



(OR FISCAL YEAR BEGINNING , 1997, ENDING , 19)

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), FEIN Applied for date, Date of Incorporation (6 digits), Federal Business Code No. (4 digits)

CHECK HERE IF: [] NAME OR ADDRESS HAS CHANGED [] INACTIVE CORPORATION [] FIRST FILING OF THE CORPORATION [] FINAL RETURN

SEE INSTRUCTIONS IN CORPORATION INCOME TAX BOOKLET A COPY OF PAGES 1 THROUGH 4 OF THE FEDERAL INCOME TAX RETURN MUST BE ATTACHED TO THIS RETURN

1. Taxable income per attached federal return... ADDITION MODIFICATIONS 2. a. State and local income tax... SUBTRACTION MODIFICATIONS 4. a. Dividends for domestic corporations... 5. Maryland modified income

APPORTIONMENT OF INCOME (To be completed by multistate corporations — unistate corporations skip to line 8) 6. Maryland apportionment factor... 7. Maryland apportionment income

8. Maryland taxable income... 9. TAX (Multiply line 8 by 7%) PAYMENTS AND CREDITS 10. a. Estimated tax paid... 11. Balance of tax due... 12. Overpayment... 13. Interest and/or penalty... 14. Total balance due... 15a. Amount of overpayment... 15b. Amount of overpayment TO BE REFUNDED

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.

Officer's signature, Date, Preparer's signature, Date, Title, Firm name and address

