

MARYLAND FORM 510C

COMPOSITE PASS-THROUGH ENTITY INCOME TAX RETURN



19510C099

2019

OR FISCAL YEAR BEGINNING [] 2019, ENDING []

[]

Federal Employer Identification Number (9 digits)

[]

Date of Organization or Incorporation (MMDDYY)

[]

FEIN Applied for Date

[]

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.

Amended Return []

ME

YE

NOTE: YOU MUST COMPLETE MARYLAND FORM 510 BEFORE YOU BEGIN THIS RETURN. SEE ADMINISTRATIVE RELEASE 6.

STAPLE CHECK HERE

- 1. Enter the total number of nonresident individual members of PTE listed on Form 510, line 1b
2. Enter the number of eligible nonresident individual members who have elected to be included in this composite filing
3. Enter the total distributive or pro rata share of income for nonresident individuals included on line 2 of this form
4. Enter total exemption amount from Form 510C Schedule A, Column C
5. Enter total standard deduction from Form 510C Schedule A, Column D
6. Allowable exemption and deductions. (Add lines 4 and 5.)
7. Enter the total flow-through decoupling modifications from Form 510C Schedule A, Column E. If negative, enter negative.
8. Enter total income allocable to MD from Form 510C Schedule A, Column F
9. Add lines 7 and 8
10. MD taxable income. Subtract line 6 from line 9. (If less than zero, enter zero.)
11. MD tax. (Multiply line 10 by 7.5%.)
12a. Enter total PTE nonresident tax from Form 510C Schedule A, Column G
12b. Enter payment made with extension request
12c. Total payments (Add line 12a and 12b.)
13. Balance Due. If line 11 is greater than 12c, subtract line 12c from line 11 and enter here; go to line 15
14. Overpayment. If line 12c is greater than line 11, subtract line 11 from line 12c and enter amount here.
15. Interest charge for late filing
16. Total Balance Due (Add lines 13 and 15 or if line 15 exceeds line 14, enter the difference.)
17. Overpayment TO BE REFUNDED (Subtract line 15 from line 14.)

**MARYLAND
FORM
510C**

**COMPOSITE PASS-
THROUGH ENTITY
INCOME TAX RETURN**



2019
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NAME FEIN

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.

Name of General Partner/Officer Date Signature of General Partner/Officer Title

Printed name of the Preparer/Firm's name Street address of preparer /or Firm's address

Signature of preparer (Required by Law) City, State, ZIP Code + 4

Telephone number of preparer Preparer's PTIN (Required by Law)

**FINAL
10/16/2019**

Make checks payable to and mail to:

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

(Write Your Federal Employer Identification Number On Check
Using Blue Or Black Ink.)

**MARYLAND
FORM
510C
SCHEDULE A**

**COMPOSITE PASS-
THROUGH ENTITY
INCOME TAX RETURN**



19510C299

2019
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► Federal Employer Identification Number (9 digits)

Name

Street Address

City or town

State

ZIP code

+4

**MARYLAND COMPOSITE PASS-THROUGH ENTITY INCOME TAX RETURN
PASS THROUGH ENTITY MEMBER INFORMATION FOR COMPOSITE FILERS**

A Member Name/ Social Security Number	B Number of Exemptions	C Exemption Amount	D Standard Deduction Amount	E PTE Decoupling Modifications	F Income Allocable to Maryland	G Distributive or Pro Rata Share of Tax Paid
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SUBTOTAL of members from additional Form 510C Schedule A		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTALS		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>