

MARYLAND FORM 500X
(Revised 2000)

AMENDED CORPORATION INCOME TAX RETURN

(OR FISCAL YEAR BEGINNING _____, _____ ENDING _____, _____)

YEAR _____

MAIL TO: COMPTROLLER OF MARYLAND
REVENUE ADMINISTRATION DIVISION
ANNAPOLIS, MARYLAND 21411-0001

| CURRENT NAME AND ADDRESS | | | NAME AND ADDRESS ON ORIGINAL RETURN IF DIFFERENT THAN CURRENT | | |
|--|-------|----------|---|-------|----------|
| Name | | | Name | | |
| Number and street | | | Number and street | | |
| City or town | State | Zip code | City or town | State | Zip code |
| Federal Employer Identification No. (9 digits) | | | Federal Employer Identification No. (9 digits) | | |

IMPORTANT NOTE: READ THE INSTRUCTIONS AND COMPLETE PAGE 2.

IF FILING FOR THE CARRYBACK OF NET OPERATING LOSS CHECK THIS BOX:

- Is this corporation a member of a consolidated group for federal purposes? Yes No
- Is an amended federal return being filed? If yes, ATTACH COMPLETE COPY. Yes No
- Has the original federal return been changed or corrected by the Internal Revenue Service? If yes, ATTACH COPY OF THE DATED REPORT OF ADJUSTMENTS. Yes No
- Was an extension of time requested to file the original return? If yes, enter the date the return was filed _____ Yes No
- Was a Consent to Extend Time to Assess Tax filed with the Internal Revenue Service? If yes, ATTACH COPY OF FORM. Yes No

| PART A – Income, Modifications and Apportionment | | Column A As originally reported or as previously adjusted | Column B Net change (increase or decrease) | Column C Correct Amount |
|---|----|--|--|----------------------------|
| 1. Federal taxable income | 1. | | | |
| 2. Total addition modifications | 2. | | | |
| 3. Total (Add line 1 and line 2) | 3. | | | |
| 4. Total subtraction modifications | 4. | | | |
| 5. Maryland modified income (Subtract line 4 from line 3) | 5. | | | |

| APPORTIONMENT OF INCOME | | | |
|---|----|--|--|
| (To be completed by multistate corporations – unistate corporations skip to line 8) | | | |
| 6. Maryland apportionment factor (from Part C on page 2) | 6. | | |
| 7. Maryland apportioned income (Multiply line 5 by line 6) | 7. | | |

| | | | | |
|---|----|--|--|--|
| 8. Maryland taxable income (from line 5 or line 7, whichever is applicable) | 8. | | | |
| 9. TAX (Multiply line 8 by 7%) | 9. | | | |

PART B – Payments, Credits, Balance Due or Overpayment

| | | | | |
|--|-------|--|--|--|
| 10 a. Estimated tax paid (with Form 500DP and/or credit from prior year) | 10 a. | | | |
| b. Tentative tax paid (with Form 500E) | b. | | | |
| c. Business and Heritage Area Tax Credits (Attach Form 500CR and/or Form 502H) | c. | | | |
| d. Total payments and credits (Add lines 10a through 10c) | d. | | | |
| 11. Balance due (If line 9 exceeds line 10d, enter the difference) | 11. | | | |
| 12. Overpayment (If line 10d exceeds line 9, enter the difference) | 12. | | | |
| 13 a. Tax paid with original return, plus additional tax paid after it was filed (Do not include any interest or penalty) | 13 a. | | | |
| b. Prior overpayment (Total all refunds previously issued) | b. | | | |
| 14. REFUND DUE (If line 11 is less than 13a, subtract line 13a from 11) (If line 13b is less than 12, subtract line 13b from 12) (Add line 12 to 13a) | 14. | | | |
| 15. BALANCE DUE (If line 11 is more than 13a, subtract line 13a from 11) (Add line 11 to 13b) (If line 12 is less than 13b, subtract line 13b from 12) | 15. | | | |
| 16. Interest and/or penalty charges (See instructions) | 16. | | | |
| 17. TOTAL AMOUNT DUE (Add line 15 and line 16) PAY IN FULL WITH THIS RETURN | 17. | | | |

AMENDED CORPORATION INCOME TAX

| PART C – COMPUTATION OF APPORTIONMENT FACTOR (if applicable, complete this part for the amended tax year – see corresponding instructions) | | 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 | (Enter the same factor shown on line 1A, Column 3 – Disregard this line for 1991 and prior tax years, and 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 (multiplied by eight) | | | |
| | g. Total property (Add lines 2a through 2f, for Columns 1 and 2) | | | • |
| 3. Payroll | a. Compensation of officers | | | |
| | b. Other salaries and wages | | | |
| | c. Total payroll (Add lines 3a and 3b, for Columns 1 and 2) | | | • |
| 4. Total of factors | (Add entries in Column 3) | | | • |
| 5. Maryland apportionment factor for amended tax year | _____ (For 1992 and subsequent tax years, divide line 4 by four. For 1991 and prior tax years, divide line 4 by three. If a special apportionment formula is required, divide line 4 by the number of factors used.) | | | • |

PART D – EXPLANATION OF CHANGES TO INCOME, MODIFICATIONS, APPORTIONMENT FACTOR AND CREDITS.
Enter the line reference for which a change is being made and give the reason for each change below. Show the computation in detail and attach schedules as necessary.

SIGNATURE AND VERIFICATION: Under penalties of perjury, I declare that I have examined this return (including attachments) and, to the best of my knowledge and belief, it is true, correct and complete. (Declaration of preparer other than the taxpayer is based on all information of which preparer has any knowledge.)

| | | | |
|------------------------------|------------------------|--------------------------------|------------------------|
| _____ Officer's signature | _____ Date | _____ Preparer's signature | _____ Date |
| _____ Title | _____ Telephone No. | _____ Firm name and address | _____ Telephone No. |

GENERAL INSTRUCTIONS

Purpose of Form Form 500X is used by a corporation to correct an error in a previously filed return (Form 500-Corporation Income Tax Return) or to claim a net operating loss deduction carryback.

Form 500X may not be used to correct the amount of payments or credits. To correct payment or credit amounts, submit a letter of request that indicates the corporate name, Federal Employer Identification Number, type of tax and tax year beginning and ending dates. Explain the basis for the request and attach copies of canceled checks and/or other documents as necessary to verify the amounts claimed.

When and Where to File Generally, Form 500X must be filed within 3 years after the date the original return was due or filed. The following exceptions apply:

- If the Internal Revenue Service issues a final determination of adjustments that would result in an increase to Maryland taxable income, file Form 500X within 90 days after the final determination. (A penalty is applicable for failure to file within 90 days.)
- If the Internal Revenue Service issues a final report of adjustments that would result in a decrease to Maryland taxable income, file Form 500X within 1 year after the final adjustment report or the final court decision, if appealed.
- A claim for refund based on a federal net operating loss carryback must be filed within 3 years after the due date (including extensions) of the return for the tax year of the net operating loss. For tax years beginning after August 5, 1997, the general net operating loss carryback period is reduced to 2 years. The carryback/carryforward period must be the same that was used for federal purposes.
- Other claims for refund must be filed within 3 years after the date the original return was filed or 2 years after the date the tax was paid, whichever is later. A return filed before the due date is considered to have been filed on the date it was due.
- If the corporation has consented to extend the time to assess taxes for federal purposes a copy of the completed consent form must be attached to the amended return.

The amended return must be filed with the Comptroller of Maryland, Revenue Administration Division, Annapolis, Maryland 21411-0001.

Information on Income Tax Provisions Refer to the instructions for Form 500 for the tax year being amended for information regarding applicable Maryland income tax provisions.

An amended filing is not considered complete and will not be processed until all federal and other required attachments are received. Therefore, the period in which refunds may be claimed may expire if all required information is not provided before the expiration date.

Signatures Required Form 500X must be signed by a duly authorized corporate officer. Preparers, other than corporate employees, must also sign the return.

What to Attach Attach the following documents and information to Form 500X:

- If the items of federal taxable income are amended, include a copy of the actual federal amended income tax return as filed with the Internal Revenue Service.
- Corporations included in a consolidated filing for federal income tax purposes must attach a copy of the actual consolidated amended return to each Maryland filing. Also include a

schedule reconciling the separate adjustments of each member corporation to the consolidated totals.

A member of a consolidated federal filing that is claiming a net operating loss carryback must attach a schedule calculating the deduction based on its separate federal taxable income and loss.

- If the items of federal taxable income are adjusted, include a copy of the final dated report of adjustments as issued by the Internal Revenue Service.

Corporations included in a consolidated filing for federal income tax purposes **must** attach a copy of the actual dated consolidated adjustment report to each Maryland filing. If not a part of the adjustment report, also include a schedule reconciling the separate adjustments of each member corporation to the consolidated totals.

SPECIFIC INSTRUCTIONS

Taxable Year or Period Enter the tax year of the amended return in the space provided at the top of Form 500X. If the corporation operates on a fiscal year, enter the beginning and ending dates of the taxable year being amended in the spaces provided at the top of Form 500X.

Name, Address and Other Information Type or print the required information in the designated area. **DO NOT USE THE LABEL FROM THE TAX BOOKLET COVER.**

Enter the current name, address and Federal Employer Identification Number (FEIN) in the appropriate boxes. If the name and/or address is different than that shown on the original return, enter the name and address as shown on the original return in the appropriate area. If a FEIN has not been secured, enter "Applied For" followed by the date of application. If a FEIN has not been applied for, do so immediately.

Answer all of the questions and attach copies of any federal notices or reports, amended forms and/or extensions.

PART A – INCOME, MODIFICATIONS AND APPORTIONMENT

Complete lines 1 through 5, columns A, B and C. If the items of federal taxable income are amended or adjusted, determine if the adjustments will affect the Maryland modifications and enter the correct amounts.

The net operating loss for Maryland purposes is the federal net operating loss. A corporation included in a consolidated federal filing must use its separate federal net operating loss. A net operating loss should be entered on line 1 but may not be used to reduce line 1 to less than zero. The carryback of a net operating loss does not change the previously reported Maryland addition or subtraction modifications in a carryback year.

If claiming a net operating loss carryback and the total addition modifications exceed the total subtraction modifications in the year of the loss, a modification to recapture the excess of additions over subtractions is required when claiming the corresponding net operating loss deduction. Refer to the instructions for Form 500 for the tax year of the net operating loss to calculate the amount of the required modification.

NOTE: The net operating loss modification applies only to the extent that a net operating loss deduction is attributable to a net operating loss occurring in a taxable year beginning after 12/31/88.

The net capital loss carryback is not an allowable deduction on the Maryland return. An addition modification is required to the extent that federal taxable income is reduced by a capital loss carryback.

AMENDED CORPORATION INCOME TAX RETURN

If an apportionment factor is applicable, complete lines 6 through 8, columns A, B and C. If the items of federal taxable income and/or Maryland modifications are amended or adjusted, determine if the amendments/adjustments will affect the apportionment factor and enter the changes. If the apportionment factor is amended or adjusted, complete Part C.

Complete line 9, columns A, B and C.

Explain any changes to the modifications and apportionment factor in Part D.

PART B – PAYMENTS, CREDITS, BALANCE DUE OR OVERPAYMENT

Complete lines 10a through 10d. Credits on line 10c may not exceed the Maryland tax on line 9. NOTE: An addition to income is required for certain credits claimed on line 10c. Refer to the instructions on Form 500CR to determine any required addition modification.

Complete lines 11 through 13b and enter any overpayment due on line 14 or balance due on line 15. If there is a balance due on line 15, calculate interest on the additional tax due from the due date of the original return to the date of payment. See the Tax and Interest Rate Tables included on this instruction sheet. If the requirement for avoidance of interest for underpayment of estimated tax has not been met, obtain the proper Form 500UP for the tax year in question, complete and attach to your amended return. Include any interest and/or penalty due from Form 500UP on line 16 of Form 500X. If you calculated and paid interest and/or penalty on underpayment of estimated tax with your original return, please recalculate the interest and/or penalty based on the amended return and attach a copy of the revised Form 500UP.

Interest and/or penalty charges for the year of the amendment, whether previously paid or still outstanding, may be adjusted as a result of the amendment. Any payments made on an account have been applied first to penalty, then to interest and lastly to tax due. These payments may require reallocation depending on the result of the amendment. We will issue notification of the net balance due or refund when we have completed processing of the return. NOTE: If the amount of tax due is reduced by reason of a carryback of a net operating loss (NOL), such reduction shall not affect the calculation of interest charges for the period ending with the filing date (defined as due date) for the loss year. Any Maryland penalty charge is not affected by an NOL carryback.

Interest is not generally paid on refunds. Interest will be paid, however, if a refund is due on an amended return based upon a net operating loss carryback **IF** the claim for refund is not processed within 45 days of receipt. In such cases, interest will be paid only from the 45th day after receipt by the Comptroller's Office until the date the refund check is issued. For more information regarding the payment of interest on refunds, see Administrative Release No. 14 or refer to Section 13-603 of the Tax-General Article, Annotated Code of Maryland.

PART C – COMPUTATION OF APPORTIONMENT FACTOR

If the amended return includes any changes to the apportionment factor, complete Part C, provide a full explanation in Part D and attach schedules as necessary. All schedules must indicate the corporate name, Federal Employer Identification Number and tax year beginning and ending dates.

PART D – EXPLANATION OF CHANGES TO INCOME, MODIFICATIONS, APPORTIONMENT FACTOR AND CREDITS

Use this section to provide a detailed explanation of the changes being made on the amended return. Enter the line number from Page 1 for each item you are changing and state the reason for the change. Be sure to attach any required schedules or forms.

SIGNATURE AND VERIFICATION

An authorized officer must sign and date Form 500X (at the bottom of Page 2) and enter his or her corporate title. If a paid preparer is used, the preparer must also sign and date the return and enter the firm name and address.

PAYMENT INSTRUCTIONS

Enclose a check or money order made payable to the Comptroller of Maryland for the full amount of any balance due. Write the Federal Employer Identification Number and the beginning and ending dates of the amendment on the payment. **DO NOT SEND CASH.**

MAILING INSTRUCTIONS

Mail the amended return to the address shown on the front of Form 500X. Before mailing be sure to:

- Enter the appropriate tax year and complete the name, address and Federal Employer Identification Number in the specified areas of the form.
- Answer all of the questions on Page 1 and attach any required federal notices, reports, amended forms and/or extensions.
- Sign and date the form.
- Enclose a check or money order for the full amount of any balance due. Be sure to write the Federal Employer Identification Number and the beginning and ending dates of the amendment on the payment. **DO NOT SEND CASH.**

TAX AND INTEREST RATE TABLES

| Tax Years/ Periods Beginning | Tax Rate | Period | Interest Rate |
|---------------------------------|----------|------------------------|---------------|
| 1967 through 2000 | 7% | 1/1/1967 to 6/30/1975 | 6% |
| | | 7/1/1975 to 6/30/1982 | 9% |
| | | 7/1/1982 to 12/31/1983 | 15% |
| | | 1/1/1984 to 12/31/1984 | 12% |
| | | 1/1/1985 to 12/31/1985 | 13% |
| | | 1/1/1986 to 12/31/1989 | 12% |
| | | 1/1/1990 to 12/31/1990 | 13% |
| | | 1/1/1991 to 12/31/1992 | 12% |
| | | 1/1/1993 to 12/31/2001 | 13% |

PART C – COMPUTATION OF APPORTIONMENT FACTOR