



245110099

OR FISCAL YEAR BEGINNING _____ 2024, ENDING _____

Federal Employer Identification Number (9 digits) FEIN Applied for Date (MMDDYY)

Date of Organization or Incorporation (MMDDYY) Business Activity Code No. (6 digits)

Print Using Blue or Black Ink Only

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

Do not write in this space. ME YE

TYPE OF ENTITY - Check the applicable box.

- S Corporation Partnership Limited Liability Company Business Trust

Amended Return

CHECK HERE - Check applicable box(es).

- Name or address has changed First filing of the entity Inactive entity Final Return
This tax year's beginning and ending dates are different from last year's due to an acquisition or consolidation.

This Form is used by PTEs that elect to remit tax on all members' shares of income.

- 1. Number of members: a. Individual (including fiduciary) residents of Maryland b. Individual (including fiduciary) nonresidents c. Nonresident and resident entities d. Others (see instructions) e. Total

2. Pass-through entity taxable income (See instructions). Unistate entities also enter this amount on line 4. 2. 00

ALLOCATION OF INCOME

Multistate pass-through entities must complete Line 3a. or 3b. Unistate entities go to line 4.)

3a. Non-Maryland income (for entities using separate accounting). Subtract this amount from line 2 and enter the difference on line 4. 3a. 00

3b. Maryland apportionment factor from computation worksheet on Page 4 (for entities using the apportionment method). Multiply line 2 by this factor and enter the result on line 4. (If factor is zero, enter .000001). 3b. .

Entity Tax Calculation

4. Pass-through entity taxable income allocable to Maryland 4. 00

NOTE: Complete lines 5a. through 19 only if there is an entry on line 1a. through line 1d. (Investment partnerships see Specific Instructions). (Check instructions)



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NAME _____ FEIN _____

Table with 3 columns: Line number, Description, and Amount. Includes lines 5a through 19. Line 12 amount is 00. Line 13e amount is 00. Line 14 amount is 00. Line 15 amount is 00. Line 15a amount is 00. Line 16 amount is 00. Line 17 amount is 00. Line 18 amount is 00. Line 19 amount is 00.

DIRECT DEPOSIT OF REFUND (See Instruction 9)

Verify that all account information is correct and clearly legible. If you are requesting direct deposit of your refund, complete the following.

Check here if you authorize the State of Maryland to issue your refund by direct deposit.

Check here if this refund will go to an account outside of the United States.

20a. Type of account: Checking Savings

20b. Routing Number (9-digits):

20c. Account Number:

20d. Name as it appears on the bank account:



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NAME _____ FEIN _____

ADDITIONAL INFORMATION REQUIRED

- 1. Address of principal place of business in Maryland (if other than indicated on page 1): _____
 - 2. Address at which tax records are located (if other than indicated on page 1): _____
 - 3. Telephone number of pass-through entity tax department: _____
 - 4. State of organization or incorporation: _____
 - 5. Has the Internal Revenue Service made adjustments (for a tax year in which a Maryland return was required) that were not previously reported to the Comptroller of Maryland? Yes No
If "yes", indicate tax year(s) here: _____ and submit an amended return(s) together with a copy of the IRS adjustment report(s) under separate cover.
 - 6. Did the pass-through entity file employer withholding tax returns/forms with the Comptroller of Maryland the last calendar year? Yes No
- If a multistate operation, provide the following:**
- 7. Is this entity a multistate corporation that is a member of a unitary group? Yes No
 - 8. Is this entity a multistate manufacturing corporation with more than 25 employees? Yes No

SIGNATURE AND VERIFICATION

Check here if you authorize your preparer to discuss this return with us.
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

Signature of general partner, officer or member	Date	Printed name of the Preparer/Firm's name
Title		Signature of preparer other than taxpayer (Required by Law)
		Street address of preparer or Firm's address
		City, State, ZIP Code + 4
	Telephone number of preparer	▶ Preparer's PTIN (Required by Law)
		▶ CODE NUMBERS (3 digits per line)

Make check or money order payable to Comptroller of Maryland. On your check or money order, in blue or black ink only, you must include the Federal Employer Identification Number, tax year, and tax type. Failure to include this information will delay the processing of your payment. Mail to:

Comptroller of Maryland
Revenue Administration Division
110 Carroll Street,
Annapolis, Maryland 21411-0001



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NAME _____ FEIN _____

Schedule A - COMPUTATION OF APPORTIONMENT FACTOR (Applies only to multistate pass-through entities. See instructions.)

NOTE: Rental/leasing companies, financial institutions, transportation companies, and worldwide headquartered companies see instructions on Special Apportionment.	Column 1 TOTALS WITHIN MARYLAND	Column 2 TOTALS WITHIN AND WITHOUT MARYLAND	Column 3 DECIMAL FACTOR (Column 1 ÷ Column 2 rounded to six places)
1. Receipts			
a. Gross receipts or sales less returns and allowances	00	00	
b. Dividends	00	00	
c. Interest	00	00	
d. Gross rents	00	00	
e. Gross royalties	00	00	
f. Capital gain net income	00	00	
g. Other income (Attach schedule.)	00	00	
h. Total receipts (Add lines 1(a) through 1(g), for Columns 1 and 2.)	00	00 ◀

Report this factor on line 4 unless you use a special apportionment formula or alternative apportionment formula.

2. Property			
a. Inventory	00	00	
b. Machinery and equipment	00	00	
c. Buildings	00	00	
d. Land	00	00	
e. Other tangible assets (Attach schedule.)	00	00	
f. Rent expense capitalized (multiply by eight)	00	00	
g. Total property (Add lines 2a through 2f, for Columns 1 and 2)	00	00 ◀
3. Payroll			
a. Compensation of officers	00	00	
b. Other salaries and wages	00	00	
c. Total payroll (Add lines 3a and 3b, for Columns 1 and 2.)	00	00 ◀

4. Maryland apportionment factor Enter amount from Line 1 Column 3. If an alternative apportionment formula or a special apportionment formula is used, enter the alternative or special apportionment factor here. (If factor is zero, enter .000001 on line 3b, page 1.)

▶ **Check here if special apportionment or alternative apportionment formula is used.**



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NAME _____ FEIN _____

PART I – INDIVIDUAL MEMBERS’ INFORMATION

Enter the information in Social Security Number order.

Social Security Number and name of member	Address	Check here if Maryland:		Distributive or pro rata share of income (See Instructions.)	Distributive or pro rata share of tax paid (See Instructions.)	Distributive or pro rata share of tax credit (See Instructions.)
		Resident	Non-Resident			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
SUBTOTAL from additional Form 511 Schedule B for individual members						
TOTAL:						

You must file Form 511 electronically to pass on business tax credits from Form 500CR and/or Form 502S to your members.

Final as of 02/25/24



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NAME _____ FEIN _____

PART II – FIDUCIARY MEMBERS' INFORMATION

Enter the information in Federal Employer Identification Number order.

Federal Employer Identification Number and name of estate or trust	Address	Check here if Maryland:		Distributive or pro rata share of income (See Instructions.)	Distributive or pro rata share of tax paid (See Instructions.)	Distributive or pro rata share of tax credit (See Instructions.)
		Resident	Non-Resident			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
SUBTOTAL from additional Form 511 Schedule B for fiduciary members						
TOTAL:						

You must file Form 511 electronically to pass on business tax credits from Form 500CR and/or Form 502S to your members.

Final as of 02/25/24



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NAME _____ FEIN _____

PART III – PASS-THROUGH ENTITY MEMBERS’ INFORMATION (INCLUDING S CORPORATIONS)

Enter the information in Federal Employer Identification Number order.

Federal Employer Identification Number and name of Pass-Through Entity	Address	Is Member a Nonresident Entity		Distributive or pro rata share of income (See Instructions.)	Distributive or pro rata share of tax paid (See Instructions.)	Distributive or pro rata share of tax credit (See Instructions.)
		YES	NO			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
SUBTOTAL from additional Form 511 Schedule B for PTE members						
TOTAL:						

You must file Form 511 electronically to pass on business tax credits from Form 500CR and/or Form 502S to your members.

Final as of 02/24/24



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NAME _____ FEIN _____

PART IV – CORPORATION MEMBERS’ INFORMATION (EXCLUDING S CORPORATIONS)

Enter the information in Federal Employer Identification Number order.

Federal Employer Identification Number and name of Corporation	Address	Is Member a Nonresident Entity		Distributive or pro rata share of income (See Instructions.)	Distributive or pro rata share of tax paid (See Instructions.)	Distributive or pro rata share of tax credit (See Instructions.)
		YES	NO			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
SUBTOTAL from additional Form 511 Schedule B for corporate members						
TOTAL:						

You must file Form 511 electronically to pass on business tax credits from Form 500CR and/or Form 502S to your members.

Final as of 02/27/24