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33	5 6	78	9 10 12 14 16 18 20	22 24 26 28 30 32 34 36 38 40	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	67 ⁶⁸ 69 ⁷⁰ 71 ⁷² 73 ⁷⁴ 75 ⁷⁶ 77 ⁸ 79 ⁸⁰ 81 ³ 83
	0	/ 0	MARYLAND	PASS-THROUGH ENTITY		
4		_	FORM			2022
5				ELECTION INCOME TAX		5
6			511	RETURN	225110099	14114 1411 1441 4
7					220110035	7
0		_				
0	_	0	R FISCAL YEAR BEGINN	ING 2022, ENDING	┫	ρ
9						9
10						10
11						11
12		Feder	al Employer Identification Num	ber (9 digits) FEIN Applied for Date (MMDDYY)		12
	-					
13	-					13
14						14
15		Date	of Organization or Incorporation	n (MMDDYY) Business Activity Code No. (6 digits)		15
16						16
17						17
18		ame				18
18	ž					19
20						20
21	Cu	ırren	t Mailing Address (PO Box, r	number, street and apt. no)		21
	5					22
22					┿┾┾┾┿┿┿┪┼┼┼┼┼┝┫╖┼┼┼┼	
23		rror	t Mailing Addroce Line 2 (ot No., Suite No., Floor No.)	╪╪╪╪╪╪╪╪┥╝╎╎╎╎╎┝┝╋╗╴╢╏┢╱╎╎┼	23
24		inen	t Maining Address Line 2 (Ap	ot No., Suite No., Floor No.)		24
25	Ē					25
26	Г					26
27	Ci	ty or	Town	State	ZIP Code + 4	27
28						
	-					28
29	L		-			29
30	Fc	preigr	n Country Name		Foreign Province/State/County	30
31						31
32	Г					Do not write in this space. 32
33	Fc	reigr	Postal Code			33
	-					
34	-	VD				34
35	1	YPE	: OF ENILIY - Check	< the applicable box. ►		Amended 35
36			S Corporation	Partnership Limited	Liability Company Business Trust	Return 🕨 36
37						37
38	С	HEC	CK HERE - Check app	licable box(es).		38
39	_					
	-		Name or address ha	is changed First filing of the	entity Inactive entity Final Re	
40						40
41			This tax year's begin	nning and ending dates are different	from last year's due to an acquisition or cons	olidation. 41
42	-					42
43	Т	his	Form is used by PT	Es that elect to remit tax on <u>all</u> r	nembers' shares of income.	43
44			Number of members			44
	- 2	L.				
45	KHE			ling fiduciary) residents of Maryland I		
46	STAPLE CHECK		b . Individual (inclue	ling fiduciary) nonresidents 🕨	d. Others (see instructions)	46
47	БĊ		e. Total			47
48	APL	2		taxable income (See instructions).		48
49	ST			enter this amount on line 4		49
	_					
50			CATION OF INCOM			50
51	M				or 3b. Unistate entities go to line 4.)	51
52	3	a.	Non-Maryland income	e (for entities using separate account	ing).	52
53			Subtract this amount	from line 2 and enter the difference	on line 4 ▶ 3a.	53
54	2	b.		ent factor from computation workshe		• 54
55	-					55
	-			ent method). Multiply line 2 by this f		
56				zero, enter .000001)		56
57	E	ntit	y Tax Calculation			57
58	4	L	Pass-through entity t	axable income allocable to Maryland		58
59	_				an entry on line 1a. through line 1d.	59
60				erships see Specific Instructions)		60
			(Investment partne	sismps see specific instructions)		
61						61
62						

1	2 3	64	56	7	8 9	10	2 M/178	14 AD1	10	5 9 17	18	9 ²⁰	21	22	24 3	2 2 5	6 27	28	2930	0 31	32	34	36	3 37	8	404	42	4 4	45	47	18	50	52 1	53 53	1 5 55	6	585	9 ⁶⁰ 6	61 61	2 63	64	566	68	69 ⁷	0 71	72	374	576	77	8 7 9	80 81	648
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14 16 1 13 15 17 1 MARYLAND FORM 5111

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PASS-THROUGH ENTITY ELECTION INCOME TAX RETURN

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page 2 5

8	NAME	FEIN 8
9		9
10	5a.	Percentage of ownership by individual members shown on lines 1a and 1b (or profit/loss
11		percentage, if applicable)
12	5b.	Percentage of ownership by entity members shown on line 1c (or profit/loss percentage,
13		if applicable)
14	5c.	Add Lines 5a and 5b
15	эс. 6.	
16	0.	
	_	
17		
18	8.	Pass-through entity taxable income for entity members (Multiply line 4 by percentage
19		on line 5b.)
20	9.	Entity members' pass-through entity election tax (Multiply line 8 by 8.25%.) 9.
		Total pass-through entity election tax (Add lines 7 and 9.)
22	11.	Distributable cash flow limitation from worksheet. See instructions. If worksheet used,
23		check here ▶
24	12.	Pass-through entity election tax due (Enter the lesser of line 10 or line 11.)
25	13a.	Estimated tax paid with Form 510/511D and MW506NRS 25
26	13b.	Tax paid with an extension request on Form 510/511E
27	13c.	Credit for tax paid by another pass-through entity (Attach Maryland Schedule K-1 (510/511).) ► 13c.
28	13d.	If amending, total payments made with original plus additional tax paid after original
29		was filed
30	13e.	Total payments and credits (Add lines 13a through 13d.)
31		Balance of tax due (If line 12 exceeds line 13e, enter the difference.)
32		Overpayment (If line 13e exceeds line 12, enter the difference.)
33		If amending, prior overpayment (Total all refunds previously issued.)▶15a.
34		Interest and/or penalty from Form 500UP
35		late payment interest
	17	Total balance due (Add lines 12, 15a and 16. Subtract line 13e.)
37	17.	NOTE: The total tax paid on line 12 is to be reported either on the composite return or on
38		the returns of members. Nonresident entity and fiduciary members cannot file a composite 38
39		
40		
	10	
	18.	Anothe of overpayment non-original recent to be applied to estimated tax for 2025
42		
43	19.	Amount of overpayment TO BE REFUNDED (Add lines 16 and 18, and subtract the total
44		from line 15.) (If amending subtract lines 15a and 16 from line 15.) ▶ 19.
45		
46		CT DEPOSIT OF REFUND (see Instruction 9)
47		y that all account information is correct and clearly legible. If you are requesting direct deposit of your refund, com-
48	plete	the following. 48
49		49
50	► L	Check here if you authorize the State of Maryland to issue your refund by direct deposit.
51		51
52	► L	Check here if this refund will go to an account outside of the United States.
53		53
54	20a.	Type of account:
55		55
56	20b.	Routing Number (9-digits):
57		57
58	20c.	Account Number:
59		59
60	20d.	Name as it appears on the bank account:
61		61
62		62
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PASS-THROUGH ENTITY **ELECTION INCOME TAX** RETURN



5 6 7 8 9 ¹⁰ 11 ¹² 13 ¹⁴ 15 ¹⁶ 17 ¹⁸ 19	20 22 24 26 28 30 32 34 36 37 8 21 23 25 27 29 31 33 34 36 37 8	8 40 42 44 46 48 50 52 54 56 58 60 69 69 60 60 59 60 60 60 60 60 60 60 60 60 60 60 60 60	1 62 63 64 65 66 67 68 69 71 72 73 74 75 76 77 89 80 80 80 10 10 10 10 10 10 10 10 10 10 10 10 10
MARYLAND FORM	PASS-THROUGH ENT		2022
511	ELECTION INCOME T		page 3
JII.	RETURN	22511029	
	FEIN		
	ORMATION REQUIRED		
	l place of business in Maryland (if	other than indicated on page 1):	
2. Address at which ta	ax records are located (if other that	an indicated on page 1):	
3. Telephone number	of pass-through entity tax depart	ment:	
	on or incorporation:		
		(for a tax year in which a Maryland retu	
	were not previously reported to th		Yes No
II yes, indicate ta		and submit an amended return(s) toget	ner
with a copy of the i	RS adjustment report(s) under se		
6. Did the pass-throug of Maryland the las		g tax returns/forms with the Comptroller	Yes No
	ion, provide the following:		tes tes ino
Il a maitistate operati	ate corporation that is a member	of a unitary group?	▶ Yes No
	ate manufacturing corporation wil		· · · · · · · · · · · · · · · · · · ·
SIGNATURE AND VERI	FICATION		
Check here 🔰 if you au	uthorize your preparer to discuss t	his return with us.	
Under penalties of perjur	y, I declare that I have examined	this roturn including accompanying sch	
the best of my knowledg		this return, including accompanying sci	edules and statements and to
		complete. If prepared by a person other	
	e and belief it is true, correct and of which the preparer has any kno	complete. If prepared by a person other	
based on all information		complete. If prepared by a person other	
based on all information	of which the preparer has any kno	complete. If prepared by a person other owledge.	than taxpayer, the declaration is
based on all information Signature of general partner, of	of which the preparer has any kno	complete. If prepared by a person other	than taxpayer, the declaration is
based on all information	of which the preparer has any kno	complete. If prepared by a person other owledge. Printed name of the Preparer/Firm's nar	than taxpayer, the declaration is
based on all information	of which the preparer has any kno	complete. If prepared by a person other owledge.	than taxpayer, the declaration is
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based on all information Signature of general partner, of Title	of which the preparer has any kno	complete. If prepared by a person other owledge. Printed name of the Preparer/Firm's nar Signature of preparer other than taxpay	er (Required by Law)
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	aryland form 511	PASS-THRO	DUGH ENTIT INCOME TA	Y			225110399		202 page
		FEIN							
Schedule A	- COMPUTAT	ION OF APPORTI	ONMENT FACT	OR (App	plies only t	o multisi	tate pass-through (entities. See ins	tructions.
NOTE: Renta	/leasing compa	nies, financial institu	tions,		Column 1		Column 2		mn 3
3 I I I I I I I I I I I I I I I I I I I		nies, and worldwide ctions on Special App			TALS WITH MARYLAND		TOTALS WITHIN AND WITHOUT MARYLAND	(Column 1 rounded to	
5 1. Receipts		ceipts or sales less es	returns and						
3	b. Dividend	s							
9	c. Interest								
3	d. Gross re	nts	••••••						
	e. Gross ro	yalties							
	6 0								
	r. Capital g	ain net income	•••••						
		come (Attach sche							
		eipts (Add lines 1(a nns 1 and 2.)							
Report this		4 unless you use a						╞╤╤┩╎╎╎┞╢╸┞	
			special						
		r alternative appor							
apportionm formula.	ent formula or	r alternative appor							
apportionm formula.	ent formula or	r alternative appor							
apportionm formula. 2. Property	ent formula or a. Inventor	r alternative appor	tionment	Ó					
apportionm formula.	ent formula or a. Inventor b. Machiner	 alternative appor y	tionment						
apportionm formula.	ent formula or a. Inventor b. Machiner	r alternative appor	tionment						
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apportionm formula.	ent formula or a. Inventor b. Machiner c. Buildings d. Land	 alternative appor y	tionment						
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apportionm formula.	ent formula or a. Inventor b. Machiner c. Buildings d. Land e. Other tar f. Rent exp (multiply	y	tionment						
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NAME

PASS-THROUGH ENTITY ELECTION INCOME TAX RETURN MEMBERS' INFORMATION

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 80 8.1

PART I - INDIVIDUAL MEMBERS' INFORMATION

FEIN

	l Security Number and name of member	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 o pro rata share of tax credit (See Instruction
			Resident Resident			
1						
2						
3						
4						You must fi
5						Form 511
6						
						electronical
7						
						to pass on
8						
						business ta
9						
10						credits fror
10						
11						Form 500C
						T
12						and/or For
13						502S to you
14						
- · ·						members.
15						
	┍╾┼┼┼┼┼┼┼┼┼┥┥┥┥					
16						
	SUBTOTAL from	additional Form 511 Sch	nedule B for ir	ndividual members		
				TOTAL:		

81⁶⁴83

6 7 8 9 ¹⁰	11 13 15 17 19 MARYLAND FORM 5111 SCHEDULE B	PASS-TH ELECTIC	9 ³⁰ 31 ³² 33 ³⁴ 35 ³⁶ 37 ³⁸ 39 ⁴⁰ 41 ⁴¹ IROUGH ENTITY IN INCOME TAX MEMBERS' ATION	44 45 47 48 43 45 47 49	50 52 54 56 58 57 59 51 53 55 57 59 20 20 20 20 20 20 20 20 20 20 20 20 20		⁷⁰ 71 ⁷² 73 ⁷⁴ 75 ⁷⁶ 77 ⁷⁸ 79 ⁶ 2022
	– FIDUCIARY M e information in Fe		ORMATION Identification Number (order.			
Numbe	Employer Ident and name of e trust		Address	Check here if Maryland: Resident Non- 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 2 3							
4							You must file
5							Form 511 electronically
7							to pass on
8							business tax
10							credits from
11							Form 500CR and/or
13							Form 502S to
14							your members.
16							
	SL	JBTOTAL from a	additional Form 511 Sch	edule B for fi	duciary members TOTAL:		

64	5 6	7 8	9	10	12 COM	1 1.178 A	4 D1-0	16 691	18	2 19	21	22	2323	4 25	26 2	728	29 ³	30 31	32	33	4 35	36	38	3 39	40	42	4 4 1 3	45	46	48	50 9) 5 51	2	54 3 5	56 5	57 57	8 59	60 61	62 6	364	65 65	67	68	70 59	71	72	374	576	78	3 8 79	30 81	6483
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	10 112 14 16 18 29 2 MARYLAND FORM 5 11 1 SCHEDULE B	PASS-TH ELECTIC	9 ³⁰ 31 ³² 33 ³⁴ 35 ³⁶ 37 ³⁸ 39 ⁴⁰ 41 IROUGH ENTITY IN INCOME TAX MEMBERS' ATION	42 44 46 48 43 45 47 4	22511	B299	70,71 ⁷² ,77 ⁴ ,75 ⁶ ,77 ⁸ ,79 202 ,
NAME		FEIN					
PART	III – PASS-THROU	GH ENTITY I	MEMBERS' INFORMA	TION (INCL	UDING S CORPO	DRATIONS)	
Enter t	he information in Fe	deral Employe	er Identification Numb	er order.			
Endor	al Employer Identi	fication		Is Member a	Distributive or	Distributive or	Distributive or
	mber and name of		Address	Nonresident Entity		pro rata share	pro rata share
_	Through Entity			YES NO	of income (See Instructions.	of tax paid) (See Instructions.)	of tax credit (See Instructions.)
1							
2 –							
3							
4							You must file
5							
							Form 511
6 -							electronically
7							,
							to pass on
8 -							
9							business tax
10							credits from
							Form 500CR
12							and/or
13							
							Form 502S to
14							vour mombor
15							your members
16 -							
		SUBTOTAL f	rom additional Form 5	11 Schedule E		━┫┺╧╼╧╧╧╧╧╧╧╧┙┙┥┾┙┺═╧╸	
					TOTAL		

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	MARYLAND FORM 511 SCHEDULE B	PASS-TH ELECTIO	³⁰ ³¹ ³² ³³ ³⁴ ³⁵ ³⁶ ³⁷ ³⁸ ³⁹ ⁴⁰ ⁴¹ ROUGH ENTITY N INCOME TAX MEMBERS' ATION		50 51 52 53 54 55 56 57 58 59 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		70 ₇₁ 72 ₇₃ 74 ₇₅ 76 ₇₇ 78 ₇₉ 202
		FEIN					
			INFORMATION (EX r Identification Numb		ORPORATIONS)		
				Is Member a	Distributive or	Distributive or	Distributive or
	l Employer Ident		Address	Nonresident Entity	pro rata share	pro rata share	pro rata share
N	umber and name Corporation	e of		YES NO	of income (See Instructions.)	of tax paid (See Instructions.)	of tax credit (See Instructions.)
	corporation						
2							
							-
3							
							You must file
4							i su must me
5							Form 511
6							electronically
7							,
							to pass on
8							
							business tax
9							
10							credits from
10							
11							Form 500CR
12							and/or
13							
							Form 502S to
14 🗕							
							your members
15							
16							
		BTOTAL from ac	lditional Form 511 Sch	edule B for co	proorate members		
					TOTAL:		1

1	2	3 64	5 6	7	8	9 1	L O C	2 1.4.R	14 8AC	1-6	16	17	18	192	02	22	2	24	25	26	272	8	30	31	32	33	4 35	36	373	8	40	1 42	43	44	4 e	47	484	950) 51	52 5	3 ⁵⁴	55	56	, ⁵⁸	59 ⁶	0 61	62	1 65	66	768	69 ⁷	0	72	3 ⁷⁴	7 75	6	78	79 ⁸	0 81	64
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