

CORPORATION INCOME TAX RETURN



(OR FISCAL YEAR BEGINNING , 2001, ENDING)

Name, Federal Employer Identification No., Number and street, FEIN Applied for date, City or town, State, Zip code, Date of Organization or Incorporation, Business Activity Code No.

CHECK HERE IF: NAME OR ADDRESS HAS CHANGED, INACTIVE CORPORATION, YOU USE A PAID PREPARER AND DO NOT WANT MARYLAND FORMS MAILED TO YOU NEXT YEAR, FIRST FILING OF THE CORPORATION, FINAL RETURN, MANUFACTURING CORPORATION

SEE INSTRUCTIONS IN CORPORATION INCOME TAX BOOKLET. ATTACH A COPY OF PAGES 1 THROUGH 4 OF THE FEDERAL INCOME TAX RETURN.

1. Taxable income per attached federal return (Check applicable box: 1120/1120A, 990T, Other IF 1120S, FILE ON FORM 510)

ADDITION MODIFICATIONS (All entries must be positive amounts)

2. a. State and local income tax, b. Dividends and interest from another state, local or federal tax-exempt obligations, c. Net operating loss modification, d. Other additions, e. Total additions, 3. Total (Add lines 1 and 2e)

SUBTRACTION MODIFICATIONS (All entries must be positive amounts)

4. a. Dividends for domestic corporations claiming foreign tax credits, b. Dividends from related foreign corporations, c. Interest from U.S. obligations, d. Adjustment to the gain or loss on the disposition by a Public Service company of certain assets, e. Other subtractions, f. Total subtractions, 5. Maryland modified income (Subtract line 4f from line 3)

APPORTIONMENT OF INCOME

(To be completed by multistate corporations whose apportionment factor is less than 1, otherwise skip to line 8)

6. Maryland apportionment factor (from page 2 of this form) (If factor is zero, enter 000001), 7. Maryland apportioned income (Multiply line 5 by line 6)

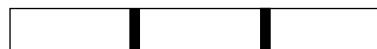
8. Maryland taxable income (from line 5 or line 7, whichever is applicable), 9. TAX (Multiply line 8 by 7%)

PAYMENTS AND CREDITS

10. a. Estimated tax paid (with Form 500DP and/or credited from 2000 overpayment), b. Tentative tax paid (with Form 500E), c. Business tax credits (Attach Form 500CR), d. Heritage area tax credit (Attach Form 502H), e. Total payments and credits, 11. Balance of tax due (if line 9 exceeds line 10e, enter the difference), 12. Overpayment (if line 10e exceeds line 9, enter the difference), 13. Interest and/or penalty for underpayment of estimated tax (Form 500UP) late filing interest, 14. Total balance due (Add lines 11 and 13, or if line 13 exceeds line 12 enter the difference), 15. Amount of overpayment to be applied to estimated tax for 2002 (not to exceed the net of line 12 less line 13), 16. Amount of overpayment TO BE REFUNDED (Add lines 13 and 15, and subtract the total from line 12)

DIRECT DEPOSIT OF REFUND (See instructions.) Please be sure the account information is correct.

17. To choose the direct deposit option, complete the following information: 17a. Type of account: Checking, Savings, 17b. Routing number, 17c. Account number





COMPUTATION OF APPORTIONMENT FACTOR (Applies only to multistate corporations – see instructions) NOTE: Special apportionment formulas are required for rental/leasing, transportation and manufacturing companies. Multistate manufacturers with more than 25 employees must complete Form 500MC; see 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)			<input type="text"/>
1B. Receipts	(Enter the same factor shown on line 1A, Column 3 – Disregard this line if special apportionment formula used.)			<input type="text"/>
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)			<input type="text"/>
3. Payroll	a. Compensation of officers			
	b. Other salaries and wages			
	c. Total payroll (Add lines 3a and 3b, for Columns 1 and 2)			<input type="text"/>
4. Total of factors	(Add entries in Column 3)			<input type="text"/>
5. Maryland apportionment factor	(Divide line 4 by four for three-factor formula, or by the number of factors used if special apportionment formula required) (If factor is zero, enter 000001 on line 6 page 1.)			<input type="text"/>

ADDITIONAL INFORMATION REQUIRED (Attach a separate schedule if more space is necessary)

- Address of principal place of business (if other than indicated on page 1): _____
- Address at which tax records are located (if other than indicated on page 1): _____
- Telephone number of **corporate** tax department: _____
- State of incorporation: _____
- Name and address of Maryland Resident Agent: _____

If a multistate operation, provide the following:

- Address of principal place of business in Maryland (if other than indicated on page 1 or above): _____
- Brief description of operations in Maryland: _____

STATEMENTS REQUIRED

- 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 Maryland Revenue Administration Division? Yes No
If "yes," indicate tax year(s) here: _____ and submit an amended return(s) together with a copy of the IRS adjustment report(s) under separate cover.
- Did the corporation file employer withholding tax reports/forms with the Maryland Revenue Administration Division for the last calendar year? Yes No

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. Check here if you authorize your tax preparer to discuss this return with us.

Officer's signature _____ Date _____

Preparer's signature _____ Date _____

Title _____

Preparer's name, address and telephone number _____

Make checks payable to: **COMPTROLLER OF MARYLAND.**
Write federal employer identification no. on check using blue or black ink.
Mail to: **Comptroller of Maryland, Revenue Administration Division,**
Annapolis, Maryland 21411-0001