

LINE NUMBER	FIELD	DESCRIPTION	FIELD SIZE	FIELD TYPE	COMMENTS, ACCEPTABLE VALUED, EDITS
1	Header	Header Version Number	2	Alpha-Numeric	"T1"
2	Header	Developer Code	4	Numeric	NACTP Vendor Code
3	Header	Jurisdiction Code	2	Alpha	MD
4	Header	Description	3	Numeric	511
5	Header	Specification Version	2	Numeric	01
6	Header	Software Form Version	2	Numeric	00-99
7	A	Federal Employer Identification Number	9	Numeric	
8	B	Date of Organization or Incorporation	6	Numeric	MMDDYY
9	B	Federal Business Code	6	Numeric	
10	C	Name of Entity	35	Alpha-Numeric	Legal Name of Entity
11	C	Street Address 1	30	Alpha-Numeric	Street address or Post Office Box
12	C	Street Address 2	30	Alpha-Numeric	Street address continued if necessary
13	C	City	20	Alpha-Numeric	City, Town, or Post Office, Include Foreign Country
14	C	State	2	Alpha	Standard Post Office 2 letter abbreviation
15	C	Zip	10	Alpha-Numeric	5 + 4 US Zip code, or up to 10 character foreign ZIP
16	D	Month End (Fiscal Year only)	2	Numeric	MM (Must be entered in ME box on paper return)
17	D	Year End (Fiscal Year only)	2	Numeric	YY (Must be entered in YE box on paper return)
18	E	Entity Type - S Corporation	1	Alpha	Blank or "S". "S" = box is marked, blank = box is not marked
19	E	Entity Type - Partnership	1	Alpha	Blank or "P". "P" = box is marked, blank = box is not marked
20	E	Entity Type - Limited Liability Corporation	1	Alpha	Blank or "L". "L" = box is marked, blank = box is not marked
21	E	Entity Type - Business Trust	1	Alpha	Blank or "O". "O" = box is marked, blank = box is not marked
22	F	Begin or end date different due to acquisition or consolidation check box	1	Numeric	Blank or "1". "1" = box is marked, blank = box is not marked
23	F	Amended Check box	1	Numeric	Blank or "1". "1" = box is marked, blank = box is not marked
24	1a	Number of individual (including fiduciary) resident members	5	Numeric	
25	1b	Number of nonresident (including fiduciary) individual members	5	Numeric	
26	1c	Number of nonresident and resident entity members	5	Numeric	
27	1d	Number of other members	5	Numeric	
28	2	Total distributive or pro rata income per Federal return	12	Numeric	Whole dollars including cents
29	3a	Non-Maryland income	12	Numeric	Whole dollars including cents
30	3b	Maryland Apportionment Factor	6	Numeric	6 digit apportionment factor (do not use decimal point). If factor is zero, enter .000001
31	5a	Percentage of Ownership by individual members	4	Numeric	4 digits DO NOT USE DECIMAL POINT
32	5b	Percentage of Ownership by individual entity members	4	Numeric	4 digits DO NOT USE DECIMAL POINT
33	11	Distributive cash flow worksheet checkbox	1	Numeric	Blank or "1". "1" = box is marked, blank = box is not marked
34	11	Distributable cash flow limitation	12	Numeric	Whole dollars including cents
35	13a	Estimated pass-through entity tax paid with Form 510D	12	Numeric	Whole dollars including cents
36	13b	Pass-through entity tax paid with extension request Form 510E	12	Numeric	Whole dollars including cents
37	13c	Credit for tax paid by another pass-through entity	12	Numeric	Whole dollars including cents
38	13d	If amending, total payments (original plus additional tax paid after original was filed)	12	Numeric	Whole dollars including cents
39	14	Balance of tax Due	12	Numeric	Whole dollars including cents
40	15	Overpayment	12	Numeric	Whole dollars including cents
41	15a	If amending, prior overpayments	12	Numeric	Whole dollars including cents
42	16	Interest and/or Penalty	12	Numeric	Whole dollars including cents
43	17	Balance Due	12	Numeric	Whole dollars including cents
44	18	Amount of overpayment from original return to be applied to estimated tax for 2022	12	Numeric	Whole dollars including cents
45	19	Amount to be refunded	12	Numeric	Whole dollars including cents
46	G	Check here if you authorize the State of Maryland to issue your refund by direct deposit.	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
47	G	Check here if this refund will go to an account outside of the United States.	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
48	20a	Checking Account	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
49	20a	Savings Account	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked

LINE NUMBER	FIELD	DESCRIPTION	FIELD SIZE	FIELD TYPE	COMMENTS, ACCEPTABLE VALUED, EDITS
50	20b	Routing Number	9	Numeric	Must be nine numbers
51	20c	Account Number	17	A N	Alpha Numeric
52	Add Info # 7	Question 7 - Yes Box only	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
53	Add Info # 8	Question 8 - Yes Box only	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
54	H	Preparer's PTIN	9	Alpha/Numeric	6-9 digits
55	I	Code number	9	Numeric	up to 3, 3 digit code #s in position 1-3, 4-6, & 7-9
56	J(1Ah)	Receipts Factor	7	Numeric	7 digit apportionment factor of 1000000 if equal to 1. If less than 1, factor must be 6 digits. Do not use decimal points.
57	J(2g)	Property Factor	7	Numeric	7 digit apportionment factor of 1000000 if equal to 1. If less than 1, factor must be 6 digits. Do not use decimal points.
58	J(3c)	Payroll Factor	7	Numeric	7 digit apportionment factor of 1000000 if equal to 1. If less than 1, factor must be 6 digits. Do not use decimal points.
59	I(5)	Maryland Apportionment factor Check Box	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
60	K	Trailer			*EOD* <CR>
61		Leave this line blank.			

Final as of 10/21/2021