

MARYLAND FORM 500D

DECLARATION OF ESTIMATED CORPORATION INCOME TAX

2004

IF THE CORPORATION RECEIVED THE DECLARATION OF ESTIMATED CORPORATION INCOME TAX PACKET WHICH INCLUDES THE FOUR PREPRINTED VOUCHERS FOR SUBMITTING ESTIMATED PAYMENTS, PLEASE USE THE PREPRINTED VOUCHERS INSTEAD OF THIS FORM.

IF THE CORPORATION DOES NOT HAVE THE PACKET, USE THIS FORM TO REMIT ANY PAYMENT DUE AT THIS TIME. CHECK THE APPLICABLE BOX ON FORM 500D IF REPLACEMENT VOUCHERS (FORM 500DP) ARE NEEDED FOR REMAINING INSTALLMENTS OF THE CURRENT TAX YEAR.

SEE INSTRUCTIONS ON REVERSE SIDE

Estimated Tax Worksheet (Complete this worksheet to compute the estimated tax due)

1. Taxable income expected for the tax year or period BEGINNING in 2004	1.		
2. Estimated income tax due for the year (7% of line 1, reduced by any tax credits)	2.		
3. Estimated tax due per quarter (line 2 divided by four)	3.		

Record of Installment Payments (Complete this record for your files)

1. PRIOR YEAR (2003) OVERPAYMENT applied as a credit to estimated tax for 2004	1.		
Date Due	Date Paid	Check Number	
2. 15th day of the 4th month	_____	_____	2.
3. 15th day of the 6th month	_____	_____	3.
4. 15th day of the 9th month	_____	_____	4.
5. 15th day of the 12th month	_____	_____	5.
6. Total estimated tax payments for 2004. Add lines 1 through 5. (Claim this amount on Form 500 - line 10a for the tax year BEGINNING in 2004.)			6.

CUT ALONG THIS LINE AND RETAIN TOP PORTION OF FORM FOR CORPORATE RECORDS.
SUBMIT BOTTOM PORTION WITH REMITTANCE TO THE COMPTROLLER OF MARYLAND, REVENUE ADMINISTRATION DIVISION,
ANNAPOLIS, MARYLAND 21411-0001

FORM 500D

DECLARATION OF ESTIMATED CORPORATION INCOME TAX

2004

COMPTROLLER OF MARYLAND
REVENUE ADMINISTRATION DIVISION
ANNAPOLIS, MARYLAND 21411-0001

(or fiscal year beginning _____, 2004
and ending _____, _____)

Federal Employer Identification Number (9 digits)		DO NOT WRITE IN THIS SPACE				
Name						
Number and street						
City or town, state	Zip code					
		RM	ME	YE	EC	
		▶	▶	▶	▶	▶

SIGNATURE AND VERIFICATION: I declare that I have examined this declaration and to the best of my knowledge and belief, it is true, correct and complete.

CHECK HERE to request *replacement* vouchers for the remainder of the current tax year.

Officer's (or preparer's) signature Date

Amount of tax enclosed (if amount of estimated tax is zero, do not file this form) \$ _____

Title (or preparer's firm name and address)

**DO NOT USE THIS FORM IF THE
CORPORATION HAS FORM 500DP**

DECLARATION OF ESTIMATED CORPORATION INCOME TAX

GENERAL INSTRUCTIONS

Purpose of Form Form 500D is used by a corporation to declare and remit estimated income tax when the preprinted Form 500DP is unavailable.

Corporations expected to be subject to estimated tax requirements should have received a Declaration of Estimated Corporation Income Tax Packet. The estimated tax packet includes a worksheet, record of payments, four preprinted vouchers (Form 500DP) and instructions. Please use the Form 500DP which contains preprinted taxpayer information and provides for prompt and accurate processing of the declaration payment.

If the corporation does not have the estimated tax packet, use Form 500D to remit any payment due.

NOTE: Do not use this form for pass-through entities (including S corporations) or to remit employer withholding tax.

General Requirements Every corporation that reasonably expects its Maryland taxable income to develop a tax in excess of \$1,000 for the tax year or period must make estimated income tax payments. The total estimated tax payments for the year must be at least 90% of the tax developed for the current tax year or **110%** of the tax developed for the prior tax year to avoid interest and/or penalty. At least 25% of the total estimated tax must be remitted by each of the four installment due dates.

In the case of a short tax period the total estimated tax required is the same as for a regular tax year: 90% of the tax developed for the current (short) tax year or **110%** of the tax developed for the prior tax year. The minimum estimated tax for each of the installment due dates is the total estimated tax required divided by the number of installment due dates occurring during the short tax year.

Maryland law provides for the accrual of interest and imposition of penalty for failure to pay any tax when due.

If it is necessary to amend the estimate, recalculate the amount of estimated tax required using the estimated tax worksheet provided on this form. Adjust the amount of the next installment to reflect any previous underpayment or overpayment. The remaining installments must be at least 25% of the amended estimated tax due for the year.

Consolidated returns are not allowed under Maryland law. Affiliated corporations which file a consolidated federal return must file separate Maryland declarations for each member corporation.

When and Where to File File Form 500D on or before the 15th day of the 4th, 6th, 9th and 12th months following the beginning of the tax year or period. In addition to payment with Form 500DP or 500D, the corporation may partially or fully apply any overpayment from the prior year Form 500 – Corporation Income Tax Return to the estimated tax obligation for this year.

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

SPECIFIC INSTRUCTIONS

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 name exactly as specified in the Articles of Incorporation, or as amended, and continue with any "Trading As" (T/A) name if applicable.

Enter the Federal Employer Identification Number (FEIN). If the 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.

Check the box to request **replacement** vouchers for the remainder of the current tax year. Do not check the box to request vouchers for the next tax year; a packet including vouchers will be issued automatically.

Tax Year or Period ENTER THE BEGINNING AND ENDING DATES OF THE TAX YEAR IN THE SPACE PROVIDED.

The same tax year or period used for the federal return must be used for Form 500D.

Amount of Tax Enclosed Enter the amount of tax due in the space provided and remit full payment with this form.

Signature and Verification An authorized officer or the paid preparer must sign and date Form 500D indicating the corporate title or preparer firm name and address.

Payment Instructions Include a check or money order made payable to the **Comptroller of Maryland** for the full amount due. All payments must indicate the Federal Employer Identification Number, type of tax and tax year beginning and ending dates. **DO NOT SEND CASH.** Taxpayers making payments of \$10,000 or more must pay by electronic funds transfer. Others may elect this method. Taxpayers must register prior to making electronic payments. For registration information call 410-260-7601. If you make payments by electronic funds transfer, do not mail Form 500D; retain it for your records.

Mailing Instructions Mail payment and completed Form 500D to:

Comptroller of Maryland
Revenue Administration Division
Annapolis, MD 21411-0001