MARYLAND FORM **510**

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PASS-THROUGH ENTITY **INCOME TAX RETURN**





2022 \$

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\blacksquare	FORM 510	INCOME TA	OUGH ENTITY AX RETURN		22510	00099	
OR	FISCAL YEAR BEGIN	NNING 20	22, ENDING				
OIC	TISCAL TEAK BEGIN	VIVIIVO 20.	ZZ, LIVDING				
Federal	l Employer Identification N	umber (9 digits) FEIN A	pplied for Date (MMDDYY)				
Date of	Organization or Incorpora	tion (MMDDYY) Busi	ness Activity Code No. (6	digits)			
me							
ırrent	Mailing Address (PO Box	x, number, street and a	apt. no)				
irrent	Mailing Address Line 2 (Apt No., Suite No., F	loor No.)				
y or T	Town		Sta	ate ZIP Code + 4			
reign (Country Name				Foreign Province/S	tate/County	
					\cup		
							Do not write in this space
reign I	Postal Code						
							►ME ►YE
YPE	OF ENTITY - Che	eck the applicable	box. ►				Amended
	S Corporation	Partnersh	ip Limite	ed Liability Compa	any Br	usiness Trust	Return ▶
HEC	K HERE - Check a	ipplicable box(es)					
	Name or address	has changed	First filing of	the entity	Inactive entity	Final Return	510C Filed
			ng dates are diffe	rent from last vea	r's due to an acc	uisition or consolidat	ion.
	This tax year's be	ginning and endir	ig dutes are arric	i dile il olli lase y ce			
his f	orm may be use	d if the PTE is p				bers and not electi	
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PASS-THROUGH ENTITY **INCOME TAX RETURN**



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4		MARYLAND PASS-THROUGH ENTITY	202	2
5		FORM INCOME TAX RETURN	page	
6		510		6
7		225100199		7
8	21424			8
9	NAME	E FÉIN		9
10	4.	Distributive or pro rata share of income allocable to Maryland 4.	$\overline{}$	10
11				11
		TE: Complete lines 5 through 19 if there is an entry on line 1b or line 1c. Tax is calculated only for nonresider	10	1.0
12		ividual 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.)	$oldsymbol{\sqcup}oldsymbol{\sqcup}oldsymbol{\sqcup}$	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.)	$\sqcup \!\!\! \perp \!\!\!\! \perp$	23
24				24
25	12.			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 ▶ ▶ 14.		28
29	15.	Nonresident tax due (Enter the lesser of line 13 or line 14.)		29
30				30
31	16a	■ Estimated pass-through entity nonresident tax paid with Form 510/511D and MW506NRS ▶16a.		31
32	16b	p. 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)) ▶ 16c.		34
35	16d	1. Credit for pass-through entity election tax paid on nonresident shares of income by		35
36		another pass-through entity. (Attach Schedule K (510/511)) ▶ 16d.		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.)		38
39	18.	Interest and/or penalty from Form 500UP or late payment interest		39
40		TOTAL ▶ 18.		40
41	19.	Total nonresident balance due (Add lines 17 and 18.) Pay in full with this return 19.		41
42			6 41	42
43		TE: The total tax paid from lines 16e and 17 is to be reported either on the composite return or on the return president members. Nonresident entity and fiduciary members cannot file a composite return nor be included		
44		nposite return filed by nonresident individual members. (See instructions.)		44
45	-	mplete lines 20a-22 only if you are requesting a refund of estimated payment(s) for tax paid on resident men	nbers'	_
46		res of income, because the entity decided not to elect or it was mistakenly paid.		46
47	20a	a. 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		. 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))	$\neg \vdash$	50
51	20d	I. Total resident payments and credits (Add lines 20a through 20c.)	 -	51
52		ines 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.			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		Lines 15 and 10. Subtract the total of Line 15 plus Line 10 floid Line 21 and effect (Otal field). F 22.		56
57				57
58			HH	58
59				59
60				60
-				
61				61
62				62

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65 66 PASS-THROUGH ENTITY INCOME TAX RETURN





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	7
NAME FEIN	8
	9
DIRECT DEPOSIT OF REFUND (see Instruction 9)	10
Verify that all account information is correct and clearly leg	
plete the following.	12
Check here if you authorize the State of Maryland to issue	e your refund by direct deposit.
Check here if you authorize the State of Mai yianu to issue	s your returned by direct deposit.
Check here if this refund will go to an account outside of	
, and the second of the second	17
23a. Type of account:	23a. ► Checking Savings 18
	19
23b. Routing Number (9-digits):	23b.▶20
	21
23c. Account Number:	
	23
23d. Name as it appears on the bank account:	24
ADDITIONAL INFORMATION REQUIRED	25
1. Address of principal place of business in Maryland (if other than	
	27
2. Address at which tax records are located (if other than indicated)	
	29
Telephone number of pass-through entity tax department: State of organization or incorporation:	30
T: State of organization of incorporation.	
5. Has the Internal Revenue Service made adjustments (for a cawas required) that were not previously reported to the Compt	x year in which a maryland recurr
was required) that were not previously reported to the Compt	nit an amended return(s) together
with a copy of the IRS adjustment report(s) under separate	
6. Did the pass-through entity file employer withholding tax retu	
for the last calendar year?	Yes No 37
If a multistate operation, provide the following:	38
7. Is this entity a multistate corporation that is a member of a u	nitary group? No 39
8. Is this entity a multistate manufacturing corporation with mor	re than 25 employees? Yes No 40
SIGNATURE AND VERIFICATION	41
	42
Check hereif you authorize your preparer to discuss this retur	
Under penalties of perjury, I declare that I have examined this retu	
the best of my knowledge and belief it is true, correct and complete	e. If prepared by a person other than taxpayer, the declaration is 45
based on all information of which the preparer has any knowledge.	47
	48
Signature of general partner, officer or member Date	Printed name of the Preparer/Firm's name
	50
Title	Signature of preparer other than taxpayer (Required by Law) 51
	52
	Street address of preparer or Firm's address 53
	54
	City, State, ZIP Code + 4
	▶
	Telephone number of preparer Preparer's PTIN (Required by Law) 57
	58
	> 59
	CODE NUMBERS (3 digits per line) 60
Make checks payal Comptroller Of Maryland, Rev	
110 Carroll Street, Annapo	
(Write Your Federal Employer Identification	Number On Check Using Blue Or Black Ink.)

FORM
510

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PASS-THROUGH ENTITY INCOME TAX RETURN



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IOTE: Rental/I	_			
	easing companies, financial institutions,	Column 1	Column 2	Column 3
	rtation companies, and worldwide headquartered lies see instructions on Special Apportionment.	TOTALS WITHIN	TOTALS WITHIN	DECIMAL FACTOR
Compan	les see instructions on Special Apportionment.	MARYLAND	AND WITHOUT MARYLAND	(Column 1 ÷ Column 2 rounded to six places)
			HARTERIO	Tourided to six places,
Receipts	a. Gross receipts or sales less returns and			
	allowances			
	b. Dividends			
	c. Interest			
	d. Gross rents			
	e. Gross royalties			-
	C. JI USS TUYBILIES			
	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.)			
				
	Report this factor on line 4 unless you use a special apportionment formula or alternative			
	apportionment formula.			
	apportionment formula.			
Property	a. Inventory			
	b. Machinery and equipment			
	c. Buildings			
				
	d.Land			
	u.Lanu			-
				_
	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			
, : 0				
	b Other colories and we see			-
	b. Other salaries and wages			
	c. Total payroll (Add lines 3a and 3b, for			
	Columns 1 and 2.)			
		1 (1) 2 16 - 2 2		
Maryland a	pportionment factor Enter amount from Line	1 Column 3. If an altern	auve apportionment	<u>r </u>
	special apportionment formula is used, enter t			
пеге. (11 тас	tor is zero, enter .000001 on line 11, page 2.).			
Cha	ck here if special apportionment or alterns	ITIVE ANNOTHIONMENT TO	rmilla is lised	
► Che	ck here if special apportionment or alterna	itive apportionment fo	ormula is used.	

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

1 2 3 3 5 6 7 8 **MARYLAND** PASS-THROUGH ENTITY FORM **INCOME TAX RETURN MEMBERS' INFORMATION SCHEDULE B** 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: Resident Non-Resident Resident	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.)	1 1 1
1		Resident				1
2						1
						2
3						2
4					You must file	2
5					Form 510	2
6						2
					electronically	2
7					to pass on	3
8						3
9					business tax	3
10					credits from	3
					Form 500CR	3
11				·		3
12					and/or	4
13					Form 502S to	4
14					101111 3023 10	4
					your members.	4
15						4
16						4
SUBTOTAL from a	additional Form 510 S	Schedule B for fi	iduciary members TOTAL:			4
			IOIAL	<u> </u>		5
						5
						5

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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



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:

MARYLAND PASS-THROUGH ENTITY FORM **INCOME TAX RETURN MEMBERS' INFORMATION SCHEDULE B**

FEIN

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NAME



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

Enter the information in Federal Employer Identification Number order.

Address Nonresident pro rata share pro rata s	
YES NO (See Instructions.) (See Instru	ictions.) (See Instructions.)
	You must file
	Form 510
	electronically
	to page on
	to pass on
	business tax
	credits from
	ci cales ir oiii
	Form 500CR
	and/or
	Form 502S to
	FORM 5025 to
	your members.
om additional Form 510 Schedule B for corporate members	
TOTAL:	

09/22