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PASS-THROUGH ENTITY **INCOME TAX RETURN**

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2020, ENDING OR FISCAL YEAR BEGINNING 10 11 ► Federal Employer Identification Number (9 digits) FEIN Applied for Date (MMDDYY) 14 ▶ Date of Organization or Incorporation (MMDDYY) 15 ► Business Activity Code No. (6 digits) 16 Name 18 19 Current Mailing Address Line 1 (Street No. and Street Name or PO Box) 22 23 23 Current Mailing Address Line 2 (Apt No., Suite No., Floor No.) Do not write in this space TYPE OF ENTITY - Check the applicable box. ▶ Amended S Corporation Partnership Limited Liability Company **Business Trust** Return CHECK HERE - Check applicable box(es). 30 First filing of the entity Name or address has changed Inactive entity Final Return 31 32 This tax year's beginning and ending dates are different from last year's due to an acquisition or consolidation. 33 33 縣 34 This form may be used if the PTE is paying tax only on behalf of nonresident members and not electing to remit on all members' share of income. You may also use this form to request a refund of estimated payment(s) for tax paid on resident members' shares of income if the 36 entity has decided not to make the entity election. If PTE is electing to pay tax for all members, you must use Form 511. STABL 3.8 1. Number of members: a. Individual (including fiduciary) residents of Maryland Nonresident entities ▶ 40 **b.** Individual (including fiduciary) nonresidents 40 41 e. Total 42 2. Total distributive or pro rata share of income per federal return (Form 1065 or 1120S) - Unistate 42 43 entities or multistate entities with no nonresident members also enter this amount on line 4 > 2 44 **ALLOCATION OF INCOME** 45 (To be completed by multistate pass-through entities with nonresident members - unistate entities, and multistate 46 entities with no nonresidents, go to line 4.) Non-Maryland income (for entities using separate accounting). Subtract this amount from line 2 and enter the difference on line 4. . . **▶** 3a 00 49 49 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) 52 NOTE: Complete lines 5 through 19 if there is an entry on line 1b or line 1c. Tax is calculated only for nonresident individual or nonresident entity members. (Investment partnerships see Specific Instructions.) Percentage of ownership by individual nonresident members shown on line 1b (or profit/loss 56 percentage, if applicable). If 100%, leave blank and enter the amount from line 4 on line 6. ▶ 5. 6. Distributive or pro rata share of income for nonresident individual members 58 6. Nonresident individual tax (Multiply line 6 by 5.75%.)........... 7 7. 00 60 8. пп 61 62 62 MARYLAND **FORM**

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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.		пп	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.		пп	14
15		(Huttiply lifte # by percentage of lifte 10.7		•		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.	•		17
18	14.	Distributable cash flow limitation from worksheet. See instructions. If worksheet used,		•	00	18
19		check here	14.			19
20	15.	Nonresident tax due (Enter the lesser of line 13 or line 14.)	15.	•	00	20
21		Notification tax due (Effect the leaset of fine 13 of fine 14.)	15.	•	00	21
22	160	Estimated pass-through entity nonresident tax paid with Form 510D and MW506NRS	▶16a.			22
23					00	2.3
24		Pass-through entity nonresident tax paid with an extension request (Form 510E)	100.		пп	24
25	100	. Credit for nonresident tax paid on behalf of the pass-through entity by another				25
26	4 - 1		16c.	 -	00	26
27	160	. Credit for pass-through entity election tax paid on nonresident shares of income by				27
28			16d.	-	00	27
		Total nonresident payments and credits (Add lines 16a through 16d.)			00	20
29	17.		1 7.		00	29
30	18.	Interest and/or penalty from Form 500UP or late payment interest				30
31					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 ret	urns of	the	33
34		resident members. Nonresident entity and fiduciary members cannot file a composit	te return nor be inclu	ded in t	he	34
35		posite return filed by nonresident individual members. (See instructions.)			-	35
36		nplete lines 20a-22 only if you are requesting a refund of estimated payment(s) for res 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	41
42	20d	Total resident payments and credits (Add lines 20a through 20c.)	20d.		00	42
43	If Li	nes 20a- 20d are blank, STOP. PTE may not request a refund.				43
44	21.	Total resident and nonresident payments and credits (add 16e and 20d.)	21.	<u> </u>	00	44
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.	<u> </u>	00	46
47					\pm	47
48						48
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50						50
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53						53

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PASS-THROUGH ENTITY **INCOME TAX RETURN**

22 24 26 28 30 32 34 36 38 40





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NAME FEIN ADDITIONAL INFORMATION REQUIRED 11 11 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): 14 14 3. Telephone number of pass-through entity tax department: 16 16 4. State of organization or incorporation: 17 5. Has the Internal Revenue Service made adjustments (for a tax year in which a Maryland return 18 was required) that were not previously reported to the Maryland Revenue Administration Division? 18 No 19 19 If "yes", indicate tax year(s) here: ______ and submit an amended return(s) together 20 with a copy of the IRS adjustment report(s) under separate cover. 21 6. Did the pass-through entity file employer withholding tax returns/forms with the Maryland 22 Revenue Administration Division for the last calendar year?...... Yes No 23 23 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 26 SIGNATURE AND VERIFICATION 27 if you authorize your preparer to discuss this return with us. Check here 28 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to 29 the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is 30 based on all information of which the preparer has any knowledge. 31 32 33 33 34 34 Signature of general partner, officer or member Date Printed name of the Preparer/Firm's name 36 36 Title Signature of preparer other than taxpayer (Required by Law) 37 38 3.8 Street address of preparer or Firm's address 40 40 City, State, ZIP Code + 4 41 41 42 42 Telephone number of preparer Preparer's PTIN (Required by Law) 44 Make checks payable to and mail to: Comptroller Of Maryland, Revenue Administration Division 110 Carroll Street, Annapolis, Maryland 21411-0001 45 45 46 (Write Your Federal Employer Identification Number On Check Using Blue Or Black Ink.) 47 47 48 49 49 50 51 CODE NUMBERS (3 digits per line) 53 54 55 55 56 56 57 58 58 59 60 60 61 61 62 62

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page 4

	FORM 510	PASS-THROUGH ENTITY INCOME TAX RETURN	Y	205101399	2020 page
NAME		FEIN			
Sched	ule A - COMPUTA	TION OF APPORTIONMENT FACTO	DR (Applies only to mult	istate pass-through en	tities. See instructions.)
NOTE:	Special apportionme	nt formulas are required for rental/			
2		on, financial institutions, manufacturing	Column 1	Column 2	Column 3
3		dwide headquartered companies. See	TOTALS WITHIN	TOTALS WITHIN	DECIMAL FACTOR
4	instructions.		MARYLAND	AND WITHOUT	(Column 1 ÷ Column
5				MARYLAND	rounded to six places
6 1A. Re	ceipts a. Gross r	eceipts or sales less returns and			
8	allowan	nces			
9					
0	b. Dividen	ds			
1					
2	c. Interes	t			
3					1
4	d.Gross r	ents			-
5					
6	e. Gross r	oyalties			
7	f Canital	gain net income			
8	i. Capitai	gain net income			
9	a Other i	ncome (Attach schedule.)			
0		eceipts (Add lines 1A(a) through			
1		for Columns 1 and 2.)			
² 1B. Re		actor on line 1A, Column 3 times 4.			
3		I this line if special apportionment			
5	formula is	sused			
6					
2. Pro	perty a. Invento	ory			
8					
9	b. Machin	ery and equipment			
0					
1	c. Building	g\$			
2	4 1 5 5 4				
3	u. Lanu .				_
4	a Other t	angible assets (Attach schedule.) .			
5		opense capitalized			
6		ly by eight)			
7		roperty (Add lines 2a through 2f,			
9		umns 1 and 2)			
0					
3. Pay	roll a. Compe	nsation of officers			
2					
3		salaries and wages			
4		ayroll (Add lines 3a and 3b, for			
5	Column	ns 1 and 2.)			
6					
		entries in Column 3.)			
0		nent factor Divide line 4 by seven for apportionment formula required. (If for			\
9				oor on line ob, page 1.	
0	Check here if	special apportionment formula i	s used.		
1 2					

14 16 18 22 24 MARYLAND PASS-THROUGH ENTITY **FORM INCOME TAX RETURN MEMBERS' INFORMATION SCHEDULE B** FEIN



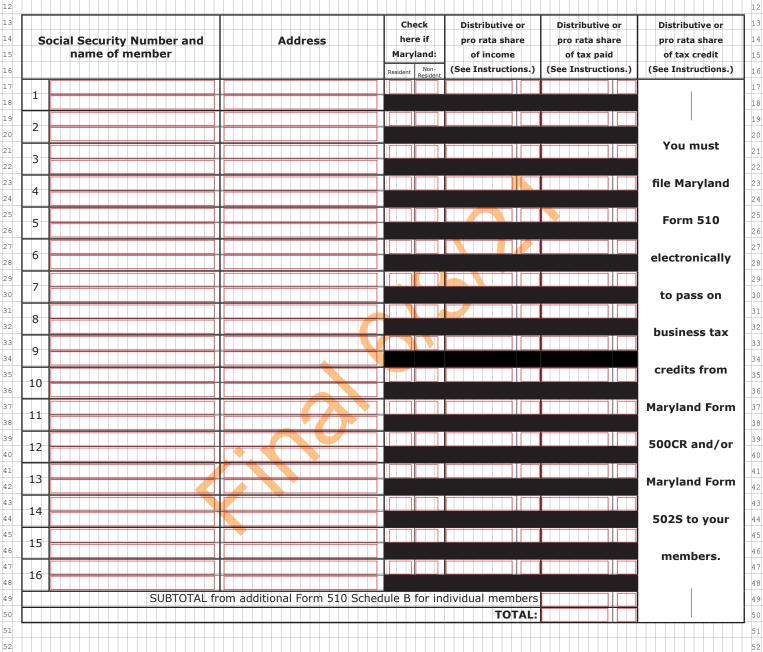
NAME

PART I - INDIVIDUAL MEMBERS' INFORMATION

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Enter the information in Social Security Number order.



14 16 18 22 24 26 28 30 32 34 MARYLAND **FORM INCOME TAX RETURN SCHEDULE B** FEIN

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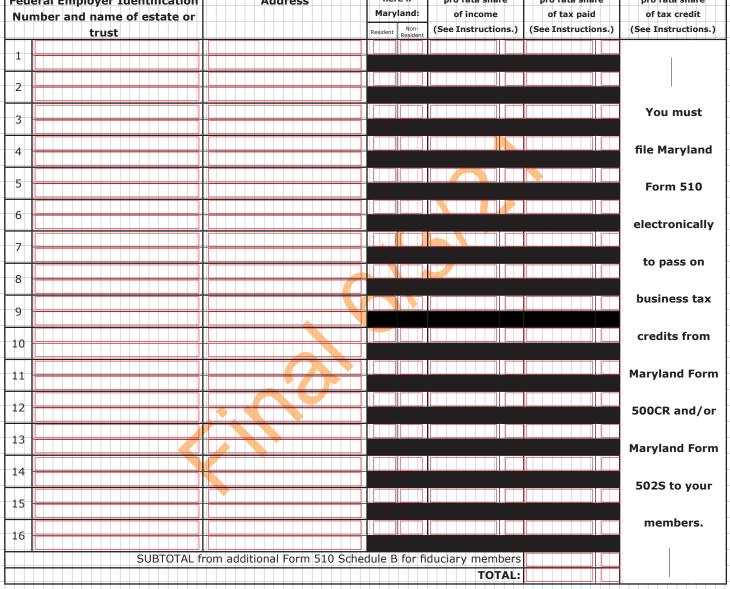
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NAME

PASS-THROUGH ENTITY **MEMBERS' INFORMATION**



PART II - FIDUCIARY MEMBERS' INFORMATION Enter the information in Federal Employer Identification Number order. Check Distributive or Distributive or Distributive or here if **Federal Employer Identification Address** pro rata share pro rata share pro rata share Marvland: of income of tax paid of tax credit Number and name of estate or (See Instructions.) (See Instructions.) (See Instructions.) trust



1 2 3 3

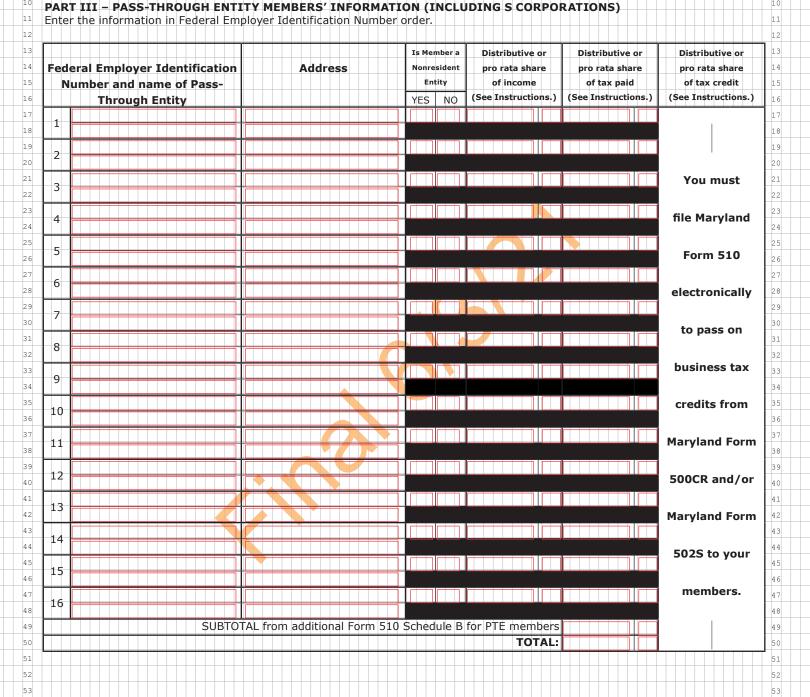
PASS-THROUGH ENTITY **INCOME TAX RETURN** MEMBERS' INFORMATION

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NAME FEIN

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



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FEIN NAME PART IV - CORPORATION MEMBERS' INFORMATION (EXCLUDING S CORPORATIONS) Enter the information in Federal Employer Identification Number order. Is Member a Distributive or Distributive or Distributive or Nonresident Federal Employer Identification **Address** pro rata share pro rata share pro rata share Entity Number and name of of income of tax paid of tax credit (See Instructions.) (See Instructions.) (See Instructions.) Corporation YES NO You must file Maryland **Form 510** electronically to pass on business tax credits from

> 500CR and/or **Maryland Form**

Maryland Form

502S to your

members.

SUBTOTAL from additional Form 510 Schedule B for corporate members TOTAL:

28 30 7 29 31