



Name _____ FEIN _____

SCHEDULE A - COMPUTATION OF APPORTIONMENT FACTOR

(Applies only to multistate corporations - see instructions)
NOTE: Special apportionment formulas are required for rental/leasing, financial institutions, transportation and manufacturing companies. See instructions.

Table with 3 columns: 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 Total of factors.

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

- 1. Telephone number of corporation tax department:
If a multistate operation, provide the following:
2. Address of principal place of business in Maryland (if other than indicated on page 1):
3. Brief description of operations in Maryland:
4. Has the Internal Revenue Service made adjustments...
5. Did the corporation file employer withholding tax reports/forms...
6. Is this entity part of a federal consolidated filing?

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 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