nonresident entities shown on line 1c (or profit/loss	20
21		percentage, if applicable). If 100%, leave blank and enter the amount from line 4 on 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.)	23
24			24
25	12.	Nonresident entity tax (Multiply line 11 by 8.25%.)	25
26	13.	Total nonresident tax (Add lines 9 and 12.)	26
27	14.	Distributable cash flow limitation from worksheet. See instructions. If worksheet used,	27
28		check here ▶	28
29	15.	Nonresident tax due (Enter the lesser of line 13 or line 14.)	29
30			30
31		Estimated pass-through entity nonresident tax paid with Form 510/511D and MW506NRS .▶16a.	31
32		Pass-through entity nonresident tax paid with an extension request (Form 510/511E) ▶16b.	32
33	16c.	Credit for nonresident tax paid on behalf of the pass-through entity by another	33
34		pass-through entity (Attach Maryland Schedule K-1 (510/511))	34
35	16d.	Credit for pass-through entity election tax paid on nonresident shares of income by	35
36		another pass-through entity. (Attach Schedule K-1 (510/511))	36
37	16e.	Total nonresident payments and credits (Add lines 16a through 16d.)	37
38	17.	Balance of tax due (If line 15 exceeds line 16e, enter the difference.) ▶ 17.	38
39	18.	Interest and/or penalty from Form 500UP or late payment interest	39
40		·····································	40
41	19.	Total nonresident balance due (Add lines 17 and 18.) Pay in full with this return 19.	41
42	ΝΟΤ	E: The total tax paid from lines 16e and 17 is to be reported either on the composite return or on the returns of the	
43		resident members. Nonresident entity and fiduciary members cannot file a composite return nor be included in the	43
44		posite return filed by nonresident individual members. (See instructions.)	44
45		plete lines 20a-22 only if you are requesting a refund of estimated payment(s) for tax paid on resident members' es of income, because the entity decided not to elect or it was mistakenly paid.	45
46			46
47		Estimated pass-through entity resident tax paid with Form 510/511D	47
48		Pass-through entity resident tax paid with an extension request (Form 510/511E) ▶ 20b.	48
49	20c.	Credit for pass-through entity election tax paid on resident shares of income by another	49
50		pass-through entity. (Attach Maryland Schedule K-1 (510/511))	50
51		Total resident payments and credits (Add lines 20a through 20c.)	51
52	If Li	nes 20a-20d are blank, STOP. PTE may not request a refund.	52
53	21.	Total resident and nonresident payments and credits (add 16e and 20d.)	53
54	22.	Amount of resident payment TO BE REFUNDED (Line 21 must be greater than the sum of	54
55		Lines 15 and 18. Subtract the total of Line 15 plus Line 18 from Line 21 and enter total here). ▶ 22.	55
56			56
57			57
58			58
59			59
60			60
61			61
62			62

66

	MARYLAND	19 <sup>20</sup> 21 <sup>22</sup> 23 <sup>24</sup> 25 <sup>26</sup> 27 <sup>28</sup> 29 <sup>30</sup> 31 <b>PASS-THROUG</b>	SH ENTITY	142 4 3 4 4 4 5 4 7 4 8 50 51 52 53 54 55 57 59 61 63 64 65 6 67 68 70 70 70 70 70 70 70 70 70 70 70 70 70	1 <sup>72</sup> 73 <sup>74</sup> 75 <sup>76</sup> 77 <sup>78</sup> 79 <sup>80</sup> <b>11 2022</b>
	FORM	INCOME TAX F	RETURN		page 3
	510			225100299	
NAME		FEIN			
DIRECT		REFUND (see Instru	ction 9)		
				/ legible. If you are requesting direct deposit of your	refund, com-
	following.			,	
	Check here if y	you authorize the State	e of Maryland to	issue your refund by direct deposit.	
	Check here if t	this refund will go to a	n account outsid	e of the United States.	
23a Tyn	e of account: .				Savings
<b>23a.</b> Typ	e of account.				Javings
23b. Rou	ting Number (	9-digits):		23b. ►	
<b>23c.</b> Acc	ount Number:				
					+++++++++++++++++++++++++++++++++++++++
		rs on the bank account			
					+++++++++++++++++++++++++++++++++++++++
<b>1.</b> Add	ress of princip	al place of business in	Maryland (if othe	r than indicated on page 1):	
<b>2.</b> Add	ress at which	tax records are located	(if other than in	dicated on page 1):	
3. Tele	phone numbe	r of pass-through ent <mark>i</mark> t	y tax departmen		
<b>4.</b> Sta	e of organizat	ion or incorporation:			
				a tax year in which a Maryland return	
				omptroller of Maryland?	Yes No
		tax year(s) here:			
	· · ·			returns/forms with the Comptroller of Maryland	
	the last calend			· · · · · · · · · · · · · · · · · · ·	Yes No
If a mul	tistate opera	tion, provide the fol	lowing:		
		ultistate corporation that			Yes No
<b>8.</b> Is t	nis entity a mu	ultistate manufacturing	corporation with	more than 25 employees?	Yes No
SIGNAT	JRE AND VER				
Check he	re 🛛 if you a	authorize your prepare	r to discuss this r	eturn with us.	
Under pe				return, including accompanying schedules and statem	ents and to
the best	of my knowled	ge and belief it is true,	correct and com	plete. If prepared by a person other than taxpayer, th	e declaration is
based on	all information	n of which the preparer	has any knowle	lge.	+++++++++++++++++++++++++++++++++++++++
		┽┼┼┼┼┼┼┝┠┏			+++++++++++++++++++++++++++++++++++++++
Signature o	general partner, o	officer or member	Date	Printed name of the Preparer/Firm's name	
Title				Signature of preparer other than taxpayer (Required by Law)	
				Street address of preparer or Firm's address	
				City, Chota, ZTD Code, J.4	
				City, State, ZIP Code + 4	
				Telephone number of preparer Preparer's PTI	N (Required by Law)
				CODE NUMBE	RS (3 digits per line)
				payable to and mail to:	
				I, Revenue Administration División nnapolis, Maryland 21411-0001	

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					202
	<b>10</b>	AX RETURN			page
				225100399	
NAME	FEIN				
Schedule A	COMPUTATION OF APPO	ORTIONMENT FACTO	<b>DR</b> (Applies only to mu	ultistate pass-through en	tities. See instructions
	/leasing companies, financial i		Column 1	Column 2	Column 3
	ortation companies, and world nies see instructions on Specia		TOTALS WITHIN MARYLAND	TOTALS WITHIN AND WITHOUT	DECIMAL FACTOR (Column 1 ÷ Column
				MARYLAND	rounded to six place
1. Receipts	a. Gross receipts or sales	s less returns and			
	allowances	• • • • • • • • • • • • • • • •			
	b.Dividends	• • • • • • • • • • • • • • • •			
	c. Interest				
	d. Gross rents				
	e. Gross royalties	• • • • • • • • • • • • • •			
	f. Capital gain net incom	ne			
	g. Other income (Attach	· · · · · · · · · · · · · · · · · · ·			
	h. Total receipts (Add line for Columns 1 and 2.)				┫╎┼┼┢┪┢┿┿┿┿
					═┩╎╎╎┞┦┖┝┿┿┿┿
	Report this factor on line	e 4 unless vou use a			
	special apportionment for				
	apportionment formula.				
2. Property	a. Inventory				
2. Property	a. Inventory				
2. Property					
2. Property	a. Inventory				
2. Property	a. Inventory				
2. Property	a. Inventory				
2. Property	a. Inventory	•••••			
2. Property	a. Inventory	(Attach schedule.) .			
2. Property	<ul> <li>a. Inventory</li></ul>	(Attach schedule.) . zed			
2. Property	<ul> <li>a. Inventory</li></ul>	(Attach schedule.) . zed			
2. Property	<ul> <li>a. Inventory</li></ul>	(Attach schedule.) . zed			
	<ul> <li>a. Inventory</li></ul>	(Attach schedule.) . zed 			
	<ul> <li>a. Inventory</li></ul>	(Attach schedule.) . zed 			
	<ul> <li>a. Inventory</li></ul>	(Attach schedule.) . zed 			
	<ul> <li>a. Inventory</li></ul>	(Attach schedule.) . zed 			
	<ul> <li>a. Inventory</li></ul>	(Attach schedule.) . zed 			
3. Payroll	<ul> <li>a. Inventory</li></ul>	(Attach schedule.) . zed 			
3. Payroll 4. Maryland	<ul> <li>a. Inventory</li></ul>		1 Column 3. If an alteche alternative or spec	ernative apportionment facto	
3. Payroll 4. Maryland formula or	<ul> <li>a. Inventory</li></ul>	(Attach schedule.) . zed  nes 2a through 2f,  ers ges s 3a and 3b, for  ter amount from Line prmula is used, enter f	the alternative or spec	ernative apportionment facto	

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# MARYLAND FORM SCHEDULE B

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NAME

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

22510B099

# PART I - INDIVIDUAL MEMBERS' INFORMATION

FEIN \_

Social Security Number and name of member	Address	Check here if Maryland: Resident Resident Non- Resident Resident	Distributive or pro rata share of income (See Instructions.)	Distributive or pro rata share of tax paid (See Instructions.)	You must file Form 510 electronically
name of member		Maryland: Resident Non- Resident Resident	of income (See Instructions.)	of tax paid (See Instructions.)	of tax credit (See Instructions You must file Form 510 electronicall
		Resident Non- Resident Resident	(See Instructions.)	(See Instructions.)	(See Instruction You must fil Form 510 electronicall
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SUBTOTAL from add	ditional Form 510 Sch	edule B for inc	lividual members		]
			TOTAL:		

# MARYLAND FORM SCHEDULE B

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

  

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

FEIN

		Check	Distrik	Distributive or	Distrikusti
Federal Employer Identification	Address	here if	Distributive or pro rata share	pro rata share	Distributive or pro rata share
Number and name of estate or	Auuress	Maryland:	of income	of tax paid	of tax credit
trust		Non-	(See Instructions.)	(See Instructions.)	(See Instructions.)
		Resident Residen			
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15					
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SUBTOTAL from	additional Form 510 Sch	edule B for f	fiduciary members		
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NAME

### a<sup>40</sup>41 **PASS-THROUGH ENTITY INCOME TAX RETURN MEMBERS' INFORMATION**

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FEIN

3 45 47 49 51 53 55 57 59 61 63 65 67 69 71 73 22510B299

76,78,80,81

			Is Member a	Distribust	Distributi	Distribute
dora	al Employer Identification	Address	Nonresident	Distributive or pro rata share	Distributive or pro rata share	Distributive or pro rata share
	ber and name of Pass-	Audress	Entity	of income	of tax paid	of tax credit
Tull	Through Entity		YES NO	(See Instructions.)	(See Instructions.)	(See Instructions.)
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	SUBTOTAL fi	rom additional Form 5	10 Schedule B	for PTF members		
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## 9 10 MARYLAND FORM SCHEDULE B

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NAME

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

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44 46

14 16 18 20 22 24 26 28 30 32 34 36 38

FEIN 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 TOTAL: COM/RAD-069 09/22