

AMENDED CORPORATION INCOME TAX RETURN

19_____

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

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

CURRENT NAME AND ADDRESS			NAME AND ADDRESS ON ORIGINAL RETURN IF DIFFERENT THAN CURRENT		
Name			Name		
Number and street			Number and street		
City or town	State	Zip code	City or town	State	Zip code
Federal Employer Identification No. (9 digits)					

IMPORTANT NOTE: READ THE INSTRUCTIONS AND COMPLETE PAGE 2.

- Is this corporation a member of a consolidated group for federal purposes? Yes No
- Is an amended federal return being filed? If yes, ATTACH COMPLETE COPY. Yes No
- Has the original federal return been changed or corrected by the Internal Revenue Service? If yes, ATTACH COPY OF THE DATED REPORT OF ADJUSTMENTS. Yes No
- Was an extension of time requested to file the original return? If yes, enter the date the return was filed _____ Yes No
- Was a Consent to Extend Time to Assess Tax filed with the Internal Revenue Service? If yes, ATTACH COPY OF FORM. Yes No

PART A – Income, Modifications and Apportionment		Column A As originally reported or as previously adjusted	Column B Net change (increase or decrease)	Column C Correct Amount
1. Federal taxable income	1.			
2. Total addition modifications	2.			
3. Total (Add line 1 and line 2)	3.			
4. Total subtraction modifications	4.			
5. Maryland modified income (Subtract line 4 from line 3)	5.			

APPORTIONMENT OF INCOME

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

6. Maryland apportionment factor (from Part C on page 2)	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 7%)	9.			

PART B – Payments, Credits, Balance Due or Overpayment

10 a. Estimated tax paid (with Form 500DP and/or credit from prior year)	10 a.			
b. Tentative tax paid (with Form 500E)	b.			
c. Business and Rehabilitation Tax Credits (Attach Form 500CR and/or Form 502H)	c.			
d. Total payments and credits (Add lines 10a through 10c)	d.			
11. Balance due (If line 9 exceeds line 10d, enter the difference)	11.			
12. Overpayment (If line 10d exceeds line 9, enter the difference)	12.			
13 a. Tax paid with original return, plus additional tax paid after it was filed (Do not include any interest or penalty)	13 a.			
b. Prior overpayment (Total all refunds previously issued)	b.			
14. REFUND DUE (If line 11 is less than 13a, subtract line 13a from 11) (If line 13b is less than 12, subtract line 13b from 12) (Add line 12 to 13a)	14.			
15. BALANCE DUE (If line 11 is more than 13a, subtract line 13a from 11) (Add line 11 to 13b) (If line 12 is less than 13b, subtract line 13b from 12)	15.			
16. Interest and/or penalty charges (See instructions)	16.			
17. TOTAL AMOUNT DUE (Add line 15 and line 16) PAY IN FULL WITH THIS RETURN	17.			

