Nonresident individual tax (Multiply line 6 by 5.75%.)...........

7

60 8.

62

3 64 5 6

66

41

42

49

00

пп

61

62

65

66

7.

MARYLAND **FORM**

6 7

2 3 64 5

1 2 3 3 5 6 7 8

PASS-THROUGH ENTITY **INCOME TAX RETURN**



page 2

8	NAME	FEIN			8
9					9
10	9.	Total Maryland tax on individual members (Add lines 7 and 8.)	9.	. 00	10
11	10.	Percentage of ownership by nonresident entities shown on line 1c (or profit/loss			11
12		percentage, if applicable). If 100%, leave blank and enter the amount from line 4 on line 11.	▶ 10.		12
13	11.	Distributive or pro rata share of income for nonresident entity members			13
14		(Multiply line 4 by percentage on line 10.)	11.	. 00	14
15					- 15
16	12.	Nonresident entity tax (Multiply line 11 by 8.25%.)	12.	. 00	16
17	13.	Total nonresident tax (Add lines 9 and 12.)	13.	. 00	17
18	14.	Distributable cash flow limitation from worksheet. See instructions. If worksheet used,			18
19		check here ▶	1 4.	. 00	19
20	15.	Nonresident tax due (Enter the lesser of line 13 or line 14.)	15.	. 00	0.0
21					- 21
22	16a.	Estimated pass-through entity nonresident tax paid with Form 510D and MW506NRS	▶16a.	. 00	22
23	16b.	Pass-through entity nonresident tax paid with an extension request (Form 510E)	16b.	. 00	23
24	16c.	Credit for nonresident tax paid on behalf of the pass-through entity by another			24
25		pass-through entity (Attach Maryland Schedule K-1 (510))	▶ 16c.	. 00	25
26	16d.	Credit for pass-through entity election tax paid on nonresident shares of income by			26
27		another pass-through entity. (Attach Schedule K-1 (510))	▶16d.	. 00	27
28	16e.	Total nonresident payments and credits (Add lines 16a through 16d.).	16e.	. 00	28
29	17.	Balance of tax due (If line 15 exceeds line 16e, enter the difference.)	1 7.	. 00	29
30	18.	Interest and/or penalty from Form 500UP or late payment interest			30
31			18.	. 00	31
32	19.	Total nonresident balance due (Add lines 17 and 18.) Pay in full with this return	19.	. 00	32
33	NOT	E: The total tax paid from lines 16e and 17 is to be reported either on the composit	e return or on the returns of	the	33
34		esident members. Nonresident entity and fiduc <mark>iary members</mark> cannot file a composit	te return nor be included in	the	34
35		posite return filed by nonresident individual members. (See instructions.)			35
36		plete lines 20a-22 only if you are requesting a refund of estimated payment(s) for estimated payment(s) for est of income, because the entity decided not to elect or it was mistakenly paid.	r tax paid on resident memb	ers	36
37					37
38		Estimated pass-through entity resident tax paid with Form 510D	20a.	. 00	38
39		Pass-through entity resident tax paid with an extension request (Form 510E)	20b.	.00	39
40	20c.	Credit for pass-through entity election tax paid on resident shares of income by another			40
41		pass-through entity. (Attach Schedule K-1 (510))	20c.	. 00	
42		Total resident payments and credits (Add lines 20a through 20c.)	20d.	. 00	42
43		nes 20a- 20d are blank, STOP. PTE may not request a refund.			43
44		Total resident and nonresident payments and credits (add 16e and 20d.)	21.	. 00	1.5
45	22.	Amount of resident payment TO BE REFUNDED (Line 21 must be greater than the sum of			45
46		Lines 15 and 18. Subtract the total of Line 15 plus Line 18 from Line 21 and enter total here).	22.	.00	
47					47
48					48
50					49 50
51					51
52					52

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)

2020

11

14

16

17

18

19

23

26

27

28

29

30

33

34

36

3.8

40

41

42

45

47

49

54

55

56

58

60

61

62

65

66

No

No

No

No

44

45

46

47

48 49

50 51

53

55

56

57 58

59 60

61

62

3 64 5

6	7	8	9	10	11	12	13	14	15	16	17	1
						М				.A M		I
							_	_				
							2) ,	_		J	
N.A	١М	E	L									
	_		_	L.	H	_		_	L			
5	ch	ıe	d١	μl	e	A	-	С	O	М	P	L
N	10	T	E:	s	ре	ci	al	ar	מס	or	tic	10
					as			٠.	ľ			



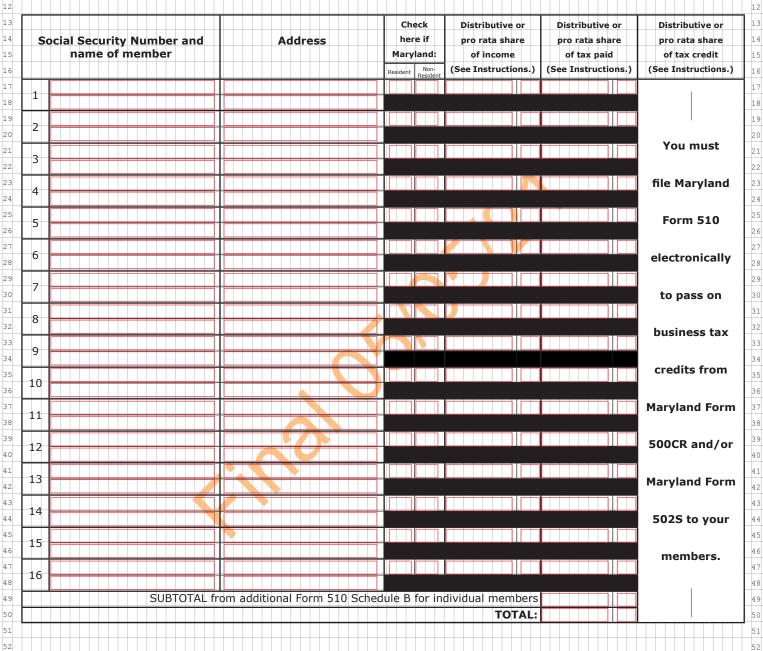
page 4

1 2 3 3	5 6 7 8 9 10	12 14 16 18 20	22 24 26 28 21 23 25 27 29	30 32 34 36 38 9 31 33 35 37 3	9 41 43 44 46 4	7 48 50 52 54 7 49 51 53 5	56 58 60 62 63 55 57 59 61 63	64 66 68 70 65 67 69	72 74	76 78 80 5 77 79 8	813 83
4		MARYLAND	PASS-TH	ROUGH ENTI	TY III					2020	
5		FORM	INCOME	TAX RETURN						page 4	5
6		510			1188118		205100399	11118 18118 1811	1881		6
7							203100333				7
8	NAME		FEIN								8
9	IVALIL										9
10	Schedule	A - COMPUTAT	ION OF APPOI	RTIONMENT FAC	TOR (Applies	only to multist	tate pass-throug	gh entities. S	ee instr	uctions.)	10
1:											11
12	2 [ecial apportionmen			Colu	mn 1	Column 2		Colum	n 3	12
13	3			ions, manufacturing	TOTALS	WITHIN	TOTALS WITH	IIN DE	CIMAL F	FACTOR	13
14		1.1 1 1 1 1 1 1 1	wide neadquarter	ed companies. See	MARY	/LAND	AND WITHOU	JT (Colu	ımn 1 ÷	Column 2	14
15	5	structions.					MARYLAND	roun	ded to s	ix places)	15
16	1 A Poss	into - Cursa us									- 16
1	IA. Rece	ipts a. Gross re	ces								17
18	3	allowalid	.es								18
19	9	b. Dividend	16								19
20)	D. Divident	ls		•						20
2:		c Interest									21
22		c. Interest									22
23	В	d Gross re	ents						\bot		23
24		0.0.03316							+		24
25		e. Gross ro	yalties		.						25
2.6			,								26
2		f. Capital of	gain net income								27
28											28
2.9		g. Other in	come (Attach so	hedule.)							29
30			eipts (Add lines								30
31		1A(g), fo	or Columns 1 an	d 2.)						 -	31
31	1B. Rece	ipts Multiply fa	ctor on line 1A,	Column 3 times 4	1.						33
34				al apportionment							34
35		formula is	used	 							35
36											36
3	2. Prope	rty a. Inventor	у								37
38	3										38
35	9	b. Machine	ry and equipme	nt							39
4 (AU							40
4:		c. Building	S								41
42	2										42
43	3	d. Land			•						43
4.4	1										44
4.5	5		7	ttach schedule.)							45
4 6	5		pense capitalize								46
4	7										47
4.8	3		1. 1. 1. 1. 1.	s 2a through 2f,					<u> </u>		48
4.9		TOT COLU	iiiis I allu Z)								49
50		U a Campan	cation of officer								50
51	3. Payro	a. Compen	sation of officer	5	1						51
52	2	h Othor ca	larios and wags	es							52
53	3		yroll (Add lines :								53
54									<u> </u>		54
55											55
5 (4 Total	of factors (Add 4	entries in Colum	n 3.)							56
5	5 Maryla			de line 4 by seven							57
58	factors			rmula required. (I					+++		58
59	,			ionment formula				7 /	++++		59
60		CHECK HERE IT	эресіаі аррогі	ominent formula	a is used.				++++		60
61									++++		61
62									+++		102
1 2 2 5	15 6 7 0 0 10	COM/RAD-069 510.1 12 14 16 18 20	22 24 26 28	30 32 34 36 38 31 33 35 37 3	40 42 44 46	48 50 52 54	56 58 60 62	54 66 68 70	72 74	76 78 80	E 1
+ 2 3 0,	1	1 13 15 17 19	21 23 25 27 29	9 31 33 35 37 3	9 41 43 45 4	7 49 51 53 5	5 57 59 61 63	65 67 69 7	1 73 7	5 77 79 8	31 483

14 16 18 22 24 MARYLAND PASS-THROUGH ENTITY **FORM INCOME TAX RETURN MEMBERS' INFORMATION SCHEDULE B** NAME FEIN PART I - INDIVIDUAL MEMBERS' INFORMATION Enter the information in Social Security Number order.

1 2 3 3

3 64 5



14 16 18 20 22 24 26 28 30 32 34 MARYLAND **FORM** 510 **SCHEDULE B**

1 2 3 3

4

11

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



2020

10

54

55

56

58

60

61

62

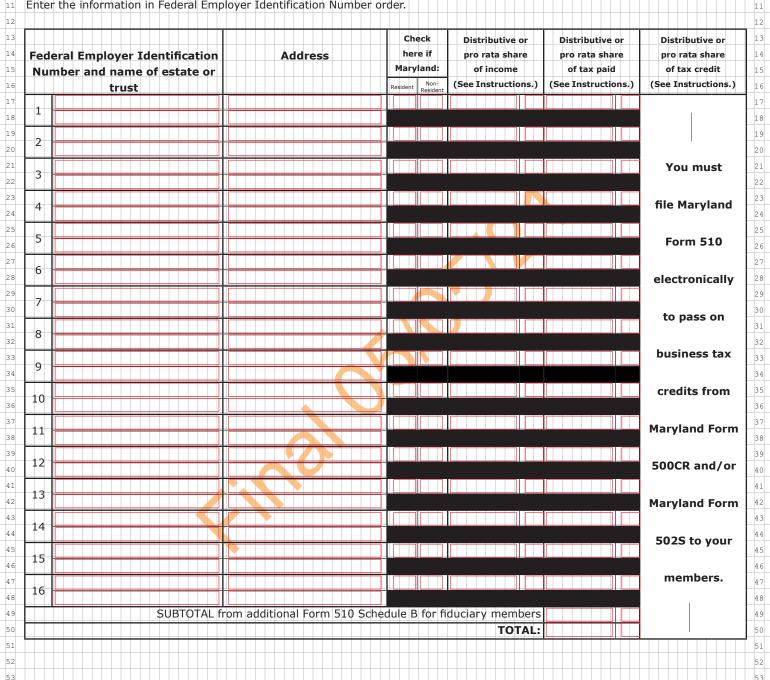
65

66

NAME FEIN

PART II - FIDUCIARY MEMBERS' INFORMATION

Enter the information in Federal Employer Identification Number order.



30 31

55

56

58

59 60

61

62

2 3 64 5

1 2 3 3

NAME

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

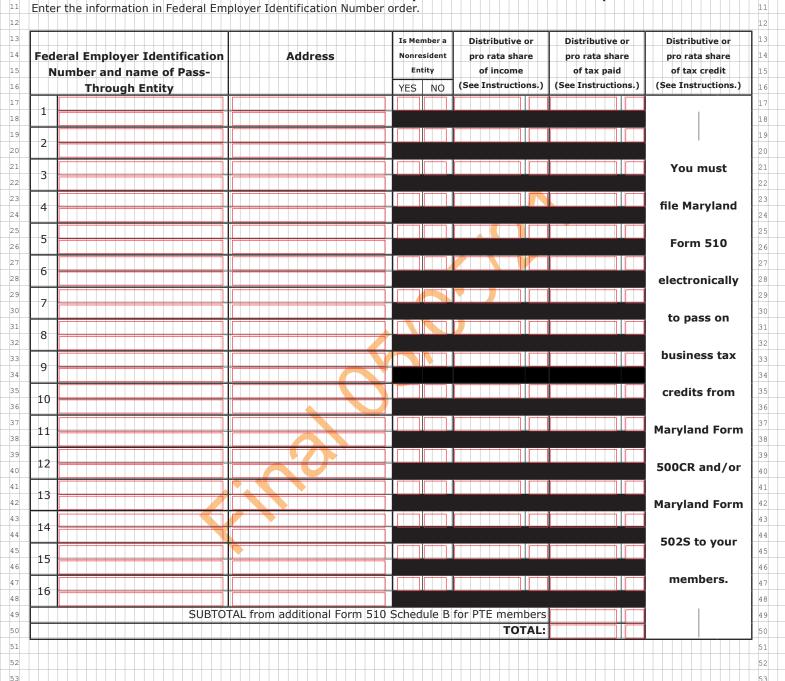
12 14 16 18 20 22 24 26 28 30 32 34 36 38

FEIN



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

40 42



28 30 7 29 31

2 3 64 5 6

1	2	3	3	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
			4								M		_	Υl	_		D			
			5									_	FC) F	ľ					
			6									5		1	I	U				
			7							9	SC	Ή	Ε	D	UI	LE	E	3		

PASS-THROUGH ENTITY INCOME TAX RETURN MEMBERS' INFORMATION

	1	 -	1 *	_	113	-	٦.	1	\sim	-	, ,		 		~	-	14	-	- 13	-	1	-	-12	٠,		00		-		, ,	
																									-						
												2																			

NAME FEIN

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

Enter the information in Federal Employer Identification Number order.

ed	eral Employer Identification Number and name of					utive or a share come	pro rat	utive or a share c paid	Distributive or pro rata share of tax credit
	Corporation		YES	NO	(See Inst	ructions.)	(See Inst	ructions.)	(See Instructions.)
1									
1									
<u> </u>									
-									You must
ŀ									file Maryland
									Form 510
							1		electronically
									to pass on
									business tax
)			NI						credits from
_							0		
L									Maryland Form
-									500CR and/or
3							·———		Maryland Form
1									
									502S to your
5									-
									members.
5									
	SUBTOTAL from a	dditional Form 510 So	chedule B	for co	rporate n	nembers			
				- 30		TOTAL:			