

**CORPORATION
INCOME TAX RETURN**



1999

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

(OR FISCAL YEAR BEGINNING , 1999, ENDING)

Please Print Blue or Black Ink Only	Name			DO NOT WRITE IN THIS SPACE		ME ▶	
	Number and street					YE ▶	
	City or town	State	Zip code			EC ▶	
	Federal Employer Identification No. (9 digits)					RM	
	FEIN Applied for date		Date of Incorporation (6 digits)	Federal Business Code No. (6 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
ATTACH A COPY OF PAGES 1 THROUGH 4 OF THE FEDERAL INCOME TAX RETURN.**

1. Taxable income per attached federal return (Check applicable box: 1120/1120A, 990T,
 Other _____ IF 1120S, FILE ON FORM 510) ▶

1		
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• ATTACH CHECK HERE • ADDITION MODIFICATIONS (All entries must be positive amounts)

2. a. State and local income tax ▶

2a		
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 b. Dividends and interest from another state, local or federal tax exempt obligation ▶

b		
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 c. Net operating loss modification (Do not enter NOL carryover. See Instructions.) ▶

c		
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 d. Other additions (See instructions and attach schedule) ▶

d		
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 e. Total additions (Add lines 2a through 2d) ▶

2e		
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 3. Total (Add lines 1 and 2e) ▶

3		
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SUBTRACTION MODIFICATIONS (All entries must be positive amounts)

4. a. Dividends for domestic corporations claiming foreign tax credits ▶

4a		
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 b. Dividends from related foreign corporations ▶

b		
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 c. Interest from U.S. obligations ▶

c		
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 d. Receipts subject to gross receipts tax ▶

d		
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 e. Other subtractions (See instructions and attach schedule) ▶

e		
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 f. Total subtractions (Add lines 4a through 4e) ▶

4f		
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 5. Maryland modified income (Subtract line 4f from line 3) ▶

5		
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APPORTIONMENT OF INCOME

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

6. Maryland apportionment factor (from page 2 of this form) (If factor is zero, enter 000001) ▶

6		
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 7. Maryland apportioned income (Multiply line 5 by line 6) ▶

7		
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8. Maryland taxable income (from line 5 or line 7, whichever is applicable) ▶

8		
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 9. TAX (Multiply line 8 by 7%) ▶

9		
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PAYMENTS AND CREDITS

10. a. Estimated tax paid (with Form 500DP and/or credited from 1998 overpayment) ▶

10a		
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 b. Tentative tax paid (with Form 500E) ▶

b		
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 c. Business and Rehabilitation Tax Credits (Attach Form 500CR and/or Form 502H) ▶

c		
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 d. Total payments and credits (Add lines 10a through 10c) ▶

10d		
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 11. Balance of tax due (if line 9 exceeds line 10d, enter the difference) ▶

11		
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 12. Overpayment (if line 10d exceeds line 9, enter the difference) ▶

12		
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 13. Interest and/or penalty for underpayment of estimated tax (Form 500UP) _____ late filing interest _____ ▶

13		
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 14. Total balance due (Add lines 11 and 13, or if line 13 exceeds line 12 enter the difference) ▶

14		
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 15. Amount of overpayment to be applied to estimated tax for 2000 (not to exceed the net
of line 12 less line 13) ▶

15		
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 16. Amount of overpayment **TO BE REFUNDED** (Add lines 13 and 15, and subtract the total from line 12) ▶

16		
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**CORPORATION
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COMPUTATION OF APPORTIONMENT FACTOR <small>(Applies only to multistate corporations – see instructions) NOTE: Special apportionment formulas are required for rental/leasing and transportation companies.</small>	Column 1 TOTALS WITHIN MARYLAND	Column 2 TOTALS WITHIN AND WITHOUT MARYLAND	Column 3 DECIMAL FACTOR <small>(Column 1 ÷ Column 2) rounded to six places</small>
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 if special apportionment formula 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. Payroll			
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 (Divide line 4 by four for three-factor formula, or by the number of factors used if special apportionment formula required) (If factor is zero, enter 000001 on line 6 page 1.) [][][][][][][]

ADDITIONAL INFORMATION REQUIRED (Attach a separate schedule if more space is necessary)

- Address of principal place of business (if other than indicated on page 1): _____
- Address at which tax records are located (if other than indicated on page 1): _____
- Telephone number of **corporate** tax department: _____
- State of incorporation: _____
- Name and address of Maryland Resident Agent: _____

If a multistate operation, provide the following:

- Address of principal place of business in Maryland (if other than indicated on page 1 or above): _____
- Brief description of operations in Maryland: _____

STATEMENTS REQUIRED

- Has the Internal Revenue Service made adjustments (for a tax year in which a Maryland return was required) that were not previously reported to the Maryland Revenue Administration Division? Yes No
If "yes," indicate tax year(s) here: _____ and submit an amended return(s) together with a copy of the IRS adjustment report(s) under separate cover.
- Did the corporation file employer withholding tax reports/forms with the Maryland Revenue Administration Division for the last calendar year? . . . Yes No

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. (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		Preparer's name, address and telephone number	