



Do not write on, staple or punch holes in barcode.

Please Print Using Blue or Black Ink

Name, Number and street, City or town, State, Zip code, Federal Employer Identification No. (9 digits), FEIN Applied for date, Date of Organization or Incorporation (MMDDYY), Business Activity Code No. (6 digits)

CHECK HERE IF: NAME OR ADDRESS HAS CHANGED, INACTIVE CORPORATION, FIRST FILING OF THE CORPORATION, FINAL RETURN, THIS TAX YEAR'S BEGINNING AND ENDING DATES ARE DIFFERENT FROM LAST YEAR'S DUE TO AN ACQUISITION OR CONSOLIDATION

SEE INSTRUCTIONS IN CORPORATION INCOME TAX BOOKLET. ATTACH A COPY OF PAGES 1 THROUGH 5 OF THE FEDERAL INCOME TAX RETURN.

1. Taxable income based on attached federal return from the Taxable Income Worksheet. (Check applicable box: 1120/1120A, 990T, 1120-REIT, Other. IF 1120S, FILE ON FORM 510) 1

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. Section 10-306.1 related party transactions, e. Domestic Production Activities Deduction, f. Deduction for Dividends paid by a captive REIT, g. Other additions, h. Total additions, 3. Total (Add lines 1 and 2h) 3

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. Income from U.S. obligations, d. Section 10-306.1 related party transactions, e. Other subtractions, f. Total subtractions (Add lines 4a through 4e), 5. Maryland modified income (Subtract line 4f from line 3) 5

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) 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 8.25%) 9

PAYMENTS AND CREDITS

10. a. Estimated tax paid with Form 500DP, Form 500D, Form MW506NRS and/or credited from 2007 overpayment, b. Tax paid with an extension request (Form 500E), c. Nonrefundable business income tax credits from Part T, line 26 of Form 500CR, d. Refundable business income tax credits from Part V, line 3 of Form 500CR, e. Heritage Structure Rehabilitation tax credit, f. Nonresident tax paid on behalf of the corporation by pass-through entities, g. Total payments and credits, 11. Balance of tax due, 12. Overpayment, 13. Interest and/or penalty from Form 500UP or late payment interest, 14. Total balance due, 15. Amount of overpayment to be applied to estimated tax for 2009, 16. Amount of overpayment TO BE REFUNDED

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



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. Multistate manufacturer with more than 25 employees must complete Form 500MC; 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 (1A, 1B), Property (2), Payroll (3), Total of factors (4), and Maryland apportionment factor (5).

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 (for a tax year in which a Maryland return was required) that were not previously reported to the Maryland Revenue Administration Division?
5. Did the corporation file employer withholding tax reports/forms with the Maryland Revenue Administration Division for the last calendar year?
6. Is this entity part of a federal consolidated filing?
7. Is this entity a multistate corporation that is a member of a unitary group?
8. Is this entity a multistate manufacturer with more than 25 employees? If so, complete and attach Form 500MC to your Form 500.

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