12 14 16 18 22 24 26 28 30 32 34 36 38 1 2 3 3 MARYLAND PASS-THROUGH ENTITY 2022 **FORM ELECTION INCOME TAX** 511 RETURN 2022, ENDING OR FISCAL YEAR BEGINNING 10 11 ► Federal Employer Identification Number (9 digits) FEIN Applied for Date (MMDDYY) 14 14 ► Date of Organization or Incorporation (MMDDYY) ► Business Activity Code No. (6 digits) 16 17 18 19 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 29 Foreign Country Name oreign Province/State/County 30 Do not write in this space 32 Foreign Postal Code 33 33 ► ME ► YE 34 TYPE OF ENTITY - Check the applicable box. ▶ **Amended** 36 S Corporation Partnership Limited Liability Company **Business Trust** Return ▶ 36 CHECK HERE - Check applicable box(es). 38 3.8 First filing of the entity Inactive entity Final Return 510C Filed 39 Name or address has changed 40 40 This tax year's beginning and ending dates are different from last year's due to an acquisition or consolidation. 42 42 This Form is used by PTEs that elect to remit tax on all members' shares of income. 43 44 1. Number of members: 45 a. Individual (including fiduciary) residents of Maryland ▶ c. Nonresident and resident entities ► 45 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.... 00 49 ALLOCATION OF INCOME 51 Multistate pass-through entities must complete Line 3a. or 3b. Unistate entities go to line 4.) 51 Non-Maryland income (for entities using separate accounting). 53 Subtract this amount from line 2 and enter the difference on line 4. . . ▶ 3a. 00 54 3b. 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 on line 4. (If factor is zero, enter .000001) . ▶3b. **Entity Tax Calculation** 58 Pass-through entity taxable income allocable to Maryland . 00 58 NOTE: Complete lines 5a. through 19 only if there is an entry on line 1a. through line 1d.

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

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FORM 511

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PASS-THROUGH ENTITY ELECTION INCOME TAX RETURN





2022 page 2

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7			7
8	NAM	TE FEIN	8
9			9
10	5a.	Percentage of ownership by individual members shown on lines 1a and 1b (or profit/loss	10
1:		percentage, if applicable)▶5a.	11
12	2 5b.		12
13		if applicable)	13
14	⁴ 5c.		14
15		Pass-through entity taxable income for individual members (Multiply line 4 by the	15
16	- 0.		
1			U
18			18
19	- 0.	Pass-through entity taxable income for entity members (Multiply line 4 by percentage	
20			
			20
21			0 21
22			22
23			D 23
24			0 24
2.5			0 25
2 (D 26
2	130	c. Credit for tax paid by another pass-through entity (Attach Maryland Schedule K-1 (510/511).)▶ 13c.	0 27
28	130	d. If amending, total payments made with original plus additional tax paid after original	28
2.9	9	was filed	D 29
30	130	e. Total payments and credits (Add lines 13a through 13d.)	D 30
3.3	14.	Balance of tax due (If line 12 exceeds line 13e, enter the difference.)	D 31
32	15 .		
33	³ 15a	a. If amending, prior overpayment (Total all refunds previously issued.)	
34	16.	\	34
35	5	late payment interest	⊓ 35
3 (17 .		
3	7	NOTE: The total tax paid on line 12 is to be reported either on the composite return or on	37
38	3	the returns of members. Nonresident entity and fiduciary members cannot file a composite	38
3.9	9	return or be included in the composite return filed by nonresident individual members.	39
4 ((See instructions.)	40
4:	18.		41
42		(not to exceed the net of lines 15 minus 15a and 16.)	n 42
43	19 .		43
4.4		from line 15.) (If amending subtract lines 15a and 16 from line 15.)	□ 44
4.5	5		45
4 6	5 DI	RECT DEPOSIT OF REFUND (see Instruction 9)	46
4	_ D11	rify that all account information is correct and clearly legible. If you are requesting direct deposit of your refund, com-	47
4.8	_	te the following.	48
4.9	pie	ic the following.	49
50		Check here if you authorize the State of Maryland to issue your refund by direct deposit.	50
5:		Sheek here if you dutilotize the State of Flat yiana to 135ac your relating by diffect deposit.	51
52		Check here if this refund will go to an account outside of the United States.	52
53		Check here it this retaind will go to all account outside of the officer states.	53
54		a. Type of account:	54
55		a. Type of account:	55
5 (b. Routing Number (9-digits):	56
5		- Routing Number (5-digits)	57
		- Account Number	58
58		c. Account Number:	59
60			60
6:		d. Name as it appears on the bank account:	
62			61
04		┟┤╎╎╎╎╎╎╎╎╎╎╎╎╎╎╎╎╎╎╎╎╎	102
2 2 6	1 5 6 5	0 0 10 12 14 16 18 20 22 24 26 28 30 32 34 36 38 40 42 44 46 48 50 52 54 56 58 60 62 64 66 68 70 72 74 76 78	80
2 3 64	2 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 54 56 58 60 62 64 66 68 70 72 74 76 78 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 71 73 75 77 79	81 64 83

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



2022 page 3

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7			7
8	NAME	FEIN FEIN	8
9			9
10		ADDITIONAL INFORMATION REQUIRED	10
11	1.	Address of principal place of business in Maryland (if other than indicated on page 1):	11
12			12
13	2.	Address at which tax records are located (if other than indicated on page 1):	13
14			14
15	3.	Telephone number of pass-through entity tax department:	15
16	4.	State of organization or incorporation:	16
17	5.	Has the Internal Revenue Service made adjustments (for a tax year in which a Maryland return	17
18		was required) that were not previously reported to the Comptroller of Maryland? Yes No	18
19		If "yes", indicate tax year(s) here: and submit an amended return(s) together	19
20		with a copy of the IRS adjustment report(s) under separate cover.	20
21	6.	Did the pass-through entity file employer withholding tax returns/forms with the Comptroller	21
22		of Maryland the last calendar year?	22
23	Tf a	multistate operation, provide the following:	23
24		this entity a multistate corporation that is a member of a unitary group? Yes No	24
25		this entity a multistate manufacturing corporation with more than 25 employees? Yes No	25
26	0. 13	this entity a multistate manufacturing corporation with more trial 25 employees:	26
27			27
28	SIG	NATURE AND VERIFICATION	28
29	Chec	k here if you authorize your preparer to discuss this return with us.	29
30		r penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to	30
		est of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is	31
32		d on all information of which the preparer has any knowledge.	32
33			33
34			34
35	Signa	ure of general partner, officer or member Date Printed name of the Preparer/Firm's name	35
36			36
37	Title	Signature of preparer other than taxpayer (Required by Law)	37
38			38
39		Street address of preparer or Firm's address	39
40			40
41		City, State, ZIP Code + 4	41
42			42
43		Telephone number of preparer Preparer's PTIN (Required by Law)	•
44			1.0
45			45
46			46
47		CODE NUMBERS (3 digits per line)	47
48			48
49			49
50			50
51			
			51
52			52
53			53
54			54
55			55
56			56
57		Make checks payable to and mail to: Comptroller Of Maryland, Revenue Administration Division	57
58		110 Carroll Street, Annapolis, Maryland 21411-0001	58
59		(Write Your Federal Employer Identification Number On Check Using Blue Or Black Ink.)	59
60		(write rour reaeral Employer Identification Number on Check Using Dide of Didek Ink.)	60
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PASS-THROUGH ENTITY **ELECTION INCOME TAX** RETURN



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transp	leasing companies, financial institutions, prtation companies, and worldwide headquartered nies see instructions on Special Apportionment.	Column 1 TOTALS WITHIN MARYLAND	Column 2 TOTALS WITHIN AND WITHOUT MARYLAND	Column 3 DECIMAL FACTOR (Column 1 ÷ Column 2 rounded to six places)
Receipts	a. Gross receipts or sales less returns and			
	allowances			_
	b.Dividends			<u> </u>
	b. Dividends			
	c. Interest			
				-
	d. Gross rents			
	e. Gross royalties			
	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.)			
oportionme ormula.	nt formula or alternative apportionment			
pportionme ormula.	a. Inventory			
eport this f pportionme ormula. Property				
pportionme ormula.	a. Inventory			
pportionme ormula.	a. Inventory			
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Property	a. Inventory			
Property Payroll	a. Inventory			
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Property Payroll Maryland factor. (If f.	a. Inventory			

PART I – INDIVIDUAL MEMBERS' INFORMATION Enter the information in Social Security Number and name of member Social Security Number and name of member Address Having over (See Instructions) (See Instructions) You must file Form 511 electronically to pass on business tax social Security Number and name of member To take the information in Social Security Number order. Social Security Number and name of member Address Address Having over (See Instructions) Address of income of tax pash of ta		511 SCHEDULE B	ELECTION INCOME TAX RETURN MEMBERS' INFORMATION	202 22511B099	
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Social Security Number and name of member Address her if maryland of income of tax paid					_
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name of member Maryland: Of income Of tax paid Of tax credit (See Instructions.) (See Instructions.)	504	sial Security Numbe	r and Addross		+
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nter tr	ne information in Fe	ederal Employer	Identification Number	order.						
				Is Member a	Distributive or	Distributive or	Distributive or			
	al Employer Ident		Address	Nonresident	pro rata share	pro rata share	pro rata share			
Nun	nber and name of	Pass-		Entity	of income	of tax paid	of tax credit			
	Through Entity			YES NO	(See Instructions.)	(See Instructions.)	(See Instructions.)			
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