	MARYLAND FORM 510	PASS-THROUGH				205100099		2020 \$
	OR FISCAL YEAR BEGINNIN	G 2020, ENDING _						
	Federal Employer Identification Nu	mber (9 digits) FEIN Applied for Da	ate (MMDDYY)					
	► Date of Organization or Incorporat	tion (MMDDYY) Business Activity	Code No. (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	t No., Suite No., Floor No.)					t write in this space.	
	City or town	ha analiashla hay 🔈	State	ZIP Code	+4		IE YE	
	PE OF ENTITY - Check t S Corporation	Partnership	Limite	d Liability Com	nany	П	Business Trust	Amended
	ECK HERE - Check applic			d Liability Coll	ipany		Dusiness Hust	Return
Π		hanged First filing of	the entity	Inactive ent	itv 🛛	Final Retu	rn 🗌 510C File	d 🕨 🗌
►H		ng and ending dates are d			-			
		g to remit tax on beha				acquisition		
	1. Number of members:							
RE		ng fiduciary) residents 🕨			~	Resident en		
STAPLE CHECK HERE		ng fiduciary) nonresidents			с. d.	Nonresiden		
CHEC	•	ng nuuciary) nonresidents			a. f.	Total	entities	
PLE (e. Others ►	a rata chara of income po	r fodoral rotu	n (Earm 1065			2	
STAI	2. Total distributive or pro	entities with no nonresider		•				.00
		encicles with no nomesider		iso enter this a	mount		2	•UU
F	be completed by multi	istate pass-through en	tities with n	onresident/r	ocidor	t members	- unistato ontit	ties and
-	Itistate entities with no			omesidentyi	csidei	it members	unistate chin	ics, and
	Non-Maryland income (-)				
		rom line 2 and enter the c					► 3a.	
зь.	Maryland apportionmen							
		nt method). Multiply line 2						
		ero, enter .000001)	•				►3b.	•
Nor	nresident/Resident	, ,						
4.		share of income allocable	e to Maryland				. 4	
		s 5a. through 19 only if						
		ships see Specific Instr		-		-		
5a.		p by individual nonreside	-	shown on line :	1b (or p	orofit/loss		
		e). If 100%, leave blank					►5a.	·
5b.	If electing to pay tax or							
		nbers shown on line 1a (o						
		nd enter the amount from					►5b.	·
5c.								·
6a.	Distributive or pro rata	share of income for nonr	esident indivi	dual members				
	•	percentage 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.)			
6c.	Add Lines 6a. and 6b	6c		.00
7.	Nonresident/Resident individual tax (Multiply line 6c. by 5.75%.)	7		.00
8a.	Special nonresident tax (Multiply line 6a. by 2.25%.)			
8b.	Local Income Tax paid by PTE on behalf of resident members (See instructions)			
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. \ldots	▶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		.00
11b.	Distributive or pro rata share of income for resident entity members			
	(Multiply line 4 by percentage on line 10b.)	11b		.00
11c.	Add lines 11a. and 11b	11c		
12.	Nonresident/Resident entity tax (Multiply line 11c. by 8.25%.)	12		.00
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 ▶	14		
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	16a		
16b.	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).) ►	16c		•00
16d.	Total payments and credits (Add lines 16a through 16c.)	16d		
17.	Balance of tax due (If line 15 exceeds line 16d, enter the difference.)	17		
18.	Interest and/or penalty from Form 500UP or late payment interest	-		
	TOTAL ►	18		
19.	Total balance due (Add lines 17 and 18.) Pay in full with this return	19		•00
nonı ed ir	E: The total tax paid from lines 16d and 17 is to be reported either on the composite re resident/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 zer	-		
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?		🗌 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.			
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? \ldots \ldots \ldots \ldots \blacktriangleright				
8.	Is this entity a multistate manufacturing corporation with more than 25 employees? \ldots	<u> </u>	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 na	ame
 Title		Signature of preparer other than taxpa	yer (Required by Law)
		Street address of preparer or Firm's ad	ldress
		City, State, ZIP Code + 4	
			•
	Make checks pa	Telephone number of preparer	Preparer's PTIN (Required by Law)
	Comptro	ller Of Maryland	
		ninistration Division Carroll Street	
		aryland 21411-0001	
(Write Your Federal E	mployer Identificat	ion Number On Check Using Blue (Dr Black Ink.)

CODE NUMBERS (3 digits per line)



PASS-THROUGH ENTITY INCOME TAX RETURN





NAME _____ FEIN _____

leasing,	apportionment formulas are required for rental/ transportation, financial institutions, manufacturing ies and worldwide headquartered companies. See ions.	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 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)			- ·•	
3. Payroll	a. Compensation of officers			_	
	 b. Other salaries and wages c. Total payroll (Add lines 3a and 3b, for Columns 1 and 2.) 				

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	Check here if Maryland:		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.)
1		Resident	Resident			
2						You must
3						
4						file Maryland
5						Form 510
6						electronically
7						
8						to pass on
						business tax
9						credits from
10						
11						Maryland Form
12						500CR and/or
13						Maryland Form
14						502S to your
15						
16						members.
SUBTOTAL f	 rom additional Form 510 Schec	lule B	for in	dividual members		
				TOTAL:		





NAME ____

_____ FEIN ____

PART II - FIDUCIARY MEMBERS' INFORMATION

Enter the information in Federal Employer Identification Number order.

Federal Employer Identification Number and name of estate or	Address	Check here if Maryland:	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					
2					
3					You must
4					file Maryland
5					Form 510
6					electronically
7					to pass on
8					
9	<u> </u>				business tax
10					credits from
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 f	duciary members TOTAL:		





NAME

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

Enter the information in Federal Employer Identification Number order.

FEIN

Fed	eral Employer Identification	Address		mber a sident	Distributive or pro rata share	Distributive or	Distributive or
Number and name of Pass-		Address		tity	of income	pro rata share of tax paid	pro rata share of tax credit
	Through Entity			YES NO (See Instruc		(See Instructions.)	(See Instructions.)
			125				
1				(
2							
3							You must
4							file Maryland
5							Form 510
6							electronically
7							electronically
8							to pass on
9							business tax
10			J				credits from
10				[1	
11							Maryland Form
12							500CR and/or
13							Maryland Form
14							
15							502S to your
16							members.
	SUBTO	TAL from additional Form 510 S	Sched	ule B	for PTE members		
					TOTAL:		





NAME

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

Enter the information in Federal Employer Identification Number order.

_____FEIN ____

Fed	eral Employer Identification Number and name of	Address	Nonre	nber a sident tity	Distributive or pro rata share of income	Distributive or pro rata share of tax paid	Distributive or pro rata share 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
10							
11							Maryland Form
12							500CR and/or
13							Maryland Form
14							naryianu romii
							502S to your
15							members.
16							includer 5.
	SUBTOTAL fro	om additional Form 510 Sched	ule B	for co	rporate members		
					TOTAL:		