

# DECLARATION OF ESTIMATED PASS-THROUGH ENTITY NONRESIDENT TAX WORKSHEET

**SEE INSTRUCTIONS ON REVERSE SIDE**

**Estimated Tax Worksheet** (Complete this worksheet to compute the estimated tax due.

Quarterly estimated tax is to be remitted with Form 510D.)

1. Estimated nonresident tax due for taxable year (See General Instructions) .....	1.	
2. Estimated tax due per quarter (line 1 divided by four) .....	2.	

**Record of Installment Payments** (Complete this record for your files)

**S Corporation/Partnership and Limited Liability Company**

Date Due	Date Paid	Check No.	
1. 15th day of the 4th month/April 15			
2. 15th day of the 6th month/June 15			
3. 15th day of the 9th month/September 15			
4. 15th day of the 12th month/January 15			
5. Total estimated tax payments for 1997 (Claim this amount on Form 510 - line 10a for the taxable year BEGINNING in 1997.)			

MARYLAND FORM 510D

DECLARATION OF ESTIMATED PASS-THROUGH ENTITY NONRESIDENT TAX

19 (OR FISCAL YEAR BEGINNING 19 ENDING 19)

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

DO NOT WRITE IN THIS SPACE

Form fields for Federal Employer Identification No., Name, Number and street, City or town, State, Zip code.

RM, ME, YE, EC, and other small form fields.

TYPE OF ENTITY: Partnership, S corporation, Limited liability company

SEE INSTRUCTIONS IN PASS-THROUGH ENTITY INCOME TAX PACKAGE

SIGNATURE AND VERIFICATION: I declare that I have examined this declaration and to the best of my knowledge and belief, it is true, correct and complete.

CHECK HERE to request replacement vouchers for the remainder of the current taxable year.

Officer's (or preparer's) signature Date

Amount of tax enclosed (if amount of estimated tax is zero, do not file this form)

Title (or preparer's firm name and address)

COT/RAD 073

CUT ALONG THIS LINE

MARYLAND FORM 510D

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COT/RAD 073

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**S Corporation/Partnership and Limited Liability Companies**

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3. 15th day of the 9th month/September 15	_____	_____	3.
4. 15th day of the 12th month/January 15	_____	_____	4.
5. Total estimated tax payments for period (Claim this amount on Form 510 - line 10a for the taxable year.)			5.

MAIL WITH REMITTANCE TO:

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REVENUE ADMINISTRATION DIVISION  
ANNAPOLIS, MARYLAND 21411-0001

CUT ALONG THIS LINE

**Record of Installment Payments**

**S Corporation/Partnership and Limited Liability Companies**

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