

MARYLAND FORM 510

PASS-THROUGH ENTITY INCOME TAX RETURN



205100099

2020 \$

OR FISCAL YEAR BEGINNING [ ] 2020, ENDING [ ]

[ ] Federal Employer Identification Number (9 digits) FEIN Applied for Date (MMDDYY)

[ ] Date of Organization or Incorporation (MMDDYY) Business Activity Code No. (6 digits)

Print Using Blue or Black Ink Only

[ ] 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

TYPE OF ENTITY - Check the applicable box. S Corporation Partnership Limited Liability Company Business Trust

Amended Return

CHECK HERE - Check applicable box(es). Name or address has changed First filing of the entity Inactive entity Final Return 510C Filed This tax year's beginning and ending dates are different from last year's due to an acquisition or consolidation. Check here if electing to remit tax on behalf of resident members.

[ ]

1. Number of members: a. Individual (including fiduciary) residents b. Individual (including fiduciary) nonresidents c. Resident entities d. Nonresident entities e. Others f. Total 2. Total distributive or pro rata share of income per federal return (Form 1065 or 1120S) - Unistate entities or multistate entities with no nonresident members also enter this amount on line 4

ALLOCATION OF INCOME (To be completed by multistate pass-through entities with nonresident/resident members - unistate entities, and multistate entities with no nonresidents, go to line 4.)

3a. Non-Maryland income (for entities using separate accounting). Subtract this amount from line 2 and enter the difference on line 4. 3a. 3b. Maryland apportionment factor from computation worksheet on Page 4 (for entities using the apportionment method). Multiply line 2 by this factor and enter the result on line 4. (If factor is zero, enter .000001)

Nonresident/Resident 4. Distributive or pro rata share of income allocable to Maryland NOTE: Complete lines 5a. through 19 only if there is an entry on line 1a. through line 1d. (Investment partnerships see Specific Instructions). 5a. Percentage of ownership by individual nonresident members shown on line 1b (or profit/loss percentage, if applicable). If 100%, leave blank and enter the amount from line 4 on line 6a. 5b. If electing to pay tax on behalf of resident members, indicate percentage of ownership by individual resident members shown on line 1a (or profit/loss percentage, if applicable). If 100%, leave blank and enter the amount from line 4 on line 6b. 5c. Add Lines 5a. and 5b. 6a. Distributive or pro rata share of income for nonresident individual members (Multiply line 4 by the percentage on line 5a.)

MARYLAND FORM 510

PASS-THROUGH ENTITY INCOME TAX RETURN



205100199

2020 page 2

NAME [ ] FEIN [ ]

Table with 19 rows of tax items (6b-19) and their corresponding amounts. Includes items like 'Distributive or pro rata share of income for resident individual members', 'Nonresident/Resident individual tax', and 'Total Maryland tax on individual members'.

NOTE: The total tax paid from lines 16d and 17 is to be reported either on the composite return or on the returns of the nonresident/resident members. Nonresident entity and fiduciary members cannot file a composite return or be included in the composite return filed by nonresident individual members. (See instructions.)

Complete line 20 only if there are no nonresident members. (Lines 1b and 1d are both zero.)

20. Amount TO BE REFUNDED (Enter the amount from line 16d if the amount on line 13 is zero) 20. [ ] .00

ADDITIONAL INFORMATION REQUIRED

- 1. 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
6. Did the pass-through entity file employer withholding tax returns/forms with the Revenue Administration Division for the last calendar year? [ ] 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 manufacturing corporation with more than 25 employees? . . . . .  Yes  No

**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.

<p>Signature of general partner, officer or member _____</p> <p>_____</p> <p>Title _____</p>	<p>_____</p> <p>Date _____</p>	<p>Printed name of the Preparer/Firm's name _____</p> <p>Signature of preparer other than taxpayer <b>(Required by Law)</b> _____</p> <p>Street address of preparer or Firm's address _____</p> <p>City, State, ZIP Code + 4 _____</p> <p>Telephone number of preparer _____</p> <p>Preparer's PTIN <b>(Required by Law)</b> _____</p>
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**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.)

▶

CODE NUMBERS (3 digits per line)



NAME  FEIN

**Schedule A - COMPUTATION OF APPORTIONMENT FACTOR** (Applies only to multistate pass-through entities. See instructions.)

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

	<b>Column 1 TOTALS WITHIN MARYLAND</b>	<b>Column 2 TOTALS WITHIN AND WITHOUT MARYLAND</b>	<b>Column 3 DECIMAL FACTOR (Column 1 ÷ Column 2 rounded to six places)</b>
<b>1A. Receipts</b>			
a. Gross receipts or sales less returns and allowances	<input type="text"/>	<input type="text"/>	
b. Dividends	<input type="text"/>	<input type="text"/>	
c. Interest	<input type="text"/>	<input type="text"/>	
d. Gross rents	<input type="text"/>	<input type="text"/>	
e. Gross royalties	<input type="text"/>	<input type="text"/>	
f. Capital gain net income	<input type="text"/>	<input type="text"/>	
g. Other income (Attach schedule.)	<input type="text"/>	<input type="text"/>	
h. Total receipts (Add lines 1A(a) through 1A(g), for Columns 1 and 2.)	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>1B. Receipts</b>			
Multiply factor on line 1A, Column 3 times 4. Disregard this line if special apportionment formula is used.			<input type="text"/>
<b>2. Property</b>			
a. Inventory	<input type="text"/>	<input type="text"/>	
b. Machinery and equipment	<input type="text"/>	<input type="text"/>	
c. Buildings	<input type="text"/>	<input type="text"/>	
d. Land	<input type="text"/>	<input type="text"/>	
e. Other tangible assets (Attach schedule.)	<input type="text"/>	<input type="text"/>	
f. Rent expense capitalized (multiply by eight)	<input type="text"/>	<input type="text"/>	
g. Total property (Add lines 2a through 2f, for Columns 1 and 2.)	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>3. Payroll</b>			
a. Compensation of officers	<input type="text"/>	<input type="text"/>	
b. Other salaries and wages	<input type="text"/>	<input type="text"/>	
c. Total payroll (Add lines 3a and 3b, for Columns 1 and 2.)	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>4. Total of factors</b> (Add entries in Column 3.)			<input type="text"/>
<b>5. Maryland apportionment factor</b> Divide line 4 by seven for three-factor formula, or by the number of factors used if special apportionment formula required. (If factor is zero, enter .000001 on line 3b, page 1.)			<input type="text"/>

Check here if special apportionment formula is used.

**MARYLAND  
FORM  
510  
SCHEDULE B**

**PASS-THROUGH ENTITY  
INCOME TAX RETURN  
MEMBERS' INFORMATION**



20510B099

**2020**

NAME  FEIN

**PART I – INDIVIDUAL MEMBERS' INFORMATION**

Enter the information in Social Security Number order.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	524	525	526	527	528	529	530	531	532	533	534	535	536	537	538	539	540	541	542	543	544	545	546	547	548	549	550	551	552	553	554	555	556	557	558	559	560	561	562	563	564	565	566	567	568	569	570	571	572	573	574	575	576	577	578	579	580	581	582	583	584	585	586	587	588	589	590	591	592	593	594	595	596	597	598	599	600	601	602	603	604	605	606	607	608	609	610	611	612	613	614	615	616	617	618	619	620	621	622	623	624	625	626	627	628	629	630	631	632	633	634	635	636	637	638	639	640	641	642	643	644	645	646	647	648	649	650	651	652	653	654	655	656	657	658	659	660	661	662	663	664	665	666	667	668	669	670	671	672	673	674	675	676	677	678	679	680	681	682	683	684	685	686	687	688	689	690	691	692	693	694	695	696	697	698	699	700	701	702	703	704	705	706	707	708	709	710	711	712	713	714	715	716	717	718	719	720	721	722	723	724	725	726	727	728	729	730	731	732	733	734	735	736	737	738	739	740	741	742	743	744	745	746	747	748	749	750	751	752	753	754	755	756	757	758	759	760	761	762	763	764	765	766	767	768	769	770	771	772	773	774	775	776	777	778	779	780	781	782	783	784	785	786	787	788	789	790	791	792	793	794	795	796	797	798	799	800	801	802	803	804	805	806	807	808	809	810	811	812	813	814	815	816	817	818	819	820	821	822	823	824	825	826	827	828	829	830	831	832	833	834	835	836	837	838	839	840	841	842	843	844	845	846	847	848	849	850	851	852	853	854	855	856	857	858	859	860	861	862	863	864	865	866	867	868	869	870	871	872	873	874	875	876	877	878	879	880	881	882	883	884	885	886	887	888	889	890	891	892	893	894	895	896	897	898	899	900	901	902	903	904	905	906	907	908	909	910	911	912	913	914	915	916	917	918	919	920	921	922	923	924	925	926	927	928	929	930	931	932	933	934	935	936	937	938	939	940	941	942	943	944	945	946	947	948	949	950	951	952	953	954	955	956	957	958	959	960	961	962	963	964	965	966	967	968	969	970	971	972	973	974	975	976	977	978	979	980	981	982	983	984	985	986	987	988	989	990	991	992	993	994	995	996	997	998	999	1000								
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**MARYLAND  
FORM  
510  
SCHEDULE B**

**PASS-THROUGH ENTITY  
INCOME TAX RETURN  
MEMBERS' INFORMATION**



**2020**

20510B199

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 trust	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.)
		Resident	Non-Resident			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
SUBTOTAL from additional Form 510 Schedule B for fiduciary members						
<b>TOTAL:</b>						

**You must file Maryland Form 510 electronically to pass on business tax credits from Maryland Form 500CR and/or Maryland Form 502S to your members.**

**MARYLAND  
FORM  
510  
SCHEDULE B**

**PASS-THROUGH ENTITY  
INCOME TAX RETURN  
MEMBERS' INFORMATION**



**2020**

20510B299

NAME  FEIN

**PART III – PASS-THROUGH ENTITY MEMBERS' INFORMATION (INCLUDING S CORPORATIONS)**  
Enter the information in Federal Employer Identification Number order.

Federal Employer Identification Number and name of Pass-Through Entity	Address	Is Member a Nonresident Entity		Distributive or pro rata share of income	Distributive or pro rata share of tax paid	Distributive or pro rata share of tax credit
		YES	NO	(See Instructions.)	(See Instructions.)	(See Instructions.)
1						
2						
3						
4						
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9						
10						
11						
12						
13						
14						
15						
16						
SUBTOTAL from additional Form 510 Schedule B for PTE members						
<b>TOTAL:</b>						

**You must file Maryland Form 510 electronically to pass on business tax credits from Maryland Form 500CR and/or Maryland Form 502S to your members.**

**MARYLAND  
FORM  
510  
SCHEDULE B**

**PASS-THROUGH ENTITY  
INCOME TAX RETURN  
MEMBERS' INFORMATION**



**2020**

20510B399

NAME  FEIN

**PART IV – CORPORATION MEMBERS' INFORMATION (EXCLUDING S CORPORATIONS)**  
Enter the information in Federal Employer Identification Number order.

Federal Employer Identification Number and name of Corporation	Address	Is Member a Nonresident Entity		Distributive or pro rata share of income	Distributive or pro rata share of tax paid	Distributive or pro rata share of tax credit
		YES	NO	(See Instructions.)	(See Instructions.)	(See Instructions.)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
SUBTOTAL from additional Form 510 Schedule B for corporate members						
<b>TOTAL:</b>						

**You must file Maryland Form 510 electronically to pass on business tax credits from Maryland Form 500CR and/or Maryland Form 502S to your members.**