3 5	6 7	8 9 10 11 13 14 15 17 19 2 MARYLAND	21 23 25 27 29 DASS_TUD						59 61 63	65 67 69 7		77 79	
4		FORM		OUGH ENTI	NY							2020	J
5		511	RETURN	INCOME 17	4^						\$		5
6		911	RETURN					20511	0099				6
7													7
8		OR FISCAL YEAR BEGINN	NING 2020,	ENDING									8
9													9
10													10
11		► Federal Employer Identificatio	un Number (0 digits) EETN	Applied for Date (MMD	DVVI								11
12		Prederal Employer Identificatio	on Number (9 digits) FEIN	Applied for Date (MMD	DIT)								12
13													13
14		▶ Date of Organization or Incorp	paration (MMDDVV)	siness Activity Code No	• (6 digits)								14
15		P Date of Organization of Incorp	Joration (MMDD11)	siless activity code in	J. (o digits)								15
16	k Only												16
17	ack In	Name											17
18	<u> </u>	Name											18
	ne or												20
20	ng Blu	Current Mailing Address Line 1	(Street No. and Street Name	or PO Box)									21
22	t Usir	Carrent Hanning Address Line 2	(Street No. and Street Name	5 61 1 G B0X)									
23	Prin												22
24		Current Mailing Address Line 2	(Apt No. Suite No. Floor No.))									24
25		Carrent Hanning Address Line 2	(Apr No., Suite No., Floor No.	,,,					Do not write	in this space.			25
26													26
27		City or town			State Z	IP Code	+	4	▶ ME	▶YE			27
28		PE OF ENTITY - Chec	ck the applicable b								Am	ended	
29	· · · ·	S Corporation	Partners		Limite	ed Liabili	ty Comr	nany	P	usiness Tru		enaea eturn	29
30	СНІ	ECK HERE - Check ap		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Lilliec	Ju Liubiii	ty comp	2117		, a 5111C 5 5 11 a	JC RE	etuiii	30
31		Name or address	·	First filing o	of the ent	itv	Ina	ctive enti	tv				31
32		Final Return		510C Filed					-,				32
33		This tax year's beg	ginning and ending		rent from	last vea	r's due	to an acqu	uisition or	consolidatio	n.		33
34													34
35		Check here if el	ecting to remit t	ax on <u>all</u> mem	bers' sh	ares of	income	· .					35
36		1. Number of member											36
37	Ä.	a. Individual (inclu		idents of Maryla	and		c. N	onresiden	t and resid	lent entities			37
38	出	b. Individual (inclu							instruction				38
39	HEC	e. Total	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										39
40	UE C	2. Pass-through entity	taxable income (S	ee instructions)									40
41	STAP	Unistate entities als							▶ 2.				n 41
42		OCATION OF INCOM											42
43		tistate pass-throug		complete Line	3a. or 3	b. Unisi	tate ent	tities ao	to line 4.				43
44	3a.	Non-Maryland incom											44
45		Subtract this amoun				e 4			▶3a.			oc	45
46	3b.	Maryland apportionn					(for enti	ties					46
47		using the apportionn					1						47
48		on line 4. (If factor is							▶3b.				48
49	Ent	ity Tax Calculation											49
50	4.	Pass-through entity	taxable income all	ocable to Maryla	and				4.				50
51		NOTE: Complete li						. through	line 1d.				51
52		(Investment partn											52
53	5a.	Percentage of owner			- -			1 - 1 1 1 1					53
54		percentage, if applic							▶5a.				54
55	5b.	Percentage of owner						centage,					55
56		if applicable)							▶5b.				56
57	5c.	Add Lines 5a and 5b							5c.				57
58	6.	Pass-through entity						the					58
59		percentage on line 5							6.			👊	59
60	7.	Total Individual mem						3%.)	7.				
61													61
62													62
1 1													

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PASS-THROUGH ENTITY ELECTION INCOME TAX RETURN





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7				7
3	NAME	FEIN		8
9				9
10	8.	Pass-through entity taxable income for entity members (Multiply line 4 by percentage		10
11		on line 5b.)		11
12	9.	Entity members' pass-through entity election tax (Multiply line 8 by 8.25%.)9.		12
13		Total pass-through entity election tax (Add lines 7 and 9.)		13
14	11.	Distributable cash flow limitation from worksheet. See instructions. If worksheet used,		14
15	11.		0.0	15
16	12			16
17	12.			17
1 8		Estimated tax paid with Form 510D and MW506NRS		
1.0		Tax paid with an extension request on Form 510E		18
19		Credit for tax paid by another pass-through entity (Attach Maryland Schedule K-1 (510).) ▶ 13c.	. 00	19
20	13d.	If amending, total payments made with original plus additional tax paid after original		20
21		was filed		21
22	13e.	Total payments and credits (Add lines 13a through 13d.)		22
23	14.	Balance of tax due (If line 12 exceeds line 13e, enter the difference.)	. 00	23
24	15.	Overpayment (If line 13e exceeds line 12, enter the difference.)	.00	24
2.5	15a.	If amending, prior overpayment (Total all refunds previously issued.)	00	25
26	16.	Interest and/or penalty from Form 500UP or		26
27		late payment interest	. 00	27
28	17.	Total balance due (Add lines 12, 15a and 16. Subtract line 13e.)		28
29		NOTE: The total tax paid on line 12 is to be reported either on the composite return or on		29
30		the returns of members. Nonresident entity and fiduciary members cannot file a composite		30
31		return or be included in the composite return filed by nonresident individual members.		31
32		(See instructions.)		32
33	18.	Amount of overpayment from original return to be applied to estimated tax for 2021		33
3 4		(not to exceed the net of lines 15 minus 15a and 16.)	. 00	34
35	19.	Amount of overpayment TO BE REFUNDED (Add lines 16 and 18, and subtract the total		35
3 6		from line 15.) (If amending subtract lines 15a and 16 from line 15.)	. 00	36
37		ADDITIONAL INFORMATION REQUIRED		37
38	1.	Address of principal place of business in Maryland (if other than indicated on page 1):		38
39				39
10	2.	Address at which tax records are located (if other than indicated on page 1):		40
11				41
12	3.	Telephone number of pass-through entity tax department:		42
43	4.	State of organization or incorporation:		43
14	5.	Has the Internal Revenue Service made adjustments (for a tax year in which a Maryland return		44
15		was required) that were not previously reported to the Maryland Revenue Administration Division? Yes	No	45
16		If "yes", indicate tax year(s) here: and submit an amended return(s) together		46
17		with a copy of the IRS adjustment report(s) under separate cover.		47
18	6.	Did the pass-through entity file employer withholding tax returns/forms with the Maryland		48
19		Revenue Administration Division for the last calendar year?	No	49
50	If a	multistate operation, provide the following:		50
51	7. Is	this entity a multistate corporation that is a member of a unitary group?	No	51
52	8. Is	this entity a multistate manufacturing corporation with more than 25 employees? Yes Yes	No	52
53				53
54				54
55				55
56				56
57				57
8				58
59				59
50				60
51				61

	11 13 15 17 19 MARYLAND	PASS-THROUGH ENTITY	22 44 46 48 50 52 54 56 58 60 62 64 66 68 70 72 74 76 78 80 43 45 47 49 51 53 55 57 59 61 63 65 67 69 71 73 75 77 79
	FORM	ELECTION INCOME TAX	2020 page 3
	511	RETURN	
			205110299
NAME		FEIN	
IVAIVIL			
	TURE AND VERIF		
Check h		thorize your preparer to discuss this ret	
1 1 1 1 1			eturn, including accompanying schedules and statements and to ete. If prepared by a person other than taxpayer, the declaration is
		of which the preparer has any knowledge	
basea o		, which the preparer has any knowledge	<u>-</u>
Signature	of general partner, offi	icer or member Date	Printed name of the Preparer/Firm's name
Title			Signature of preparer other than taxpayer (Required by Law)
			Street address of preparer or Firm's address
			City, State, ZIP Code + 4
			Telephone number of preparer Preparer's PTIN (Required by Law)
			respect 5 fills (required by Law)
		+++++++++++++++++++++++++++++++++++++++	
			CODE NUMBERS (3 digits per line)
		, , , , , , , , , , , , , , , , , , ,	
			rable to and mail to: evenue Administration Division
			polis, Maryland 21411-0001
	(W	rite Your Federal Employer Identification	n Number On Check Using Blue Or Black Ink.)
)
		++++	

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PASS-THROUGH ENTITY ELECTION INCOME TAX RETURN



2020 page 4

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IUTE: Special a			istate pass-through ent	
	apportionment formulas are required for rental/	Column 1	Column 2	Column 3
	transportation, financial institutions, manufacturing	TOTALS WITHIN	TOTALS WITHIN	DECIMAL FACTOR
instructi	es and worldwide headquartered companies. See	MARYLAND	AND WITHOUT	(Column 1 ÷ Column 2
mstructi	ions.		MARYLAND	rounded to six places)
A. Receipts	a. Gross receipts or sales less returns and			•
	allowances			
				-
	b. Dividends			
				T
	c. Interest			
				1
	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.)			<u></u>
. Receipts	Multiply factor on line 1A, Column 3 times 4.			
	Disregard this line if special apportionment			
	formula is used			
Property	a. Inventory			_
				1
	b. Machinery and equipment			1
	c. Buildings			4
	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)			-
Payroll	a. Compensation of officers			
	b. Other salaries and wages			
	c. Total payroll (Add lines 3a and 3b, for Columns 1 and 2.)			

1 2 3 64 5 6

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

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	Distributive or pro rata share of tax paid	Distributive or pro rata share of tax credit
		Resident Non- Residen	(See Instructions.)	(See Instructions.)	(See Instructions.)
					You must
					Tou must
					file Maryland
					Form 511
					electronically
					,
					to pass on
					business tax
					credits from
0					
					Maryland Form
1					
					500CR and/or
2	AU			<u>.</u>	500CK and/or
3					Maryland Form
1				_	502S to your
5					members.
5					
SUBTOTAL fro	om additional Form 511 Sc	hedule B for ir	ndividual members		
			TOTAL:		

14 16 18 20 22 24 26 28 30 32 34 36 38 1 2 3 3 MARYLAND PASS-THROUGH ENTITY **FORM ELECTION INCOME TAX RETURN MEMBERS' SCHEDULE B INFORMATION** NAME FEIN 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 You must file Maryland Form 511 electronically to pass on business tax credits from Maryland Form 500CR and/or **Maryland Form** 502S to your members. SUBTOTAL from additional Form 511 Schedule B for fiduciary members TOTAL:

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1 2 3 3

2 3 64 5 6 7 8

COM/RAD106911

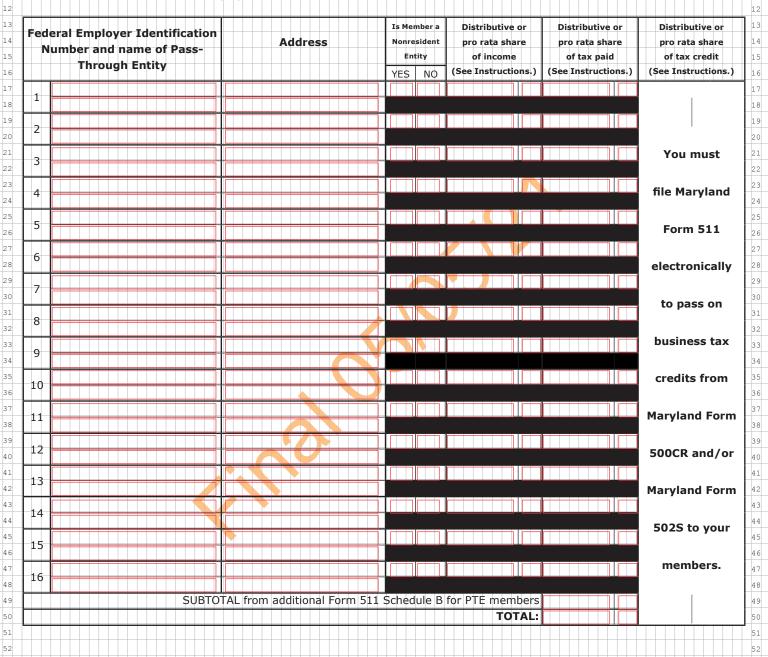
PASS-THROUGH ENTITY **ELECTION INCOME TAX RETURN MEMBERS' INFORMATION**



NAME FEIN

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

Enter the information in Federal Employer Identification Number order.



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

Enter the information in Federal Employer Identification Number order.

