#### **CORPORATION INCOME TAX RETURN**



2020

(	OR FISCAL YEAR BEGINNING 2020, ENDING							
	Federal Employer Identification Number (9 digits) FEIN Applied for Date (N	MMDDYY)						
	▶ Date of Organization or Incorporation (MMDDYY) ▶ Business Activity Code	 le No. (6 digits	5)					
r Black Ink On	Name							
Print Using Blue or Black Ink Only	Current Mailing Address Line 1 (Street No. and Street Name or PO Box)							
	Current Mailing Address Line 2 (Apt No., Suite No., Floor No.)				Do not v	write in this spac	e.	▶
8	City or town	State	ZIP Code	+4	—   <b>►</b> ME	► YE		- Return
STAPLE CHECK HERE	CHECK HERE IF:  ► Name or address has changed ► Inaction  This tax year's beginning and ending dates a	ctive cor are differ	•		_	rporation <b>b</b> sition or co		Final Return
	FILING TO CLAIM A NET OPERATING LOSS, CHE ach copies of the federal form for the loss year			ATE BOX	Car	ryback		Carryforward
Att SEI	ach copies of the federal form for the loss year E CORPORATION INSTRUCTIONS. ATTACH A COI	and For	rm 1139. HE FEDERA	L INCOME T	AX RETUI		JGH	·
Att SEI	ach copies of the federal form for the loss year E CORPORATION INSTRUCTIONS. ATTACH A COI Federal Taxable Income (Enter amount from Federa	and For	rm 1139. HE FEDERA	L INCOME T	AX RETUI		JGH	·
Att SEI	ECORPORATION INSTRUCTIONS. ATTACH A COL Federal Taxable Income (Enter amount from Federal line 25c.) See Instructions. Check applicable box:	and For	rm 1139. HE FEDERA	L INCOME T	AX RETUI		JGH	·
Att SEI	ECORPORATION INSTRUCTIONS. ATTACH A COLUMN Federal Taxable Income (Enter amount from Federal line 25c.) See Instructions. Check applicable box:  1120 1120-REIT 990T	and Form 1	rm 1139. HE FEDERA 1120 line 28 (	<b>L INCOME T</b> or Form 1120	AX RETUI	RN THROU		SCHEDULE M2.
Att SEI 1a.	ECORPORATION INSTRUCTIONS. ATTACH A COL Federal Taxable Income (Enter amount from Federal line 25c.) See Instructions. Check applicable box:	and Form 1	rm 1139. HE FEDERA 1120 line 28 (	<b>L INCOME T</b> or Form 1120	AX RETUI	RN THROU		SCHEDULE M2.
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Att SEI 1a. 1b.	E CORPORATION INSTRUCTIONS. ATTACH A COI  Federal Taxable Income (Enter amount from Federal line 25c.) See Instructions. Check applicable box:  1120 1120-REIT 990T  Other: IF 1120S, FILE ON FOI  Special Deductions (Federal Form 1120 line 29b or Form 1120-C line 26b.)  Federal Taxable Income before net operating loss of	and Form 1 RM 510	rm 1139. HE FEDERA 1120 line 28 (	L INCOME T or Form 1120	TAX RETUI	RN THROU	00	SCHEDULE M2.
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Att SEI 1a. 1b. 1c. MA (AI AD 2a. 2b. 2c. SU 3a.	E CORPORATION INSTRUCTIONS. ATTACH A COI Federal Taxable Income (Enter amount from Federal line 25c.) See Instructions. Check applicable box:  1120 1120-REIT 990T Other: IF 1120S, FILE ON FOI Special Deductions (Federal Form 1120 line 29b or Form 1120-C line 26b.) Federal Taxable Income before net operating loss d (Subtract line 1b from 1a) RYLAND ADJUSTMENTS TO FEDERAL TAXABLE I entries must be positive amounts.) DITION ADUSTMENTS Section 10-306.1 related party transactions Decoupling Modification Addition adjustment (Enter code letter(s) from instructions.) Total Maryland Addition Adjustments to Federal TaxBTRACTION ADJUSTMENTS Section 10-306.1 related party transactions	and Form 1  RM 510   Ideduction  INCOME	rm 1139. HE FEDERA 1120 line 28 d	L INCOME T or Form 11201a1b ≥ 2a ≥ 2b. es 2a and 2b	AX RETUI	1c	00	SCHEDULE M2.
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Att SEI 1a. 1b. 1c. MA (AI AD 2a. 2b. 2c. SUI 3a. 3b.	E CORPORATION INSTRUCTIONS. ATTACH A COINTECT Federal Taxable Income (Enter amount from Federal line 25c.) See Instructions. Check applicable box:    1120	and Form 1  RM 510  Leduction  INCOME	rm 1139. HE FEDERA L120 line 28 d	L INCOME T or Form 11201a1b ≥ 2a ≥ 2b. es 2a and 2b ≥ 3a.	EAX RETUI	1c	00	SCHEDULE M2.
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1b. 1c. MA (Al AD 2a. 2b. 2c. SU 3a. 3b. 3c.	E CORPORATION INSTRUCTIONS. ATTACH A COI Federal Taxable Income (Enter amount from Federal line 25c.) See Instructions. Check applicable box:    1120	and Form 1  RM 510   Ideduction  INCOME  cable Inc  tax crec  and 16c	rm 1139.  HE FEDERA  1120 line 28 d	L INCOME T or Form 11201a1b▶ 2a▶ 2b. es 2a and 2b▶ 3a▶ 3b▶ 3c.	AX RETUI	1c	00	SCHEDULE M2.

# CORPORATION INCOME TAX RETURN



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NAME	FEIN		
4.	Maryland Adjusted Federal Taxable Income before NOL deduction is applied		
4.			
_	(Add lines 1c and 2c, and subtract line 3e.)		00
5.			
_	FDSC Carry-forward) on a separate company basis (Enter NOL as a positive amount.) > 5.		00
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		
MAD	enter result. If result is less than zero, enter zero.)		00
	entries must be positive amounts.)		
_			
7a. 7b.		00	
/ D.			
70	exempt obligation	·00	
/C.			
7d.			
7u. 7e.			
76. 7f.	Deduction for Dividends paid by captive REIT ▶ 7e.  Other additions (Enter code letter(s) from	00	
/1.			
70	Total Addition Modifications (Add lines 7a through 7f plus the amount from line 3 of Form 500LU) 7g.		
	YLAND SUBTRACTION MODIFICATIONS		00
	entries must be positive amounts.)		
	Income from US Obligations ▶ 8a.  Other subtractions (Enter code letter(s) from	UU	
OD.			
Ωh 1	Enter the amount of Coronavirus Relief payment, including a loan that has been forgiven from	00	
00.1	line 7 of Form 500LU > 8b.1.		
80	Total Subtraction Modifications (Add lines 8a, 8b, and 8b.1)		
	MARYLAND MODIFICATIONS		
9.	Total Maryland Modifications (Subtract line 8c from 7g. If less than zero,		
٥.	enter negative amount.)		0.0
10	Maryland Modified Income (Add lines 6 and 9.)		
	ORTIONMENT OF INCOME		
	be completed by multistate corporations whose apportionment factor is less than 1, otherw	ise skin to line 1	3 )
_	Maryland apportionment factor (from page 4 of this form)	ise skip to line i	3.)
	(If factor is zero, enter .000001.)		
12.	Maryland apportionment income (Multiply line 10 by line 11.)	_ •-	пп
13.	Maryland taxable income (from line 10 or line 12, whichever is applicable.)		<u></u>
14.	Tax (Multiply line 13 by 8.25%.)		oo
	Estimated tax paid with Form 500D, Form MW506NRS and/or credited		
	from 2019 overpayment	. 00	
15b.	• •	00	
		nust file this form electro	onically to
	,	isiness tax credits from	
	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.		
15f.	Nonresident tax paid on behalf of the corporation by pass-through entities		
	(Attach Maryland Schedule K-1.) ▶ 15f.	пп	
15a.	If amending, total payments made with original plus additional tax paid		
- 9-	after original was filed	пп	
15h.	Total payments and credits (add lines 15a through 15g)		ПП
	Balance of tax due (If line 14 exceeds line 15h enter the difference.) ▶ 16.		. 00

# CORPORATION INCOME TAX RETURN



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NAME		FEIN		
17.	Overpay	ment (If line 15h exceeds line 14, enter the difference.)	<b>▶</b> 17	00
		nding prior overpayment (Total all refunds previously issued.)		
18.	Interest	and/or penalty from Form 500UP or late payment interest		
		for original return	. ▶ 18	00
19.	Total ba	lance due (Add lines 14, 17a and 18. Subtract line 15h.)	19.	00
20.		of overpayment from original return to be applied to estimated tax for 2021		
		exceed the net of lines 17 minus 17a and 18.)	. • 20	00
21.		of overpayment TO BE REFUNDED		
		es 18 and 20, and subtract the total from line 17.)	<b>b</b> 24	
	(11 ame	ending subtract lines 17a and 18 from line 17.)	. 🕨 21	
То сс	mply wi	POSIT OF REFUND (See Instructions.) Be sure the account information is contributed the banking and NACHA (National Automated Clearing House Association) rules. United States, place "Y" in this box	les, if this refund will go to a	
thic k	nov 🏲	and complete the following information clearly and legibly.		
tilis i		and complete the following information clearly and legibly.		
22a.	Type of	account: ► Checking Savings		
22b.	Routing	Number (9-digits): ►		
22c.	Account	number: ►		
22d.	Name a	s it appears on the bank account:		
INF	DRMATI	ONAL PURPOSES ONLY (LINES 23 & 24)		
23.		nerated in Current Year - Carryforward 20 years and carry back 2 years (farming lo		
	(If line	5 is less than zero, enter on line 23.)	23	00
24.		nerated in Current Year - Carried Forward/Back with Loss on Line 23 per		
		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	
		AMENDING THE RETURN		
sched	dules as	f Changes to Income, Modifications, Apportionment Factor and Credits. Show the necessary. Check the box or boxes that reflect the reason for filing this amended w the checkboxes. If more space is needed, you may attach additional pages.		
	1.	Amended to claim a Net Operating Loss Deduction		
•	2.	Amended to report a federal adjustment or an RAR (Revenue Agent Report)		
	3.	Amended to claim Business Tax Credit.		
	4.	Amended to claim nonresident PTE Tax Credit		
	<u> </u>	Amended to report income omitted on previous filing		
		Amended to change apportionment factor		
		Amended for another reason stated below:		
	/.	Amended for dilottic reason stated below.		_
	_			_

# CORPORATION INCOME TAX RETURN



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NAME \_\_\_\_\_ FEIN \_\_\_\_\_

Schedule A - COMPUTATION OF APPORTIONMENT FACTOR (Applies only to multistate corporations. See instructions.)					
leasing, manufac	apportionment formulas are required for rental/ financial institutions, transportation and turing companies. Worldwide headquartered ies 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)	
	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.)h. Total receipts (Add lines 1A(a) through	.00.			
1B. Receipts	1A(g), for Columns 1 and 2.)  Multiply factor on line 1A, Column 3 by 4.  Disregard this line if special apportionment formula is used	00.		_· <b></b>	
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		
	for Columns 1 and 2)	. 00	. 00	◀	
3. Payroll	a. Compensation of officers	.00	. 00		
	b. Other salaries and wages	. 00			
4. Total of fac	ctors (Add entries in Column 3.)				
	<b>pportionment factor</b> Divide line 4 by seven for if special apportionment formula required. (If factors			_•-	
▶ ☐ Che	ck here if special apportionment formula is	s used.			

NAME\_

#### **CORPORATION INCOME** TAX RETURN

FEIN



SCHEDULE B - ADDITIONAL INFORMATION REQUIRED (Attach a separate schedule if more space is necessary.) Telephone number of corporation tax department: Address of principal place of business in Maryland (if other than indicated on page 1): \_ 2 Brief description of operations in Maryland: 3. Has the Internal Revenue Service made adjustments (for a tax year in which a Maryland return 4. was required) that were not previously reported to the Maryland Revenue Administration Division? . . . . l and submit an amended return(s) together with a copy of the IRS If "yes", indicate tax year(s) here: \_\_\_ adjustment report(s) under separate cover. 5. Did the corporation file employer withholding tax returns/forms with the Maryland Revenue No Yes Is this entity part of the federal consolidated filing?....▶ Yes No 6. If a multistate operation, provide the following: 7 Is this entity a multistate corporation that is a member of a unitary group?.....▶ Yes Nο 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. if you authorize your preparer to discuss this return with us. Check here Officer's Signature Date Preparer's Signature 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.)