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	Name of Entity	35	Alpha-Numeric	Legal Name of Entity
12	C	Street Address 1	30	Alpha-Numeric	Street address or Post Office Box
13	C	Street Address 2	30	Alpha-Numeric	Street address continued if necessary
14	C	City	20	Alpha-Numeric	City, Town, or Post Office, Include Foreign Country
15	C	State	2	Alpha	Standard Post Office 2 letter abbreviation
16	C	Zip	10	Alpha-Numeric	5 + 4 US Zip code, or up to 10 character foreign ZIP
	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
17	D	Month End (Fiscal Year only)	2	Numeric	MM (Must be entered in ME box on paper return)
18	D	Year End (Fiscal Year only)	2	Numeric	YY (Must be entered in YE box on paper return)
19	E	Entity Type - S Corporation	1	Alpha	Blank or "S". "S" = box is marked, blank = box is not marked
20	E	Entity Type - Partnership	1	Alpha	Blank or "P". "P" = box is marked, blank = box is not marked
21	E	Entity Type - Limited Liability Corporation	1	Alpha	Blank or "L". "L" = box is marked, blank = box is not marked
22	E	Entity Type - Business Trust	1	Alpha	Blank or "O". "O" = box is marked, blank = box is not marked
23	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
24	F	Amended Checkbox	1	Numeric	Blank or "1". "1" = box is marked, blank = box is not marked
25	G	Electing to remit tax on all members' shares of income check box	1	Numeric	Blank or "1". "1" = box is marked, blank = box is not marked
26	1a	Number of individual (including fiduciary) resident members	5	Numeric	
27	1b	Number of nonresident (including fiduciary) individual members	5	Numeric	
28	1c	Number of nonresident and resident entity members	5	Numeric	
29	1d	Number of other members	5	Numeric	
30	1e	Number of total members	5	Numeric	
31	2	Total distributive or pro rata income per Federal return	12	Numeric	Whole dollars only
32	3a	Non-Maryland income	12	Numeric	Whole dollars only
33	3b	Maryland Apportionment Factor	6	Numeric	6 digit apportionment factor (do not use decimal point). If factor is zero, enter .000001
34	5a	Percentage of Ownership by individual members	4	Numeric	4 digits DO NOT USE DECIMAL POINT
35	5b	Percentage of Ownership by individual entity members	4	Numeric	4 digits DO NOT USE DECIMAL POINT
36	11	Distributive cash flow worksheet checkbox	1	Numeric	Blank or "1". "1" = box is marked, blank = box is not marked
37	11	Distributable cash flow limitation	12	Numeric	Whole dollars only
38	13a	Estimated pass-through entity tax paid with Form 510D	12	Numeric	Whole dollars only
39	13b	Pass-through entity tax paid with extension request Form 510E	12	Numeric	Whole dollars only
40	13c	Credit for tax paid by another pass-through entity	12	Numeric	Whole dollars only
41	13d	If amending, total payments (original plus additional tax paid after original was filed	12	Numeric	Whole dollars only
42	14	Balance of tax Due	12	Numeric	Whole dollars only
43	15	Overpayment	12	Numeric	Whole dollars only
44	15a	If amending, prior overpayments	12	Numeric	Whole dollars only
45	16	Interest and/or Penalty	12	Numeric	Whole dollars only
46	17	Balance Due	12	Numeric	Whole dollars only
47	18	Amount of overpayment from original return to be applied to estimated tax for 2022	12	Numeric	Whole dollars only

LINE NUMBER	FIELD	DESCRIPTION	FIELD SIZE	FIELD TYPE	COMMENTS, ACCEPTABLE VALUED, EDITS
48	19	Amount to be refunded	12	Numeric	Whole dollars only
49	Add Info # 7	Question 7 - Yes Box only	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
50	Add Info # 8	Question 8 - Yes Box only	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
51	H	Preparer's PTIN	9	Alpha/Numeric	6-9 digits
52	I	Code number	9	Numeric	up to 3, 3 digit code #s in position 1-3, 4-6, & 7-9
53	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.
54	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.
55	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.
56	I(5)	Maryland Apportionment factor Check Box	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
57	K	Trailer			*EOD* <CR>
58		Leave this line blank.			