12 14 16 18 20 22 24 26 28 30 32 34 36 38 1 2 3 3 MARYLAND PASS-THROUGH ENTITY **FORM ELECTION INCOME TAX** 511 RETURN 2022, ENDING OR FISCAL YEAR BEGINNING ► Federal Employer Identification Number (9 digits) FEIN Applied for Date (MMDDYY) 14 ► Date of Organization or Incorporation (MMDDYY) ► Business Activity Code No. (6 digits) Current Mailing Address (PO Box, number, street and apt. no) Current Mailing Address Line 2 (Apt No., Suite No., Floor No.) ZIP Code + 4 City or Town State 29 Foreign Country Name Foreign Province/State/County Do not write in this space Foreign Postal Code 33 ► ME TYPE OF ENTITY - Check the applicable box. ▶ **Amended** 36 S Corporation Partnership Limited Liability Company **Business Trust** Return ▶ CHECK HERE - Check applicable box(es). 38 First filing of the entity Inactive entity Final Return 510C Filed Name or address has changed 40 This tax year's beginning and ending dates are different from last year's due to an acquisition or consolidation. 42 This Form is used by PTEs that elect to remit tax on all members' shares of income. 44 1. Number of members: 45 a. Individual (including fiduciary) residents of Maryland ▶ c. Nonresident and resident entities ► 46 **b.** Individual (including fiduciary) nonresidents ▶ d. Others (see instructions) ▶ 2. Pass-through entity taxable income (See instructions). 49 Unistate entities also enter this amount on line 4.... ALLOCATION OF INCOME 51 Multistate pass-through entities must complete Line 3a. or 3b. Unistate entities go to line 4.) Non-Maryland income (for entities using separate accounting). 53 Subtract this amount from line 2 and enter the difference on line 4. . . ▶ 3a.

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

(Investment partnerships see Specific Instructions). (Check instructions)

NOTE: Complete lines 5a. through 19 only if there is an entry on line 1a. through line 1d.

on line 4. (If factor is zero, enter .000001).

Pass-through entity taxable income allocable to Maryland .

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Entity Tax Calculation

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





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5a. Percentage of ownership by individual members shown on lines 1a and 1b (or profit/loss percentage, if applicable). 5b. Percentage of ownership by entity members shown on line 1c (or profit/loss percentage, if applicable). 5c. Add Lines Sa and Sb. 5c. Add Lines Sa and Sb. 6. Pass-through entity taxable income for individual members (Multiply line 4 by the percentage on line Sa). 7. Total individual members' pass-through entity election tax (Multiply line 6 by 8%). 7. Total individual members' pass-through entity election tax (Multiply line 8 by 8.5%). 8. Pass-through entity taxable income for entity members (Multiply line 8 by 9.5%). 7. Total individual members' pass-through entity election tax (Multiply line 8 by 8.3.5%). 9. Entity members' pass-through entity election tax (Multiply line 8 by 8.3.5%). 9. Entity members' pass-through entity election tax (Multiply line 8 by 8.3.5%). 9. Entity members' pass-through entity election tax (Multiply line 8 by 8.3.5%). 9. Entity members' pass-through entity election tax (Multiply line 8 by 8.3.5%). 9. Entity members' pass-through entity election tax (Multiply line 8 by 8.3.5%). 9. Entity members' pass-through entity election tax (Multiply line 8 by 8.3.5%). 9. Entity members' pass-through entity election tax (Multiply line 8 by 8.3.5%). 9. Entity members' pass-through entity election tax (Multiply line 8 by 8.3.5%). 9. Entity members' pass-through entity election tax (Multiply line 8 by 8.3.5%). 9. Entity members' pass-through entity election tax (Multiply line 8 by 8.3.5%). 9. Entity members' pass-through entity election tax (Multiply line 8 by 8.3.5%). 9. Entity members and for line 11. 10. Interest of tax observations and election tax (Multiply line 8 by 8.3.5%). 11. Entity be tax observation for members (Multiply line 8 by 8.3.5%). 12. Entity for tax pale (Prima Subject line 13 by entity election tax (P	7	223110199	Т
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PASS-THROUGH ENTITY **ELECTION INCOME TAX** RETURN

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FEIN ADDITIONAL INFORMATION REQUIRED Address of principal place of business in Maryland (if other than indicated on page 1): 11 Address at which tax records are located (if other than indicated on page 1): Telephone number of pass-through entity tax department: 16 State of organization or incorporation: 16 4. 17 5. Has the Internal Revenue Service made adjustments (for a tax year in which a Maryland return 18 was required) that were not previously reported to the Comptroller of Maryland? 18 19 If "yes", indicate tax year(s) here: ______ and submit an amended return(s) together 20 with a copy of the IRS adjustment report(s) under separate cover. Did the pass-through entity file employer withholding tax returns/forms with the Comptroller No Yes 23 If a multistate operation, provide the following: 7. Is this entity a multistate corporation that is a member of a unitary group? . Yes No 8. Is this entity a multistate manufacturing corporation with more than 25 employees?..... Yes SIGNATURE AND VERIFICATION Check here if you authorize your preparer to discuss this return with us. 29 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to 30 the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is 31 based on all information of which the preparer has any knowledge. 33 33 34 34 Signature of general partner, officer or member Date Printed name of the Preparer/Firm's name 36 36 Title Signature of preparer other than taxpayer (Required by Law) 37 38 3.8 Street address of preparer or Firm's address 40 40 City, State, ZIP Code + 4 41 41 42 42 Preparer's PTIN (Required by Law) Telephone number of preparer 44 45 45 46 CODE NUMBERS (3 digits per line) 47 47 48 49 49 51 53 53 55 56 56 Make checks payable to and mail to: Comptroller Of Maryland, Revenue Administration Division 58 58 110 Carroll Street, Annapolis, Maryland 21411-0001 59 (Write Your Federal Employer Identification Number On Check Using Blue Or Black Ink.) 60 60 61 61

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4	1	MARYLAND PASS-THI	ROUGH ENTITY			
5	5	FORM ELECTION	N INCOME TAX			page 4 5
6	5	511 RETURN			225110399	6
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8	3	NAME FEIN				8
9)	NAME FEIN				9
1	. 0	Saladala A COMPUTATION OF APPOR	TIONMENT FACTOR	(4		tica Carlinaturations 10
1	.1	Schedule A - COMPUTATION OF APPOR	ITONMENT FACTOR	Applies only to mult	istate pass-through enti	ties. See instructions.)
1	.2	NOTE: Rental/leasing companies, financial inst	itutions.	Column 1	Column 2	Column 3
1	. 3	transportation companies, and worldwid	de headquartered	TOTALS WITHIN	TOTALS WITHIN AND WITHOUT	Column 1 ÷ Column 2 13
	. 4	companies see instructions on Special A	apportionment.	MARYLAND	MARYLAND	rounded to six places) 14
1	. 5	1. Receipts a. Gross receipts or sales le	ess returns and			15
	. 6	allowances				16
	. 7					17
	. 8	b. Dividends				18
	. 9					19
	2.0	c. Interest				20
	21					21
	22	d. Gross rents				22
	23	3.0.000.0000				23
	24	e. Gross royalties				24
	2.5	5.0.005.0941405.11.11				25
	26	f. Capital gain net income				26
	27	n sapital gam net medine				27
	2.8	g. Other income (Attach sci	hedule)			28
	9	h. Total receipts (Add lines				29
	30	for Columns 1 and 2.) .				■ 30
	31					31
	32	Report this factor on line 4 unless you use apportionment formula or alternative app				32
	33	formula.	or closmicite			33
	34					34
	_	2. Property a. Inventory				35
	36					36
	37	b. Machinery and equipmer	n†			37
	38	S. Hacking yand equipmen				38
	39	c. Buildings				39
	10	C. Buildings				40
	11	d. Land				41
	12					42
	13	e. Other tangible assets (At	tach schedule)			43
	14	f. Rent expense capitalized				44
	15	(multiply by eight)				45
	16	g. Total property (Add lines				46
	17	for Columns 1 and 2)				47
	18					48
	_	3. Payroll a. Compensation of officers				49
	0					50
	51	b. Other salaries and wages				51
	52	c. Total payroll (Add lines 3				52
	3	Columns 1 and 2.)				◀ 53
	54					54
	55			2 1		55
	6	 Maryland apportionment factor Enter formula or a special apportionment form 				56
	57	here. (If factor is zero, enter .000001 or				57
	8	11010. (11100001101	c 35, page 1.)			58
	9	Check here if special apporti	onment or alternativ	e apportionment	formula is used.	59
	50					60
	51					61
	52					62
	_					02
1 2 2 6	54 F	6 7 8 9 10 12 14 16 18 20 22 24 26 27 29 COM/RAD:06917 19 21 23 25 27 29	30_32_34_36_38_40_42	44 46 48 50 52 5	54_56_58_60 62 64 66	68 70 72 74 76 78 80 64 8
- - -	- 3	~ COM/RAD106917 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 [/1 [/3 75 77 79 81 83

	511 SCHEDULE B	INFO		MEMBE TION	CA.			225111	B099	
NAME		FEIN								
PART I	- INDIVIDUAL ME	EMBERS'	INFO	RMATIO	ON					
	e information in Soc									
							Check	Distributive or		1 5:4 4
Socia	al Security Numbe	r and		Add	ress		here if	pro rata share	Distributive or pro rata share	Distributive or pro rata share
	name of member						Maryland:	of income	of tax paid	of tax credit
							Resident Non- Resident	(See Instructions.)	(See Instructions.)	(See Instructions
1 -										4
										1
2										
3										
										You must file
4										i ou must me
5										Form 511
6										electronicall
7										to pass on
8										J
										business tax
9										j., ,
10										credits from
										Form 500CR
11										. 51111 500CK
12										and/or Form
1 1										-
13										502S to you
										1
14										members.
15										
										1
16										
	SUB	TOTAL fro	om ado	ditional F	orm 5	11 Sche	dule B for in	dividual members		1
					++			TOTAL	= 1 1 1 1 1 1 1 1	<u> </u>

COM/RAD-069

1 2 3 64 5 6 7 8 9 10 12 14 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 73 75 77 79 81 64 83

	FEIN			22511B	199	
	CIARY MEMBERS': tion in Federal Emplo	INFORMATION byer Identification Number	order.			
Number and na	er Identification ame of estate or ust	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.)
2						
3						You must file
5						Form 511
7						electronically to pass on
9						business tax
10						credits from Form 500CR
12						and/or
14						Form 502S to your members.
16						
	SUBTOTAL fro	om additional Form 511 Sch	edule B for fic	duciary members TOTAL:		

1 2 3 64 5 6 7 8 9 10 12 14 16 18 20 22 24 26 28 30 32 34 36 38 40 42 44 46 48 50 52 52 54 56 58 60 62 64 66 68 70 72 74 76 78 80 64 83 65 67 69 71 73 75 77 79 816483

1 2

	0 12 14 16 18 20 11 13 15 17 19 2 MARYLAND	PASS-TH	30 31 32 33 34 35 36 37 38 34 41 ROUGH ENTITY N INCOME TAX				2022
	511	RETURN	MEMBERS'	1 188118 11811	22511B	299	
	SCHEDULE B	INFORM	ATION				
AME		FEIN					
			IEMBERS' INFORMA		JDING S CORPO	RATIONS)	
nter th	ne information in Fe	ederal Employe	r Identification Numbe	er order.			
		1					1
Federa	ıl Employer Ident	ification		Is Member a	Distributive or	Distributive or	Distributive or
Nun	ber and name of	Pass-	Address	Nonresident Entity	pro rata share of income	pro rata share of tax paid	pro rata share of tax credit
	Through Entity			YES NO	(See Instructions.)	(See Instructions.)	(See Instructions.)
				TES NO	()	(
1							
\vdash							
2							'
3							
4							You must file
							Tou must me
5							Ec 511
							Form 511
6							
- -							electronically
7							
		 					to pass on
8							
							business tax
9							
10							credits from
10							
11							Form 500CR
12							and/ar
							and/or
13						<u> </u>	
							Form 502S to
14							
							your members.
15		 					
16						,	
		SUBTOTAL fi	om additional Form 51	1 Schedule B	for PTE members		
					TOTAL:		<u> </u>

1 2 3 64 5 6 7 8 9 10 12 14 16 18 20 22 24 26 28 30 32 34 36 37 39 41 43 45 47 49 51 53 55 57 59 61 63 65 67 69 71 72 74 76 78 80 8164 83 85 67 69 71 73 75 77 79 8164 83 85

1 2

	MARYLAND FORM 5 1 1 SCHEDULE B	PASS-THROUGH ENTI ELECTION INCOME TA RETURN MEMBERS' INFORMATION	Y
AME		FEIN	
			EXCLUDING S CORPORATIONS)
nter th	e information in F	ederal Employer Identification Nu	nber order.
e-			Is Member a Distributive or Distributive or Nonresident pro rata share pro rata share
	I Employer Ident umber and name	.	Nonresident pro rata share pro rat
	Corporation		YES NO (See Instructions.) (See Instructions.) (See Instructions.)
	Corporation		
1 -			
2			
3			
٦			
4			You must file
5			Form 511
6			
+			electronically
7			
			to pass on
8			
			business tax
9			
			credits from
10			
11			Form 500CR
11			Form Souck
12			
12			and/or
13			
			Form 502S to
14			
+			your members.
15			
16			
	SU	BTOTAL from additional Form 511	Schedule B for corporate members
			TOTAL:

1 2 3 64 5 6 7 8 9 10 12 14 16 18 20 22 24 26 28 30 32 34 36 37 39 41 42 44 46 48 50 52 54 55 57 57

60 61 62 63 65 67 69 71 72 73 74 75 77 79 81 64 83

1 2