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LINE	בובו כ	DECORIDATION	FIELD		COMMENTO A COERTARI E VALUER ERITO
NUMBER	FIELD	DESCRIPTION	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	Α	Federal Employer Identification Number	9	Numeric	
8	В	Date of Organization or Incorporation	6	Numeric	MMDDYY
9	В	Federal Business Code	6	Numeric	
10	С	Name of Entity	35	Alpha-Numeric	Legal Name of Entity
11	С	Street Address 1	30	Alpha-Numeric	Street address or Post Office Box
12	С	Street Address 2	30	Alpha-Numeric	Street address continued if necessary
13	С	City	20	Alpha-Numeric	City, Town, or Post Office, Include Foreign Country
14	С	State	2	Alpha	Standard Post Office 2 letter abbreviation
15	С	Zip	10		5 + 4 US Zip code, or up to 10 character foreign ZIP
16	D	Month End (Fiscal Month 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	1а	Number of individual (including fiduciary) resident members	5	Numeric	blank of O . O - box is marked, blank - box is not marked
23	1b	Number of individual (including fiduciary) resident members Number of nonresident (including fiduciary) individual members	5	Numeric	
24	1c	Number of nonresident and resident entity members	5	Numeric	
25	1d	Number of other members	5	Numeric	
		Pass-through entity taxable income (See instructions). Unistate entities also enter this			
26	2	amount on line 4	12	Numeric	Whole dollars including cents
27	3a	Non-Maryland income	12	Numeric	Whole dollars including cents
					7 digit apportionment factor (do not use decimal point). If factor is zero,
28	3b	Maryland Apportionment Factor	6	Numeric	enter 1000000
29	5a	Percentage of Ownership by individual members	4	Numeric	4 digits DO NOT USE DECIMAL POINT
30	5b	Percentage of Ownership by individual entity members	4	Numeric	4 digits DO NOT USE DECIMAL POINT
31	11	Distributive cash flow worksheet checkbox	1	Alpha	Blank or "Y". "Y" = box is marked, blank = box is not marked
32	11	Distributable cash flow limitation	12	Numeric	Whole dollars including cents
33	13a	Estimated pass-through entity tax paid with Form 510D	12	Numeric	Whole dollars including cents
34	13b	Pass-through entity tax paid with extension request Form 510E	12	Numeric	Whole dollars including cents
35	13c	Credit for tax paid by another pass-through entity	12	Numeric	Whole dollars including cents
36	13d	If amending, total payments (original plus additional tax paid after original was filed	12	Numeric	Whole dollars including cents
37	14	Balance of tax Due	12	Numeric	Whole dollars including cents
38	15	Overpayment	12	Numeric	Whole dollars including cents
39	15a	If amending, prior overpayments	12	Numeric	Whole dollars including cents
40	16	Interest and/or Penalty	12	Numeric	Whole dollars including cents
41	17	Balance Due	12	Numeric	Whole dollars including cents
42	18	Amount of overpayment from original return to be applied to estimated tax for 2022	12	Numeric	Whole dollars including cents
43	19	Amount to be refunded	12	Numeric	Whole dollars including cents
.0		Check here if you authorize the State of Maryland to issue your refund by direct deposit.	1	Alpha	TTTIOLO GONGIO INDIGGING CONTO
44	['	To hear in you authorize the state of ivialyland to issue your retund by direct deposit.	'	Zihiia	Blank or "Y". "Y" = box is marked, Blank = box is not marked
44 45	_	Chook hars if this refund will go to an account suitaids of the United States	1	Alpho	Blank or "Y". "Y" = box is marked, Blank = box is not marked Blank or "Y". "Y" = box is marked, Blank = box is not marked
45 46	200	Check here if this refund will go to an account outside of the United States.	4	Alpha	Blank or "C". "C" = box is marked, Blank = box is not marked Blank or "C". "C" = box is marked, Blank = box is not marked
	20a	Checking Account	4	Alpha	
47	20a	Savings Account	[]	Alpha	Blank or "S". "S" = box is marked, Blank = box is not marked

LINE	1		FIELD	İ	
NUMBER	FIELD	DESCRIPTION	SIZE	FIELD TYPE	COMMENTS, ACCEPTABLE VALUED, EDITS
48	20b	Routing Number	9	Numeric	Must be nine numbers
49	20c	Account Number	17	Alpha-Numeric	Must be 17 digits
	Add Info #				
50	7	Question 7 - Yes Box only	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
	Add Info #				
51	8	Question 8 - Yes Box only	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
52	G	Preparer's PTIN	9	Alpha-Numeric	6-9 digits
53	Н	Code number	3	Numeric	3 digit code
54	Н	Code number	3	Numeric	3 digit code
55	Н	Code number	3	Numeric	3 digit code
					7 digit apportionment factor of 1000000 if equal to 1. If less than 1, factor
56	I (1H3)	Receipts Factor	7	Numeric	must be 6 digits. Do not use decimal points.
					7 digit apportionment factor of 1000000 if equal to 1. If less than 1, factor
57	I (2G3)	Property Factor	7	Numeric	must be 6 digits. Do not use decimal points.
					7 digit apportionment factor of 1000000 if equal to 1. If less than 1, factor
58	I (3C3)	Payroll Factor	7	Numeric	must be 6 digits. Do not use decimal points.
59	J	Maryland Apportionment factor Check Box	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
60	K	Trailer			*EOD* <cr></cr>
61		Leave this line blank.			