				1	
LINE NUMBER		DESCRIPTION	FIELD SIZE	FIELD TYPE	
NUMBER	FIELD	DESCRIPTION	SIZE	FIELD I YPE	COMMENTS, ACCEPTABLE VALUED, EDITS
4	lleeden	lleeder Mensier Neusleer	2	Alusha Niverania	NT 41
	Header	Header Version Number	4	Alpha-Numeric	"T1"
	Header	Developer Code		Numeric	NACTP Vendor Code
3	Header	Jurisdiction Code	2	Alpha	MD
4	Header	Description	4	Alpha-Numeric	
5	Header	Specification Version	2	Numeric	01
0	Header	Software Form Version	2	Numeric	00-99
	A	Federal Employer Identification Number	9	Numeric	
	B B	Date of Organization or Incorporation Federal Business Code	6	Numeric Numeric	MMDDYY 6 Digit
-	С	Last Name	20	Alpha-Numeric	
-	C C	First Name	20	Alpha-Numeric	
	C C	Street Address 1	30		Street address or Post Office Box
	C C	Street Address 2	30		
-	-				Street address continued if necessary
	C	City	20		City, Town, or Post Office, Include Foreign Country
	C C	State	2	Alpha	Standard Post Office 2 letter abbreviation
-	-		10		5 + 4 US Zip code, or up to 10 character foreign ZIP
	D	Month End (Fiscal Month only)	2	Numeric	MM (Must be entered in ME box on paper return)
	D	Year End (Fiscal Year only)	2	Numeric	YY (Must be entered in YE box on paper return)
19	1	Number of nonresident individual members	5	Numeric	
-	2	Number of eligible nonresident individual members included in this composite filing	5	Numeric	
	3	Total distributive or pro rata share of income	12	Numeric	Whole dollars including cents
	4	Total exemption amount	12	Numeric	Whole dollars including cents
	5	Total standard deduction	12	Numeric	Whole dollars including cents
21	7	Total flow-through decoupling modifications	12	Numeric	Whole dollars including cents
	8	Total income allocable to MD	12	Numeric	Whole dollars including cents
	12a	Total PTE nonresident tax	12	Numeric	Whole dollars including cents
27	12b	Payment made with extension request	12	Numeric	Whole dollars including cents
28	13	Balance Due	12	Numeric	Whole dollars including cents
29	14	Overpayment	12	Numeric	Whole dollars including cents
30	15	Interest charge for late filing	12	Numeric	Whole dollars including cents
31	17	Overpayment to be refunded	12	Numeric	Whole dollars including cents
	_	Check here if you authorize the State of Maryland to issue your refund by direct	1.	l	
	E	deposit.	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
	E	Check here if this refund will go to an account outside of the United States.	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
34	18a	Checking Account	1	Alpha	Blank or "C". "C" = box is marked, Blank = box is not marked
35	18a	Savings Account	1	Alpha	Blank or "S". "S" = box is marked, Blank = box is not marked
36	18b	Routing Number	9	Numeric	Must be nine numbers
37	18c	Account Number	17		19 digits
	F	Preparer's PTIN	10		No parenthesis, hyphens or spaces
	G	Code Number	3	Numeric	3 digit code
	G	Code Number	3	Numeric	3 digit code
	G	Code Number	3	Numeric	3 digit code
	Н	Trailer			*EOD* <cr></cr>
43		Leave this line blank.			
		Specification Version 01 10/24/24			