



Federal Employer Identification Number (9 digits)
Name
Number and street
City or Town State Zip Code
Fein Applied for date Date of organization or incorporation (MMDDYY) Business Activity Code No. (6 digits)
ME YE

TYPE OF ENTITY: [ ] S Corporation [ ] Partnership [ ] Limited Liability Company [ ] Business Trust
CHECK HERE IF: [ ] Name or address has changed [ ] First filing of the entity [ ] Inactive entity [ ] Final return [ ] AMENDED RETURN
[ ] This tax year's beginning and ending dates are different from last year's because of an acquisition or consolidation

- 1. Number of partners, shareholders or members:
a) Individual residents (of Maryland) b) Individual nonresidents c) Others d) Total
2. Total distributive or pro rata income per federal return (Form 1065 or 1120S) — Unistate entities or multistate entities with no nonresident partners, shareholders or members also enter this amount on line 4

ALLOCATION OF INCOME
(To be completed by multistate pass-through entities with one or more individual nonresident partners, shareholders or members — unistate entities, and multistate entities with no nonresidents, go to line 4)
3a. Non-Maryland income (for entities using separate accounting.) Subtract this amount from line 2 and enter the difference on line 4
3b. Maryland apportionment factor from computation worksheet on Page 2 (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)

4. Distributive or pro rata share allocable to Maryland

NOTE: Complete lines 5 through 13 only if there is an entry on line 1b. Tax is calculated only for individual nonresident partners or shareholders. (Investment partnerships see Specific Instructions.)

- 5. Percentage of ownership by individual nonresidents shown on line 1b (or profit/loss percentage if applicable). If 100% leave blank and enter the amount from line 4 on line 6.
6. Distributive or pro rata share for nonresident partners, shareholders or members (Multiply line 4 by the percentage on line 5)
7. Nonresident tax (Multiply line 6 by 4.75%)
8. Distributable cash flow limitation from worksheet on page 3 of instructions. If worksheet used, check here
9. Nonresident tax due (Enter the lesser of line 7 or 8)

PAYMENTS

- 10a. Estimated pass-through entity nonresident tax paid with Form 510D.
b. Pass-through entity nonresident tax paid with an extension request (Form 510E).
c. Total payments (Add lines 10a and 10b)
11. Balance of tax due (If line 9 exceeds line 10c enter the difference)
12. Interest and/or penalty from Form 500UP or late payment interest Total
13. Total balance due (Add lines 11 and 12) Pay in full with this return

NOTE: The total tax paid from line 10c and 11 is to be reported either on the composite return or on the returns of the nonresident partners or shareholders. (For additional information see the instructions.)

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.) Check here [ ] if you authorize your preparer to discuss this return with us.

Partner's, officer's or member's signature Date Preparer's SSN or PTIN Preparer's signature

Title Preparer's name, address and telephone number

Make checks payable to: COMPTROLLER OF MARYLAND. Write federal employer identification number on check using blue or black ink. Mail to: Comptroller of Maryland, Revenue Administration Division, Annapolis, Maryland 21411-0001

049 CODE NUMBERS



Name \_\_\_\_\_ Social Security # \_\_\_\_\_

SCHEDULE A - COMPUTATION OF APPORTIONMENT FACTOR

(Applies only to multistate pass-through entities - see instructions)

NOTE: Special apportionment formulas are required for rental/leasing, transportation, financial institutions and manufacturing companies. See Instructions.

Table with 4 columns: Description, Column 1 TOTALS WITHIN MARYLAND, Column 2 TOTALS WITHIN AND WITHOUT MARYLAND, Column 3 DECIMAL FACTOR (Column 1 ÷ Column 2) (rounded to six places). Rows include Receipts, Property, Payroll, and Maryland apportionment factor.

SCHEDULE B - PARTNERS', SHAREHOLDERS' OR MEMBERS' INFORMATION

(Attach continuing schedule in same format if there are more than five partners, shareholders or members)

Table with 5 columns: Name and social security number or federal employer identification number, Address, Check here if Maryland: Resident/Non-resident, Distributive or pro rata share of income, Distributive or pro rata share of tax paid. Rows 1-5.

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

- 1. Address of principal place of business (if other than indicated on page 1):
2. Address at which tax records are located (if other than indicated on page 1):
3. Telephone number of pass-through entity tax department:
4. State of organization or incorporation:
5. 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?
6. Did the pass-through entity file withholding tax reports/forms with the Maryland Revenue Administration Division for the last calendar year?