

| 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 | 510 |
| 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 |
| 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 | G | Amended Checkbox | 1 | Numeric | Blank or "1". "1" = box is marked, blank = box is not marked |
| 25 | 1a | Number of individual resident members | 5 | Numeric | |
| 26 | 1b | Number of nonresident individual members | 5 | Numeric | |
| 27 | 1c | Number of nonresident entity members | 5 | Numeric | |
| 28 | 1d | Number of other members | 5 | Numeric | |
| 29 | 2 | Total distributive or pro rata income per Federal return | 12 | Numeric | Whole dollars only |
| 30 | 3a | Non-Maryland income | 12 | Numeric | Whole dollars only |
| 31 | 3b | Maryland Apportionment Factor | 6 | Numeric | 6 digit apportionment factor (do not use decimal point). If factor is zero, enter .00001 |
| 32 | 5 | Percentage of Ownership by individual nonresident members | 4 | Numeric | 4 digits DO NOT USE DECIMAL POINT |
| 33 | 10 | Percentage of Ownership by nonresident entity members | 4 | Numeric | 4 digits DO NOT USE DECIMAL POINT |
| 34 | G | Code number | 3 | Numeric | 3 digit code |
| 35 | G | Code number | 3 | Numeric | 3 digit code |
| 36 | G | Code number | 3 | Numeric | 3 digit code |
| 37 | 14 | Distributive cash flow worksheet checkbox | 1 | Numeric | Blank or "1". "1" = box is marked, blank = box is not marked |
| 38 | 14 | Distributable cash flow limitation | 12 | Numeric | Whole dollars only |
| 39 | 16a | Estimated pass-through entity nonresident tax paid with Form 510D | 12 | Numeric | Whole dollars only |
| 40 | 16b | Pass-through entity nonresident tax paid with extension request Form 510E | 12 | Numeric | Whole dollars only |
| 41 | 16c | Credit for nonresident tax paid by another pass-through entity | 12 | Numeric | Whole dollars only |
| 42 | 17 | Balance Due | 12 | Numeric | Whole dollars only |
| 43 | 18 | Interest and/or Penalty | 12 | Numeric | Whole dollars only |
| 44 | 20 | Amount to be refunded | 12 | Numeric | Whole dollars only |
| 45 | Add Info # 7 | Question 7 - Yes Box only | 1 | Alpha | Blank or "Y". "Y" = box is marked, Blank = box is not marked |
| 46 | Add Info # 8 | Question 8 - Yes Box only | 1 | Alpha | Blank or "Y". "Y" = box is marked, Blank = box is not marked |
| 47 | H | Preparer's PTIN | 9 | Alpha/Numeric | 6-9 digits |

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| 48 | I(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. |
| 49 | I(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. |
| 50 | I(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. |
| 51 | J | Trailer | | | *EOD* <CR> |
| 52 | | Leave this line blank. | | | |

FINAL
10/22/19