	MARYLAND FORM 510	PASS-THROUGH EN INCOME TAX RETUR			05100099		<b>2020</b> \$
	OR FISCAL YEAR BEGINNING	G 2020, ENDING					
-	Federal Employer Identification Nu	mber (9 digits) FEIN Applied for Date (M	 MDDYY)				
	Date of Organization or Incorporat	ion (MMDDYY) Business Activity Code	– <b>2 No.</b> (6 digits)				
or Bla	Name						
Print Using Blue	Current Mailing Address Line 1 (Stre	eet No. and Street Name or PO Box)					
	Current Mailing Address Line 2 (Apt	No., Suite No., Floor No.)			Do not write in t		
	city or town PE OF ENTITY - Check t	he applicable box	State ZIP Code	+4	► ME ►	YE	Amended
П	S Corporation	Partnership	Limited Liabili	cy Company	Busin	ess Trust	Return
СНЕ	CK HERE - Check applic	able box(es).					
	Name or address has cl	hanged 📋 First filing of the	entity 🗌 Inacti	ve entity	Final Return	510C Filed	
▶∐	This tax year's beginnin	g and ending dates are diffe	rent fro <mark>m</mark> last yea	r's due to an a	equisition or conse	olidation.	
	Check here if electing	g to remit tax on behalf o	f resident mem	bers.			
ш.	1. Number of members:						
HER	a. Individual (includir	ng fiduciary) residents 🕨 🔔		<b>c.</b> R	esident entities 🕨		
<b>TECK</b>	•	ng fiduciary) nonresidents 🕨		<b>d.</b> N	onresident entitie	es 🕨 💷	
STAPLE CHECK HERE	e. Others ►				otal	_	
STAP		o rata share of income per feo					
		ntities with no nonresident m	embers also enter	this amount or	n line 4 ▶ 2		·OO
r	OCATION OF INCOME	state pass-through entitie		ant (vasidant			
-		nonresidents, go to line		ient/resident	inembers - uns	tate entities	, and
1		for entities using separate ac	-				
		om line 2 and enter the diffe			<b>.</b>		.00
3b.		t factor from computation we					
		t method). Multiply line 2 by					
	on line 4. (If factor is ze	ero, enter .000001)			▶3b.		•
Nor	resident/Resident						
4.		share of income allocable to					
		55a. through 19 only if the		on line 1a. thr	ough line 1d.		
_		ships see Specific Instruct	-				
5a.		p by individual nonresident n					
-		e). If 100%, leave blank and					•
<b>э</b> р.		behalf of resident members					
		bers shown on line 1a (or pr nd enter the amount from lin					_
5c.							·
6a.		share of income for nonresid					
		ercentage on line 5a.)			6a		
		- ,					



PASS-THROUGH ENTITY INCOME TAX RETURN



2020 page 2

NAME	FEIN

6b.	Distributive or pro rata share of income for resident individual members (Multiply line 4 by			
	the percentage on line 5b.)	. 6b		
6c.	Add Lines 6a. and 6b	. 6c		
7.	Nonresident/Resident individual tax (Multiply line 6c. by 5.75%.)	. 7		.00
8a.	Special nonresident tax (Multiply line 6a. by 2.25%.)			
<b>8b</b> .	Local Income Tax paid by <b>PTE</b> on behalf of resident members (See instructions)	. 8b		.00
9.	Total Maryland tax on individual members (Add lines 7, 8a. and 8b.)	. 9		
10a.	Percentage of ownership by nonresident entities shown on line 1d. (or profit/loss percentage,			
	if applicable) If 100%, leave blank and enter the amount from line 4 on line 11a	▶10a.		
10b.	If <u>electing</u> to pay tax on behalf of resident members, indicate percentage of ownership by			
	resident entities shown on line 1c. (or profit/loss percentage, if applicable) If 100%, leave			
	blank and enter the amount from line 4 on line 11b.	►10b.		
11a.	Distributive or pro rata share of income for nonresident entity members (Multiply line 4 by			
	percentage on line 10a.)	. 11a		
11b.	Distributive or pro rata share of income for resident entity members			
	(Multiply line 4 by percentage on line 10b.)			
11c.	Add lines 11a. and 11b			
12.	Nonresident/Resident entity tax (Multiply line 11c. by 8.25%.)	. 12		
13.	Total nonresident/resident tax (Add lines 9 and 12.)	. 13		
14.	Distributable cash flow limitation from worksheet. See instructions. If worksheet used,			
	check here $\blacktriangleright$			
15.	Nonresident/resident tax due (Enter the lesser of line 13 or line 14.)	15		
16a.	Estimated pass-through entity nonresident/resident tax paid with Form 510D			
	and MW506NRS ►			
	Pass-through entity nonresident/resident tax paid with an extension request (Form 510E) ▶	16b		
16c.	Credit for nonresident/resident tax paid on behalf of the pass-through entity by another			
	pass-through entity (Attach Maryland Schedule K-1 (510).)▶			
16d.	Total payments and credits (Add lines 16a through 16c.)			
17.	Balance of tax due (If line 15 exceeds line 16d, enter the difference.)			
18.	Interest and/or penalty from Form 500UP or late payment interest			
19.	Total balance due (Add lines 17 and 18.) Pay in full with this return	. 19		
nonı ed ir	E: The total tax paid from lines 16d and 17 is to be reported either on the composite re esident/resident members. Nonresident entity and fiduciary members cannot file a co the composite return filed by nonresident individual members. (See instructions.)	mposite		
	plete line 20 only if there are no nonresident members. (Lines 1b and 1d are both ze	-		
20.	Amount TO BE REFUNDED (Enter the amount from line 16d if the amount on line 13 is zero) .	▶ 20		•00
ADD 1.	ITIONAL INFORMATION REQUIRED 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 Revenue Administration Division? If "yes", indicate tax year(s) here: and submit an amended return(s) togethe with a copy of the IRS adjustment report(s) under separate cover.		🗌 Yes	🗌 No
6.	Did the pass-through entity file employer withholding tax returns/forms with the			
	Revenue Administration Division for the last calendar year?		🗌 Yes	No





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### If a multistate operation, provide the following:

	Is this entity a multistate corporation that is a member of a unitary group?		
8.	Is this entity a multistate manufacturing corporation with more than 25 employees?	Yes	No

# SIGNATURE AND VERIFICATION

Check here  $\square$  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 tax	payer (Required by Law)
nue	Signature of preparer other than tax	hayer (Kequiled by Law)
	Street address of preparer or Firm's a	address
	City, State, ZIP Code + 4	▶
	Telephone number of preparer	Preparer's PTIN <b>(Required by Law)</b>
Make checks	ayable to and mail to:	
	oller Of Maryland	
Revenue Ad	Iministration Division	
	Carroll Street Iaryland 21411-0001	
(Write Your Federal Employer Identifica		Or Black Ink )
		▶

CODE NUMBERS (3 digits per line)



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





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

Schedule A -	COMPUTATION OF APPORTIONMENT FACTO	<b>DR</b> (Applies only to mult	istate pass-through en	tities. See instructions.)
leasing, compan	pecial apportionment formulas are required for rental/ easing, transportation, financial institutions, manufacturing ompanies and worldwide headquartered companies. See nstructions.		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	6		_
	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 times 4. 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.)			
A Total off	tere (Add optrice in Column 2.)			_ •
	ctors (Add entries in Column 3.)			_
	if special apportionment formula required. (If fa			)

factors used if special apportionment formula required. (If factor is zero, enter .000001 on line 3b, page 1.)

Check here if special apportionment formula is used.





NAME \_\_\_\_

# PART I – INDIVIDUAL MEMBERS' INFORMATION

\_\_\_ FEIN \_\_\_

Enter the information in Social Security Number order.

Social Security Number and name of member	Address	her Mary	eck re if rland:	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	Resident	(See Instructions.)	(See Instructions.)	(See Instructions.)
1						
2						
_					1	You must
3				<u> </u> ]		
4						file Maryland
5			ļ			Form 510
6						electronically
						electronically
7					I I	to pass on
8						
						business tax
9						
10						credits from
						Maryland Form
11						
12						500CR and/or
			1		1	-
13						Maryland Form
14						]
						502S to your
15	▼ 					members.
16						members.
	rom additional Form 510 Schec	lulo P	for in	dividual mombar		
SUDTUTAL II				TOTAL		





NAME \_\_\_\_

\_\_\_\_\_ FEIN \_\_\_\_

## PART II - FIDUCIARY MEMBERS' INFORMATION

Enter the information in Federal Employer Identification Number order.

	eral Employer Identification nber and name of estate or	Address	her	eck e if land:	Distributive or pro rata share of income	Distributive or pro rata share of tax paid	Distributive or pro rata share of tax credit
	trust		Resident	Non- Resident	(See Instructions.)	(See Instructions.)	(See Instructions.)
1							
						1	
2							
3							You must
4							file Maryland
5							Form 510
6							electronically
7							
8							to pass on
9							business tax
10							credits from
10						1	
11							Maryland Form
12							500CR and/or
13							Maryland Form
14							
15							502S to your
16							members.
	SUBTOTAL f	rom additional Form 510 Sche	dule B	for fi	duciary members		
	SUBTOTAL				TOTAL:		





NAME

## PART III - PASS-THROUGH ENTITY MEMBERS' INFORMATION (INCLUDING S CORPORATIONS)

Enter the information in Federal Employer Identification Number order.

FEIN

			Is Mei	nber a	Distributive or	Distributive or	Distributive or
Federal Employer Identification		Address		sident	pro rata share	pro rata share	pro rata share
N	umber and name of Pass-		Ent	tity	of income	of tax paid	of tax credit
	Through Entity		YES	NO	(See Instructions.)	(See Instructions.)	(See Instructions.)
1							
					1		
2							I
3							You must
4							file Maryland
5							Form 510
6							a la atura di an Uni
7							electronically
8							to pass on
9							business tax
							credits from
10							
11							Maryland Form
12							500CR and/or
13							Maryland Form
14							
15							502S to your
16							members.
	CURTO	TAL from additional Form 510 S	Cobed		for DTE mombars		
<u> </u>	SUBIO		Sched	ule B	TOT PTE members		
						I I I I I I I I I I I I I I I I I I I	





NAME

## PART IV - CORPORATION MEMBERS' INFORMATION (EXCLUDING S CORPORATIONS)

Enter the information in Federal Employer Identification Number order.

\_\_\_\_\_FEIN \_\_\_\_

Fed	eral Employer Identification	Address		nber a sident	Distributive or pro rata share	Distributive or pro rata share	Distributive or pro rata share
Number and name of		Addi C55	En	tity	of income	of tax paid	of tax credit
	Corporation		YES	NO	(See Instructions.)	(See Instructions.)	(See Instructions.)
1							
2							
3							You must
4							file Maryland
5							Form 510
6							electronically
7							to pass on
8							
9							business tax
10							credits from
11							Maryland Form
12							500CR and/or
13							Maryland Form
14							502S to your
15							
16							members.
	SUBTOTAL fro	om additional Form 510 Sched	ule B	for co	rporate members		
					TOTAL:		