



225040049

OR FISCAL YEAR BEGINNING _____ 2022, ENDING _____

Federal Employer Identification Number (9 digits)

Name of Estate or Trust

Name and Title of Fiduciary

Current Mailing Address of Fiduciary - Line 1 (Street No. and Street Name or PO Box)

Current Mailing Address of Fiduciary - Line 2 (Apt No., Suite No., Floor No.)

City or Town State ZIP Code +4

Country Name Foreign Province/State/County

Foreign postal code

TYPE OF ENTITY - Check the box(es) on the return corresponding to your federal return.

- 1. Decedent's estate 2. Simple trust 3. Complex trust 4. Grantor type trust 5. Bankruptcy estate 6. Qualified funeral trust 7. Electing Small Business Trust 8. Other

DECEDENT'S ESTATE INFORMATION

If Decedent's estate:

Date of death Decedent's Social Security Number Domicile of decedent Check here if final return.

RESIDENT STATUS

Check box if resident and complete the following Subdivision Code County City, town or taxing area Check box if nonresident.

AMENDED RETURN

Check applicable box(es). This is an amended return. Net operating loss is being carried back. Name or address has changed.

Table with 11 rows of tax items and amounts, including Federal taxable income, exemptions, and Maryland tax.

NOTE: Nonresident fiduciary - see instruction for Form 504NR.

Print Using Blue or Black Ink Only

STAPLE CHECK HERE



225040149

NAME _____ FEIN _____

Table with 37 rows and 3 columns: Line number, Description, and Amount. Includes sections for Special nonresident tax, Maryland tax, credits, local tax, and total amount due.

AMENDED RETURNS

If you are filing an amended fiduciary income tax return, check the applicable boxes and draw a line through any bar codes on the front. Explain the changes you are making in the space below. Attach a copy of the amended federal Form 1041 if the federal return is being amended, and any other required documentation.

Horizontal lines for providing details on amended returns.



225040249

NAME _____ FEIN _____

DIRECT DEPOSIT OF REFUND (see Instruction 18)

Verify that all account information is correct and clearly legible. If you are requesting direct deposit of your refund, complete the following. **For Splitting Direct Deposit**, use Form 588.

▶ Check here if this refund will go to an account outside of the United States.

▶ Check here if you authorize the State of Maryland to issue your refund by direct deposit.

38. For the direct deposit option, complete the following information clearly and legibly:

38a. Type of account: ▶ **38a.** Checking Savings

38b. Routing Number (9-digits): ▶ **38b.** _____

38c. Account number: ▶ **38c.** _____

38d. Name(s) as it appears on the bank account **38d.** _____

SIGNATURE AND VERIFICATION

Check here ▶ if you authorize your preparer to discuss this return with us.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

Signature of Fiduciary or Officer representing Fiduciary Date

Printed name of the Preparer / or Firm's name

Signature of preparer other than fiduciary **(Required by Law)** Date

Street address of Preparer or Firm's address

City, State, ZIP Code + 4

Telephone number of preparer ▶ Preparer's PTIN **(Required by Law)**

▶ _____
Daytime telephone number (Fiduciary)

▶ _____
CODE NUMBERS (3 digits per line)



Nonresidents must include Form 504NR.

Make checks payable to and mail to:

Comptroller Of Maryland
Revenue Administration Division
110 Carroll Street
Annapolis, Maryland 21411-0001

(Write Your Federal Employer Identification Number On Check Using Blue Or Black Ink.)