

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				
RM				
ME	YE	EC		
▶	▶	▶	▶	▶
TYPE OF ENTITY: <input type="checkbox"/> Partnership <input type="checkbox"/> S corporation <input type="checkbox"/> Limited liability company				

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

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)

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Title (or preparer's firm name and address)

COT/RAD 073

CUT ALONG THIS LINE

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Record of Installment Payments

S Corporation/Partnership and Limited Liability Companies

Date Due	Date Paid	Check No.	
1. 15th day of the 4th month/April 15	_____	_____	1.
2. 15th day of the 6th month/June 15	_____	_____	2.
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.

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