

LINE NUMBER	FIELD	DESCRIPTION 504	FIELD SIZE	FIELD TYPE	COMMENTS, ACCEPTABLE VALUES, 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	504
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	Name of Estate or Trust	35	Alpha-Numeric	Legal Name of Trust
9	B	Name and Title of Fiduciary	35	Alpha	Name of Trustee(s)
10	C	Street Address 1	30	Alpha-Numeric	Street No. and Street Name or PO Box
11	C	Street Address 2	30	Alpha-Numeric	Apt No., Suite No., Floor No.
12	C	City	20	Alpha-Numeric	City, Town, or Post Office
13	C	State	2	Alpha	Standard Post Office 2 letter abbreviation
14	C	Zip	10	Alpha-Numeric	5 + 4 US Zip code
	C	Foreign Country Name	40	Alpha-Numeric	Country name
	C	Foreign Province/State/County	24	Alpha-Numeric	Street No. and Street Name or PO Box
	C	Foreign Postal Code	10	Alpha-Numeric	Foreign ZIP up to 10 characters
15	D	Entity - Decedent's Estate	1	Numeric	Blank or "1". "1" = box is marked, Blank = box is not marked
16	E	Entity - Simple Trust	1	Numeric	Blank or "2". "2" = box is marked, Blank = box is not marked
17	F	Entity - Complex Trust	1	Numeric	Blank or "3". "3" = box is marked, Blank = box is not marked
18	G	Entity - Grantor Type Trust	1	Numeric	Blank or "4". "4" = box is marked, Blank = box is not marked
19	H	Entity - Bankruptcy Estate	1	Numeric	Blank or "5". "5" = box is marked, Blank = box is not marked
20	I	Entity - Qualified Funeral Trust	1	Numeric	Blank or "6". "6" = box is marked, Blank = box is not marked
21	J	Entity - Electing Small Business Trust	1	Numeric	Blank or "7". "7" = box is marked, Blank = box is not marked
22	K	Entity - Other	1	Numeric	Blank or "8". "8" = box is marked, Blank = box is not marked
23	L	Final Return Indicator	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
24	M	Sub Division Code	4	Numeric	
25	3	Income from ESBT	12	Numeric	Whole dollars only
26	4	Federal Taxable Income plus nonallocable additions	12	Numeric	Whole dollars only
27	5	Fiduciary's share of Maryland Modifications	12	Numeric	Whole dollars only
28	7	Nonresident beneficiary deduction	12	Numeric	Whole dollars only
29	Form 504NR - Line 9, Col A	Federal Total Income	12	Numeric	Whole dollars only
30	Form 504NR - Line 15, Col A	Federal Taxable Income	12	Numeric	Whole dollars only
31	Form 504NR - Line 15, Col B	Non-Maryland Source Distributable Income	12	Numeric	Whole dollars only
32	Form 504NR - Line 15, Col C	Non-Maryland Source Non-distributable Income	12	Numeric	Whole dollars only
33	Form 504NR - Line 15, Col D	Maryland Source Distributable Income	12	Numeric	Whole dollars only

34	Form 504NR - Line 16C				
		Net Maryland Modifications	12	Numeric	Whole dollars only
LINE NUMBER	FIELD	DESCRIPTION	FIELD SIZE	FIELD TYPE	COMMENTS, ACCEPTABLE VALUES, EDITS
35	Form 504NR - Line 16F				
		Net Maryland ESBT income	12	Numeric	Whole dollars only
36	Form 504NR - Line 17E				
		Taxable Net Income from Maryland Sources	12	Numeric	Whole dollars only
37	Form 504NR - Line 18				
		Taxable Net Income (Form 504, Line 10)	12	Numeric	Whole dollars only
38	15	Nonrefundable Business Tax Credits from 504CR	12	Numeric	Whole dollars only
39	22	Contribution to Chesapeake Bay/Endangered Species	12	Numeric	Whole dollars only
40	23	Contribution to Developmental Disabilities Services and Support Fund	12	Numeric	Whole dollars only
41	24	Contribution to Maryland Cancer Fund	12	Numeric	Whole dollars only
42	25	Contribution to Fair Campaign Financing Fund	12	Numeric	Whole dollars only
43	27	Total Maryland and Local Tax Withheld	12	Numeric	Whole dollars only
44	28	Estimated Tax paid, applied from prior year return and Amt Paid with Ext. Request	12	Numeric	Whole dollars only
45	29	Nonresident tax paid by a PTE	12	Numeric	Whole dollars only
46	30	Refundable Business and/or Heritage Structure Rehabilitation Tax Credits	12	Numeric	Whole dollars only
47	32	Balance Due	12	Numeric	Whole dollars only
48	33	Overpayment	12	Numeric	Whole dollars only
49	34	Amount of Overpayment to be applied to estimated tax	12	Numeric	Whole dollars only
50	35	Amount of Overpayment to be refunded	12	Numeric	Whole dollars only
51	36	Total Interest Charges	12	Numeric	Whole dollars only
52	N	FAIB (Foreign Account Indicator)	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
53	N	Domestic Account Indicator	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
54	38a	Checking Account	1	Alpha	Blank or "C". "C" = box is marked, Blank = box is not marked
55	38a	Savings Account	1	Alpha	Blank or "S". "S" = box is marked, Blank = box is not marked
56	38b	Routing Number	9	Numeric	Must be nine numbers
57	38c	Account Number	17	Alpha-Numeric	
58	O	Authorize your preparer to discuss this return Check Box	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
59	P	Preparer's PTIN	9	Alpha-Numeric	6 - 9 digits
60	Q	Daytime Telephone Number	10	Numeric	No parenthesis, hyphens or spaces
61	R	Code number	3	Numeric	3 digit code
62	S	Code number	3	Numeric	3 digit code
63	T	Code number	3	Numeric	3 digit code
64	U	Trailer			*EOD* <CR>
65		Leave this line blank.			
		Specification Version 01			