

**MARYLAND
FORM 500X**

(Revised 1996)

**AMENDED CORPORATION
INCOME TAX RETURN**

19 _____

(OR FISCAL YEAR
BEGINNING _____, 19____
ENDING _____, 19____)

AMENDED

MAIL TO: COMPTROLLER OF THE TREASURY
REVENUE ADMINISTRATION DIVISION
ANNAPOLIS, MARYLAND 21411-0001

Name	
Number and street	
City or town, state	Zip code
Federal Employer Identification No. (9 digits)	

Do not write in this space

CHECK HERE IF: NAME HAS CHANGED SINCE THE MOST RECENT FILING
 MEMBER OF A CONSOLIDATED GROUP FOR FEDERAL PURPOSES

(NOTE: Do not use for S Corporations—see instructions for Form 510)

SEE INSTRUCTIONS ON SEPARATE SHEET

IF THE AMENDMENTS RESULT FROM CHANGES TO THE ITEMS OF FEDERAL TAXABLE INCOME, A COMPLETE COPY OF THE AMENDED FEDERAL INCOME TAX RETURN MUST BE ATTACHED TO THIS RETURN

PART A— Income, Modifications and Apportionment

- Federal taxable income
- Total addition modifications
- Total (add line 1 and line 2)
- Total subtraction modifications
- Maryland modified income (subtract line 4 from line 3)

Column A As originally reported or as previously adjusted	Column B Net change (increase or decrease)	Column C Correct Amount

Apportionment of Income

(To be completed by multistate corporations – unistate corporations skip to line 8)

- Maryland apportionment factor (from Part C on page 2)
- Maryland apportioned income (Multiply line 5 by line 6)

- Maryland taxable income (from line 5 or line 7, whichever is applicable)
- TAX (multiply line 8 by 7%)

PART B— Tax Due or Refund

- Corrected tax (from Part A, line 9, column C)
- Tax previously paid (from Part A, line 9, column A)
- Balance of Tax due (if line 1 exceeds line 2, enter the difference)
- Overpayment (if line 2 exceeds line 1, enter the difference)
- Interest and/or penalty (see instructions)
- Total balance due (add lines 3 and 5)
- Amount of overpayment to be applied to tax year/period ___/___/___ to ___/___/___
- Amount of overpayment **TO BE REFUNDED** (subtract the total of lines 7a, 7b and 7c from line 4)

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, and correct and complete. (Declaration of preparer other than the taxpayer is based on all information of which preparer has any knowledge.)

_____	_____	_____	_____
Officer's signature	Date	Preparer's signature	Date
_____	_____	_____	_____
Title	Telephone No.	Firm name and address	Telephone No.

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FORM 500X**

AMENDED CORPORATION INCOME TAX RETURN

(Revised 1996)

PART C – COMPUTATION OF APPORTIONMENT FACTOR (if applicable, complete this part for the amended tax year – see corresponding 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 for 1991 and prior tax years, and if special apportionment formula is 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. Payrol 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 for amended tax year 19 _____ (For 1992 and subsequent tax years, divide line 4 by four. For 1991 and prior tax years, divide line 4 by three. If a special apportionment formula is required, divide line 4 by the number of factors used.)			.

PART D – EXPLANATION OF CHANGES TO MODIFICATIONS AND APPORTIONMENT. Enter the line reference from Part A for which a change is being made and give the reason for each change below. Show the computation in detail and attach schedules as necessary.

GENERAL INSTRUCTIONS

Purpose of Form Form 500X is used by a corporation to correct an error in a previously filed return (Form 500 - Corporation Income Tax Return) or to claim a net operating loss deduction carryback.

Form 500X may not be used to correct the amount of payments or credits. To correct payment or credit amounts, submit a letter of request that indicates the corporate name, Federal Employer Identification Number, type of tax and tax year beginning and ending dates. Explain the basis for the request and attach copies of canceled checks and/or other documents as necessary to verify the amounts claimed.

When and Where to File Generally, Form 500X must be filed within 3 years after the date the original return was due or filed. The following exceptions apply:

- If the Internal Revenue Service issues a final determination of adjustments that would result in an increase to Maryland taxable income, file Form 500X within 90 days after the final determination. (A penalty is applicable for failure to file within 90 days.)
- If the Internal Revenue Service issues a final report of adjustments that would result in a decrease to Maryland taxable income, file Form 500X within 1 year after the final adjustment report or the final court decision, if appealed.
- A claim for refund based on a federal net operating loss carryback must be filed within 3 years after the due date (including extensions) of the return for the tax year of the net operating loss.
- Other claims for refund must be filed within 3 years after the date the original return was filed or 2 years after the date the tax was paid, whichever is later. A return filed before the due date is considered to have been filed on the date it was due.

The amended return must be filed with the Comptroller of the Treasury, Revenue Administration Division, Annapolis, Maryland 21411-0001.

Information on Income Tax Provisions Refer to the instructions for Form 500 for the tax year being amended for information regarding applicable Maryland income tax provisions.

An amended filing is not considered complete and will not be processed until all federal and other required attachments are received. Therefore, the period in which refunds may be claimed may expire if all required information is not provided before the expiration date.

Signatures Required Form 500X must be signed by a duly authorized corporate officer. Preparers, other than corporate employees, must also sign the return.

What to Attach Attach the following documents and information to Form 500X:

- If the items of federal taxable income are amended, include a copy of the actual federal amended income tax return as filed with the Internal Revenue Service.

Corporations included in a consolidated filing for federal income tax purposes must attach a copy of the actual consolidated amended return to each Maryland filing. Also include a

schedule reconciling the separate adjustments of each member corporation to the consolidated totals.

A member of a consolidated federal filing that is claiming a net operating loss carryback must attach a schedule calculating the deduction based on its separate federal taxable income and loss.

- If the items of federal taxable income are adjusted, include a copy of the final report of adjustments as issued by the Internal Revenue Service.

Corporations included in a consolidated filing for federal income tax purposes must attach a copy of the actual consolidated adjustment report to each Maryland filing. If not a part of the adjustment report, also include a schedule reconciling the separate adjustments of each member corporation to the consolidated totals.

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 a 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 applicable box if the name or address has changed since the most recent filing or if the corporation is a member of a consolidated group for federal income tax purposes.

Taxable Year or Period ENTER THE BEGINNING AND ENDING DATES OF THE TAXABLE YEAR IN THE SPACE PROVIDED AT THE TOP OF FORM 500X.

PART A - INCOME, MODIFICATIONS AND APPORTIONMENT

Complete lines 1 through 5, columns A, B and C. If the items of federal taxable income are amended or adjusted, determine if the adjustments will affect the Maryland modifications and enter the correct amounts.

If claiming a net operating loss carryback and the total addition modifications exceeds the total subtraction modifications in the year of the loss, a modification to recapture the excess of additions over subtractions is required when claiming the corresponding net operating loss deduction. Refer to the instructions for Form 500 for the tax year of the net operating loss to calculate the amount of the required modification.

Note: The net operating loss modification applies only to the extent that a net operating loss deduction is attributable to a net operating loss occurring in a taxable year beginning after 12/31/88.

The net capital loss carryback is not an allowable deduction on the Maryland return. An addition modification is required to the ex-

tent that federal taxable income is reduced by a capital loss carryback.

If an apportionment factor is applicable, complete lines 6 through 8, columns A, B and C. If the items of federal taxable income and/or Maryland modifications are amended or adjusted, determine if the amendments/adjustments will affect the apportionment factor and enter the changes. If the apportionment factor is amended or adjusted, complete Part C.

Complete line 9, columns A, B and C.

Explain any changes to the modifications and apportionment factor in Part D.

PART B - TAX DUE OR REFUND

Complete lines 1 through 6. For line 2, do not include amounts of tax which have not been previously paid. Also for line 2, do not include amounts of interest and/or penalty. Use the tax and interest rate tables available at the end of these instructions.

For line 5, calculate interest on additional tax due from the due date of the original return to the date of payment. In the case of an Internal Revenue Service adjustment that increases Maryland taxable income and was not filed within 90 days after the final determination, calculate and include penalty in the amount of 10% of the additional tax due.

If the amended return results in an overpayment that the corporation elects to be credited to another tax year, enter the amount to be credited on line 7. Enter the amount to be refunded to the corporation on line 8.

PART C - COMPUTATION OF APPORTIONMENT FACTOR

If the amended return includes any changes to the apportionment factor, complete Part C, provide a full explanation in Part D and attach schedules as necessary. All schedules must indicate the corporate name, Federal Employer Identification Number and tax year beginning and ending dates.

PART D - EXPLANATION OF CHANGES TO MODIFICATIONS

AND APPORTIONMENT

If the amended return includes changes to the Maryland modifications or apportionment factor, provide a full explanation in Part D. If additional space is necessary, attach separate sheets which include the corporate name, Federal Employer Identification Number and tax year beginning and ending dates.

SIGNATURE AND VERIFICATION

An authorized officer must sign and date Form 500X (at bottom of Page 1) and enter his or her corporate title. If a paid preparer is used, the preparer must also sign and date the return and enter the firm name and address.

PAYMENT INSTRUCTIONS

Include a check or money order made payable to the Comptroller of the Treasury for the full amount of any balance due. All payments must indicate the Federal Employer Identification Number, type of tax and tax year beginning and ending dates. **DO NOT SEND CASH.**

MAILING INSTRUCTIONS

Mail the amended return to the address shown on the front of Form 500X. Before mailing be sure to:

- Enter the correct name, address, Federal Employer Identification Number and tax year beginning and ending dates in the specified areas on the form.
- Check the applicable box if the name or address has changed or if the corporation is a member of a consolidated group for federal income tax purposes.
- Sign and date the form.
- Enclose a check or money order for the full amount of any balance due. Enter the Federal Employer Identification Number, type of tax and tax year beginning and ending dates on the payment. **DO NOT SEND CASH.**

TAX AND INTEREST RATE TABLES

Tax Years/Periods Beginning	Tax Rate	Period	Interest Rate
1967 through 1996	7%	1/1/67 to 6/30/75	6%
		7/1/75 to 6/30/82	9%
		7/1/82 to 12/31/83	15%
		1/1/84 to 12/31/84	12%
		1/1/85 to 12/31/85	13%
		1/1/86 to 12/31/89	12%
		1/1/90 to 12/31/90	13%
		1/1/91 to 12/31/92	12%
		1/1/93 to 12/31/97	13%