PASS-THROUGH ENTITY ELECTION INCOME TAX RETURN



OR FISCAL YEAR BEGINNING 2024, ENDING _ FEIN Applied for Date (MMDDYY) ► Federal Employer Identification Number (9 digits) **▶** Business Activity Code No. (6 digits) ► Date of Organization or Incorporation (MMDDYY) Name Ink Only Current Mailing Address (PO Box, Number, Street and Apt. No) Current Mailing Address Line 2 (Apt No., Suite No., Floor No.) City or Town 7IP Code + 4 State Foreign Country Name Foreign Province/State/County Do not write in this space Foreign Postal Code **►**YE **►** ME **TYPE OF ENTITY -** Check the applicable box. ▶ **Amended** S Corporation Partnership Limited Liability Company **Business Trust** Return CHECK HERE - Check applicable box(es). First filing of the entity Inactive entity Name or address has changed Final Return This tax year's beginning and ending dates are different from last year's due to an acquisition or consolidation. This Form is used by PTEs that elect to remit tax on all members' shares of income. 1. Number of members: STAPLE CHECK HERE a. Individual (including fiduciary) residents of Maryland ▶ _____ c. Nonresident and resident entities ▶ ___ **b.** Individual (including fiduciary) nonresidents ▶ _____ **d.** Others (see instructions) ▶ ___ 2. Pass-through entity taxable income (See instructions). Unistate entities also enter this amount on line 4.............. 0.0 **ALLOCATION OF INCOME** Multistate pass-through entities must complete Line 3a. or 3b. Unistate entities go to line 4.) **3a.** Non-Maryland income (for entities using separate accounting). 00 Subtract this amount from line 2 and enter the difference on line 4. ▶ 3a. 3b. Maryland apportionment factor from computation worksheet on Page 4 (for entities using the apportionment method). Multiply line 2 by this factor and enter the result on line 4. (If factor is zero, enter .000001).....▶3b. **Entity Tax Calculation** 00 Pass-through entity taxable income allocable to Maryland 4. NOTE: Complete lines 5a. through 19 only if there is an entry on line 1a. through line 1d.

(Investment partnerships see Specific Instructions). (Check instructions)

PASS-THROUGH ENTITY **ELECTION INCOME TAX** RETURN



5a. Percentage of ownership by individual members shown on lines 1a and 1b (or profit/loss percentage, if applicable).....▶5a. 5b. Percentage of ownership by entity members shown on line 1c (or profit/loss percentage, if applicable).....▶5b. Pass-through entity taxable income for individual members (Multiply line 4 by the 00 7. Pass-through entity taxable income for entity members (Multiply line 4 by percentage 00 00 9. 11. Distributable cash flow limitation from worksheet. See instructions. If worksheet used, 00 00 00 00 13c. Credit for tax paid by another pass-through entity (Attach Maryland Schedule K-1 (510/511).)▶13c. 13d. If amending, total payments made with original plus additional tax paid after original 00 00 00 **15.** Overpayment (If line 13e exceeds line 12, enter the difference.) ▶ 15. **16.** Interest and/or penalty from Form 500UP late payment interest 0.0 00 NOTE: The total tax paid on line 12 is to be reported either on the composite return or on the returns of members. Nonresident entity and fiduciary members cannot file a composite return or be included in the composite return filed by nonresident individual members. (See instructions.) 18. Amount of overpayment from original return to be applied to estimated tax for next year 19. Amount of overpayment TO BE REFUNDED (Add lines 16 and 18, and subtract the total from line 15.) (If amending subtract lines 15a and 16 from line 15.)............▶ 19. **DIRECT DEPOSIT OF REFUND (See Instruction 9)** Verify that all account information is correct and clearly legible. If you are requesting direct deposit of your refund, complete the following. Check here if you authorize the State of Maryland to issue your refund by direct deposit. Check here if this refund will go to an account outside of the United States. **20d.** Name as it appears on the bank account: ____

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CODE NUMBERS (3 digits per line)

NAME FEIN ADDITIONAL INFORMATION REQUIRED Address of principal place of business in Maryland (if other than indicated on page 1): 1. Address at which tax records are located (if other than indicated on page 1): 2. Telephone number of pass-through entity tax department: 3. 4. State of organization or incorporation: 5. Has the Internal Revenue Service made adjustments (for a tax year in which a Maryland return 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 pass-through entity file employer withholding tax returns/forms with the Comptroller 6. If a multistate operation, provide the following: 7. Is this entity a multistate corporation that is a member of a unitary group? ▶ Yes No 8. Is this entity a multistate manufacturing corporation with more than 25 employees?...........▶ No 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 general partner, officer or member Printed name of the Preparer/Firm's name Title Signature of preparer other than taxpayer (Required by Law) Street address of preparer or Firm's address City, State, ZIP Code + 4 Preparer's PTIN (Required by Law) Telephone number of preparer

Make check or money order payable to Comptroller of Maryland. On your check or money order, in blue or black ink only, you must include the Federal Employer Identification Number, tax year, and tax type. Failure to include this information will delay the processing of your payment. Mail to:

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

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NAME ______ FEIN _____

a. Gross receipts or sales less returns and allowances	00	00	
			I
b. Dividends	00	00	
J. D. Macinas			
c. Interest	00	00	
d. Gross rents	00	00	
e. Gross royalties	00	0.0	
f. Capital gain net income	00	00	
g. Other income (Attach schedule.)	00	00	
h. Total receipts (Add lines 1(a) through 1(g), for Columns 1 and 2.)	00	00	
tor on line 4 unless you use a special formula or alternative apportionment			
a. Inventory	00	00	
b. Machinery and equipment	00	00	
c. Buildings	00	00	
d.Land	00	00	
e. Other tangible assets (Attach schedule.) .	00	00	
f. Rent expense capitalized	0.0	0.0	
` ',', ', ', ', ', ', ', ', ', ', ', ', '	00	00	
for Columns 1 and 2)	00	00	
a. Compensation of officers	00	00	
b. Other salaries and wages	00	00	
c. Total payroll (Add lines 3a and 3b, for			
	d. Gross rents. e. Gross royalties f. Capital gain net income g. Other income (Attach schedule.) h. Total receipts (Add lines 1(a) through 1(g), for Columns 1 and 2.) tor on line 4 unless you use a special formula or alternative apportionment a. Inventory b. Machinery and equipment c. Buildings d. Land e. Other tangible assets (Attach schedule.) f. Rent expense capitalized (multiply by eight) g. Total property (Add lines 2a through 2f, for Columns 1 and 2) a. Compensation of officers	d. Gross rents	d. Gross rents

PASS-THROUGH ENTITY ELECTION INCOME TAX RETURN MEMBERS' INFORMATION



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NAME	FEIN

PART I - INDIVIDUAL MEMBERS' INFORMATION

Enter the information in Social Security Number order.

So	ocial Security Number and name of member	Address	her Mary	eck e if land:	Distributive or pro rata share of income	Distributive or pro rata share of tax paid	Distributive or pro rata share of tax credit
			Resident	Resident	(See Instructions.)	(See Instructions.)	(See Instructions.)
1				,			
2							
3				,			
4							You must file
5							Form 511
6							electronically
							,
7							to pass on
8							
							business tax
9							credits from
10							credits from
							Form 500CR
11							
12							and/or Form
12							
13							502S to your
14							members.
15							
13							
16							
	SUBTOTAL fr	om additional Form 511 Sched	ule B	for in	dividual members		
					TOTAL:		

PASS-THROUGH ENTITY ELECTION INCOME TAX RETURN MEMBERS' INFORMATION



NAME	FEIN

PART II - FIDUCIARY MEMBERS' INFORMATION

Enter the information in Federal Employer Identification Number order.

	eral Employer Identification mber and name of estate or	Address	hei Mary	eck e if land:	Distributive or pro rata share of income (See Instructions.)	Distributive or pro rata share of tax paid (See Instructions.)	Distributive or pro rata share of tax credit (See Instructions.)
_	trust		Resident	Resident	(See Instructions.)	(See Instructions.)	(See Instructions.)
1							
2							
3							
4							You must file
5							Form 511
6							electronically
7							to pass on
8							
9							business tax
10							credits from
11							Form 500CR
12							and/or
13							Form 502S to
14							your members.
15							your members.
16					_		
	SUBTOTAL f	rom additional Form 511 Sche	dule B	for fi			
					TOTAL:		

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NAME	FEIN

PART III - PASS-THROUGH ENTITY MEMBERS' INFORMATION (INCLUDING S CORPORATIONS)

Enter the information in Federal Employer Identification Number order.

Distributive or pro rata share of tax credit (See Instructions.)	are id	Distributive pro rata sha of tax paid (See Instructi	Distributive or pro rata share of income See Instructions.)	ident	Is Mer Nonre Ent	Address	eral Employer Identification umber and name of Pass- Through Entity	
(See Instructions.)		(See Instructi	Jee Ilisti detiolis.)	NO	YES			
								1
								2
								3
You must file								4
Form 511								5
electronically								6
to pass on								7
h								8
business tax								9
credits from								10
Form 500CR								11
and/or								12
Form 502S to								13
your members.								14
, car members								15
								16
			r PTE members TOTAL:	ule B	Sched	AL from additional Form 511	SUBTO	

PASS-THROUGH ENTITY ELECTION INCOME TAX RETURN MEMBERS' INFORMATION



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NAME	FEIN	

PART IV - CORPORATION MEMBERS' INFORMATION (EXCLUDING S CORPORATIONS)

Enter the information in Federal Employer Identification Number order.

Fed	eral Employer Identification Number and name of Corporation	Address	Nonre	mber a sident	Distributive or pro rata share of income (See Instructions.)	Distributive or pro rata share of tax paid (See Instructions.)	Distributive or pro rata share of tax credit (See Instructions.)
1	Corporation		1L3	NO	,		
					Ì		
2							
3							
4							You must file
5							Form 511
6							electronically
7							
8							to pass on
9							business tax
10							credits from
11							Form 500CR
12							and/or
13							Form 502S to
14							
15							your members.
16							
	SUBTOTAL fro	om additional Form 511 Sched	ule B	for co	rporate members		
					TOTAL:		