MARYLAND FORM 500

CORPORATION INCOME TAX RETURN

2019

195000099

$

OR FISCAL YEAR BEGINNING [　　] 2019, ENDING [　　]

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

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

Name

Current Mailing Address Line 1 (Street No. and Street Name or PO Box)

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

City or town　　**State**　　**ZIP Code**　　**+4**

Do not write in this space.

▶ ME　　▶ YE

STAPLE CHECK HERE

Print Using Blue or Black Ink Only

CHECK HERE IF:

☐ Name or address has changed　　☐ Inactive corporation　　☐ First filing of the corporation　　☐ Final Return

▶ ☐ This tax year's beginning and ending dates are different from last year's due to an acquisition or consolidation.

SEE CORPORATION INSTRUCTIONS. ATTACH A COPY OF THE FEDERAL INCOME TAX RETURN THROUGH SCHEDULE M2.

1a. Federal Taxable Income (Enter amount from Federal Form 1120 line 28 or Form 1120-C line 25c.) See Instructions. Check applicable box:

☐ 1120　　☐ 1120-REIT　　☐ 990T

☐ Other: [　　] IF 1120S, FILE ON FORM 510 . . . . 1a. [　　] .

1b. Special Deductions (Federal Form 1120 line 29b or Form 1120-C line 26b.) . . . . 1b. [　　] .

1c. Federal Taxable Income before net operating loss deduction (Subtract line 1b from 1a) . . . . ▶ 1c. [　　] .

MARYLAND ADJUSTMENTS TO FEDERAL TAXABLE INCOME

(All entries must be positive amounts.)

ADDITION ADUSTMENTS

2a. Section 10-306.1 related party transactions . . . . ▶ 2a. [　　] .

2b. Decoupling Modification Addition adjustment (Enter code letter(s) from instructions.) . . . . [　][　][　][　] ▶ 2b. [　　] .

2c. Total Maryland Addition Adjustments to Federal Taxable Income (Add lines 2a and 2b) . . . . 2c. [　　] .

SUBTRACTION ADJUSTMENTS

3a. Section 10-306.1 related party transactions . . . . ▶ 3a. [　　] .

3b. Dividends for domestic corporation claiming foreign tax credits (Federal form 1120/1120C Schedule C line 18) . . . . ▶ 3b. [　　] .

3c. Dividends from related foreign corporations (Federal form 1120/1120C Schedule C line 14, 16b and 16c) . . . . ▶ 3c. [　　] .

3d. Decoupling Modification Subtraction adjustment (Enter code letter(s) from instructions.) . . . . [　][　][　][　] ▶ 3d. [　　] .

3e. Total Maryland Subtraction Adjustments to Federal Taxable Income (Add lines 3a through 3d.) . . . . 3e. [　　] .

4. Maryland Adjusted Federal Taxable Income before NOL deduction is applied (Add lines 1c and 2c, and subtract line 3e.) . . . . 4. [　　] .

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NAME ☐   FEIN ☐

5. Enter Adjusted Federal NOL Carry-forward available from previous tax years (including FDSC Carry-forward) on a separate company basis (Enter NOL as a positive amount.) . . . . ▶ **5.** ☐ .☐

6. **Maryland Adjusted Federal Taxable Income** (If line 4 is less than or equal to zero, enter amount from line 4.) (If line 4 is greater than zero, subtract line 5 from line 4 and enter result. If result is less than zero, enter zero.). . . . . **6.** ☐ .☐

MARYLAND ADDITION MODIFICATIONS

(All entries must be positive amounts.)

7a. State and local income tax . . . . ▶ **7a.** ☐ .☐

7b. Dividends and interest from another state, local or federal tax exempt obligation . . . . ▶ **7b.** ☐ .☐

7c. Net operating loss modification recapture (Do not enter NOL carryover. See instructions.) . . . . ▶ **7c.** ☐ .☐

7d. Domestic Production Activities Deduction . . . . ▶ **7d.** ☐ .☐

7e. Deduction for Dividends paid by captive REIT . . . . ▶ **7e.** ☐ .☐

7f. Other additions (Enter code letter(s) from instructions and attach schedule) . . . . ☐ ☐ ☐ ☐ ▶ **7f.** ☐ .☐

7g. Total Addition Modifications (Add lines 7a through 7f.) . . . . **7g.** ☐ .☐

MARYLAND SUBTRACTION MODIFICATIONS

(All entries must be positive amounts.)

8a. Income from US Obligations. . . . . ▶ **8a.** ☐ .☐

8b. Other subtractions (Enter code letter(s) from instructions and attach schedule) . . . . ☐ ☐ ☐ ▶ **8b.** ☐ .☐

8c. Total Subtraction Modifications (Add lines 8a and 8b.). **8c.** ☐ .☐

NET MARYLAND MODIFICATIONS

9. Total Maryland Modifications (Subtract line 8c from 7g. If less than zero, enter negative amount.) . . . . **9.** ☐ .☐

10. Maryland Modified Income (Add lines 6 and 9.). . . . . **10.** ☐ .☐

APPORTIONMENT OF INCOME

(To be completed by multistate corporations whose apportionment factor is less than 1, otherwise skip to line 13.)

11. Maryland apportionment factor (from page 4 of this form) (If factor is zero, enter .000001.) . . . . ▶ **11.** ☐ .☐

12. Maryland apportionment income (Multiply line 10 by line 11.) . . . . **12.** ☐ .☐

13. Maryland taxable income (from line 10 or line 12, whichever is applicable.). . . . . **13.** ☐ .☐

14. Tax (Multiply line 13 by 8.25%.). . . . . **14.** ☐ .☐

15a. Estimated tax paid with Form 500D, Form MW506NRS and/or credited from 2018 overpayment . . . . ▶**15a.** ☐ .☐

15b. Tax paid with an extension request (Form 500E) . . . . ▶**15b.** ☐ .☐

15c. Nonrefundable business income tax credits from Part AAA. (See instructions for Form 500CR.)

15d. Refundable business income tax credits from Part DDD. (See instructions for Form 500CR.)

15e. The Heritage Structure Rehabilitation Tax Credit is claimed on line 1 of Part DDD on Form 500CR. Check here ☐ if you are a non-profit corporation.

> **You must file this form electronically to claim business tax credits from Form 500CR.**

15f. Nonresident tax paid on behalf of the corporation by pass-through entities (Attach Maryland Schedule K-1.). . . . . ▶ **15f.** ☐ .☐

15g. Total payments and credits (Add lines 15a through 15f.) . . . . **15g.** ☐ .☐

16. Balance of tax due (If line 14 exceeds line 15g, enter the difference.). . . . . ▶ **16.** ☐ .☐

17. Overpayment (If line 15g exceeds line 14, enter the difference.) . . . . ▶ **17.** ☐ .☐

18. Interest and/or penalty from Form 500UP ☐ or late payment interest ☐ . . . .**TOTAL** . ▶ **18.** ☐ .☐

19. Total balance due (Add lines 16 and 18, or if line 18 exceeds line 17 enter the difference.) **19.** ☐ .☐

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NAME [   ]   FEIN [   ]

20. Amount of overpayment to be applied to estimated tax for 2020

(not to exceed the net of line 17 less line 18)............................... ▶ 20. [   ] .

21. Amount of overpayment TO BE REFUNDED

(Add lines 18 and 20, and subtract the total from line 17.) .... ▶ 21. [   ] .

DIRECT DEPOSIT OF REFUND (See Instructions.) **Be sure the account information is correct.**

If this refund will go to an account outside of the United States, then to comply with banking rules, place a "Y" in this box ▶ [ ]

and see Instructions.

For the direct deposit option, complete the following information clearly and legibly.

22a. Type of account: ▶ [ ] Checking   [ ] Savings

22b. Routing Number (9-digits): ▶ [   ]

22c. Account number: ▶ [   ]

INFORMATIONAL PURPOSES ONLY (LINES 23 & 24)

23. NOL generated in Current Year - Carryforward 20 years and carry back 2 years (farming loss **ONLY**).

(If line 6 is less than zero, enter on line 23.) .... 23. [   ] .

24. NAM generated in Current Year - Carried Forward/Back with Loss on Line 23 per

Section 10-205(e) (If line 6 is less than zero AND line 9 is greater than zero, enter the

amount from line 9 on line 24.) .... 24. [   ] .

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NAME [ ]   FEIN [ ]

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

NOTE: Special apportionment formulas are required for rental/ leasing, financial institutions, transportation and manufacturing companies. Worldwide headquartered companies see instructions.

		Column 1 TOTALS WITHIN MARYLAND	Column 2 TOTALS WITHIN AND WITHOUT MARYLAND	Column 3 DECIMAL FACTOR (Column 1 ÷ Column 2 rounded to six places)
1A. Receipts	a. Gross receipts or sales less returns and allowances . . . . ▶	▶		
	b. Dividends			
	c. Interest			
	d. Gross rents.			
	e. Gross royalties			
	f. Capital gain net income			
	g. Other income (Attach schedule.)			
	h. Total receipts (Add lines 1A(a) through 1A(g), for Columns 1 and 2.). . . . . ▶	▶		☐.[ ] ◀
1B. Receipts	Multiply factor on line 1A, Column 3 by 3. Disregard this line if special apportionment formula is used.	/////////	/////////	☐.[ ]
2. Property	a. Inventory			
	b. Machinery and equipment			
	c. Buildings			
	d. Land			
	e. Other tangible assets (Attach schedule.) .			
	f. Rent expense capitalized (multiply by eight).			
	g. Total property (Add lines 2a through 2f, for Columns 1 and 2) . . . . ▶	▶		☐.[ ] ◀
3. Payroll	a. Compensation of officers			
	b. Other salaries and wages			
	c. Total payroll (Add lines 3a and 3b, for Columns 1 and 2.) . . . . ▶	▶		☐.[ ] ◀

4. Total of factors (Add entries in Column 3.) . . . .   ☐.[ ]

5. Maryland apportionment factor Divide line 4 by six for three-factor formula, or by the number of factors used if special apportionment formula required. (If factor is zero, enter .000001 on line 11 page 2.)   ☐.[ ]

▶ ☐ **Check here if special apportionment formula is used.**

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NAME _____ FEIN _____

SCHEDULE B - ADDITIONAL INFORMATION REQUIRED (Attach a separate schedule if more space is necessary.)

1. Telephone number of corporation tax department: _____

2. Address of principal place of business in Maryland (if other than indicated on page 1): _____
_____

3. Brief description of operations in Maryland: _____

4. 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 Maryland Revenue Administration Division? . . . . ☐ 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.

5. Did the corporation file employer withholding tax returns/forms with the Maryland Revenue Administration Division for the last calendar year? . . . . ☐ Yes ☐ No

6. Is this entity part of the federal consolidated filing?. . . . . ▶ ☐ 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 manufacturer with more than 25 employees?. . . . . ▶ ☐ Yes ☐ No

SIGNATURE AND VERIFICATION

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.

Check here ☐ if you authorize your preparer to discuss this return with us.

_____ _____ _____

Officer's Signature   Date   Preparer's Signature **(Required by Law)**

_____   _____

Officer's Name and Title   Preparer's name/or Firm's name, address and telephone number

_____

▶ _____

Preparer's PTIN **(Required by law)**

▶ ☐ ☐ ☐

CODE NUMBERS (3 digits per line)

INCLUDE ALL REQUIRED PAGES OF FORM 500

Make checks payable to and mail to:

Comptroller Of Maryland

Revenue Administration Division

110 Carroll Street

Annapolis, Maryland 21411-0001

(Write Your FEIN On Check Using Blue Or Black Ink.)

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