



NAME _____ FEIN _____

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.		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)			◀
1B. Receipts	Enter the same factor shown on line 1A, Column 3. Disregard this line if special apportionment formula used.			
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)			◀
3. Payroll	a. Compensation of officers			
	b. Other salaries and wages			
	c. Total payroll (Add lines 3a and 3b, for Columns 1 and 2)			◀
4.	Total of factors (Add entries in Column 3)			
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 3b, Page 1.)			

ADDITIONAL INFORMATION REQUIRED

- 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 pass-through entity tax department: _____
- State of organization or incorporation: _____
- 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 pass-through entity file withholding tax returns/forms with the Maryland Revenue Administration Division for the last calendar year? ▶ Yes No
- Is this entity a multistate corporation that is a member of a unitary group? ▶ Yes No
- Is this entity a multistate manufacturing corporation with more than 25 employees? If so, complete and attach Form 500MC to your Form 510. ▶ Yes No

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.

Signature of general partner, officer or member _____ Date _____

Preparer's SSN or PTIN (required by law) _____ Preparer's signature _____

Title _____

Preparer's name, address and telephone number _____

Make checks payable and mail to:
Comptroller of Maryland, Revenue Administration Division
110 Carroll Street
Annapolis, Maryland 21411-0001
(Write federal employer identification number on check)

**SCHEDULE B
FORM 510**

MARYLAND
PASS-THROUGH ENTITY INCOME TAX RETURN
MEMBERS' INFORMATION

2011

Name shown on Form 510

Federal employer identification number (9 digits)

PART I – INDIVIDUAL MEMBERS' INFORMATION

Enter the Information in Social Security Number Order

Social Security Number and name of member	Address	Check here if Maryland:		Distributive or pro rata share of income (See Instructions)	Distributive or pro rata of tax paid (See Instructions)	Distributive or pro rata share of tax credit (See Instructions)	
		Resident	Non-Resident				
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
SUBTOTAL from additional Form 510 Schedule B for individual members							
TOTAL:							

**SCHEDULE B
FORM 510**

MARYLAND
PASS-THROUGH ENTITY INCOME TAX RETURN
MEMBERS' INFORMATION

2011

Name shown on Form 510

Federal employer identification number (9 digits)

PART II – FIDUCIARY MEMBERS' INFORMATION

Enter the Information in Federal Employer Identification Number Order

Federal employer identification number and name of estate or trust	Address	Check here if Maryland:		Distributive or pro rata share of income (See Instructions)	Distributive or pro rata of tax paid (See Instructions)	Distributive or pro rata share of tax credit (See Instructions)	
		Resident	Non-Resident				
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
SUBTOTAL from additional Form 510 Schedule B for fiduciary members							
TOTAL:							

**SCHEDULE B
FORM 510**

MARYLAND
PASS-THROUGH ENTITY INCOME TAX RETURN
MEMBERS' INFORMATION

2011

Name shown on Form 510

Federal employer identification number (9 digits)

PART III – PASS-THROUGH ENTITY MEMBERS' INFORMATION (INCLUDING S CORPORATIONS)

Enter the Information in Federal Employer Identification Number Order

Federal employer identification number and name of Pass-through entity	Address	Is Member a Nonresident Entity:		Distributive or pro rata share of income (See Instructions)	Distributive or pro rata of tax paid (See Instructions)	Distributive or pro rata share of tax credit (See Instructions)	
		YES	NO				
1							
2							
3							
4							
5							
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10							
11							
12							
13							
14							
15							
16							
SUBTOTAL from additional Form 510 Schedule B for PTE members							
TOTAL:							

**SCHEDULE B
FORM 510**

**MARYLAND
PASS-THROUGH ENTITY INCOME TAX RETURN
MEMBERS' INFORMATION**

2011

Name shown on Form 510

Federal employer identification number (9 digits)

PART IV – CORPORATION MEMBERS' INFORMATION (EXCLUDING S CORPORATIONS)

Enter the Information in Federal Employer Identification Number Order

Federal employer identification number and name of Pass-through entity	Address	Is Member a Nonresident Entity:		Distributive or pro rata share of income (See Instructions)	Distributive or pro rata of tax paid (See Instructions)	Distributive or pro rata share of tax credit (See Instructions)	
		YES	NO				
1							
2							
3							
4							
5							
6							
7							
8							
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10							
11							
12							
13							
14							
15							
16							
SUBTOTAL from additional Form 510 Schedule B for corporate members							
TOTAL:							