

MARYLAND FORM 510/511E

APPLICATION FOR EXTENSION TO FILE PASS-THROUGH ENTITY INCOME TAX RETURN



2024

24510E099

OR FISCAL YEAR BEGINNING [] 2024, ENDING []

[]

Federal Employer Identification Number (9 digits)

[]

Name

[]

Current Mailing Address (PO Box, Number, Street and Apt. No)

[]

Current Mailing Address Line 2 (Apt No., Suite No., Floor No.)

[]

City or Town

[]

State

[]

ZIP Code + 4

[]

Foreign Country Name

[]

Foreign Province/State/County

[]

Foreign Postal Code

Table with 4 columns: ME, YE, EC, EC. Header: For Office Use Only



IF NO TAX IS DUE WITH THIS EXTENSION, DO NOT MAIL THIS PAPER FORM, INSTEAD FILE THE EXTENSION AT: marylandtaxes.gov OR CALL 410-260-7829 FROM CENTRAL MARYLAND OR 1-800-260-3664 FROM ELSEWHERE TO TELEFILE THIS FORM.

TYPE OF ENTITY - Check the applicable box.

- S Corporation, Partnership, Limited Liability Company, Business Trust

IMPORTANT: Composite Return filers use Form EL102B (See instructions).

Check here if you are a first time filer or your mailing address has changed

MANDATORY: You must select either Box A or Box B. The choice you make on your first filing of the tax year is irrevocable for the tax year.

If the 510/511E is your first filing of the tax year, you must select either Box A or Box B, and the choice you make is irrevocable for the tax year.

Box A: Check here if PTE has made the irrevocable election for Tax Year 2024 to remit tax with respect to all members' shares. See instructions.

Box B: Check here if paying tax only on behalf of nonresident members.

INSTRUCTIONS FOR TAX PAYMENT WORKSHEET

Line 1 - Tax liability Enter the total amount of nonresident or Electing PTE tax the pass-through entity is expected to owe. Use Form 510 or Form 511 as a worksheet.

Line 2 - Estimated tax payments Enter the total amount of Maryland estimated tax paid with Form 510/511D for the tax year.

Line 3 - Tax due Subtract line 2 from line 1 and enter the result. This is the tax to be paid with the application for extension.

TAX PAYMENT WORKSHEET

Table with 3 rows: 1. Tax liability, 2. Estimated tax/local tax payments, 3. Tax due - Subtract line 2 from line 1

TAX PAID WITH THIS EXTENSION \$ []

IF NO TAX IS DUE WITH THIS EXTENSION, DO NOT MAIL THIS PAPER FORM UNLESS IT IS THE FIRST FILING OF THE ENTITY, INSTEAD FILE THE EXTENSION AT: marylandtaxes.gov OR CALL 410-260-7829 FROM CENTRAL MARYLAND OR 1-800-260-3664 FROM ELSEWHERE TO TELEFILE THIS FORM.