PASS-THROUGH ENTITY ELECTION INCOME TAX RETURN



2022 \$

OR FISCAL YEAR BEGINNING 2022, ENDING	
► Federal Employer Identification Number (9 digits) FEIN Applied for Date (MMDDYY)	
► Date of Organization or Incorporation (MMDDYY) ► Business Activity Code No. (6 digits)	
Name	
Current Mailing Address (PO Box, number, street and apt. no)	
Current Mailing Address Line 2 (Apt No., Suite No., Floor No.)	
City or Town State 2	ZIP Code + 4
Foreign Country Name	Foreign Province/State/County
Foreign Postal Code	Do not write in this space. ME YE
TYPE OF ENTITY - Check the applicable box. ► S Corporation Partnership Limited Lial	bility Company Business Trust Amended Return ▶
CHECK HERE - Check applicable box(es). Name or address has changed First filing of the ent This tax year's beginning and ending dates are different from	
This Form is used by PTEs that elect to remit tax on <u>all</u> me	mbers' shares of income.
1. Number of members: a. Individual (including fiduciary) residents of Maryland ▶ _ b. Individual (including fiduciary) nonresidents ▶ e. Total 2. Pass-through entity taxable income (See instructions).	c. Nonresident and resident entities ► d. Others (see instructions) ►
2. Pass-through entity taxable income (See instructions). Unistate entities also enter this amount on line 4	▶ 200
ALLOCATION OF INCOME	
Multistate pass-through entities must complete Line 3a. or	
3a. Non-Maryland income (for entities using separate accounting	
Subtract this amount from line 2 and enter the difference on 3b. Maryland apportionment factor from computation worksheet	
using the apportionment method). Multiply line 2 by this fact	
on line 4. (If factor is zero, enter .000001)	▶3b.
Entity Tax Calculation	
4. Pass-through entity taxable income allocable to Maryland NOTE: Complete lines 5a. through 19 only if there is an	400

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5a.	Percentage of ownership by individual members shown on lines 1a and 1b (or profit/loss	
	percentage, if applicable)	·
5b.	Percentage of ownership by entity members shown on line 1c (or profit/loss percentage, if applicable)	
5c.	Add Lines 5a and 5b	•
6.	Pass-through entity taxable income for individual members (Multiply line 4 by the	•
0.	percentage on line 5a.)	. 00
7.	Total Individual members' pass-through entity election tax (Multiply line 6 by 8%.)	
7. 8.	Pass-through entity taxable income for entity members (Multiply line 4 by percentage	
0.	on line 5b.)	. 00
9.	Entity members' pass-through entity election tax (Multiply line 8 by 8.25%.)	. 00
	Total pass-through entity election tax (Add lines 7 and 9.)	. 00
11.		
	check here ▶ 11	00
12.	Pass-through entity election tax due (Enter the lesser of line 10 or line 11.)	
	Estimated tax paid with Form 510/511D and MW506NRS	. 00
	Tax paid with an extension request on Form 510/511E	. 00
	Credit for tax paid by another pass-through entity (Attach Maryland Schedule K-1 (510/511).)▶ 13c	. 00
	If amending, total payments made with original plus additional tax paid after original	
	was filed	. 00
13e.	Total payments and credits (Add lines 13a through 13d.)	. 00
14.	Balance of tax due (If line 12 exceeds line 13e, enter the difference.) ▶ 14	. 00
15.	Overpayment (If line 13e exceeds line 12, enter the difference.) ▶ 15	. 00
	If amending, prior overpayment (Total all refunds previously issued.)	
16.	Interest and/or penalty from Form 500UP or	
	late payment interest	. 00
17.	Total balance due (Add lines 12, 15a and 16. Subtract line 13e.) ▶ 17	·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 2023	
	(not to exceed the net of lines 15 minus 15a and 16.)	. 00
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.) \blacktriangleright 19	. 00
DIR	ECT DEPOSIT OF REFUND (see Instruction 9)	
	fy that all account information is correct and clearly legible. If you are requesting direct of	deposit of your refund, com-
plete	the following.	
. г		
	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.	
	T ()	
20a.	Type of account:	Checking Savings
201	Double A Number (O digital)	
20b	Routing Number (9-digits):	
20	Approximate Nillyman and	
∠UC.	Account Number:	
204	Name as it appears on the bank account:	
∠vu.	וזמוווכ מס זג מפויבמוס טוו גווכ שמווג מכנטעווג.	

NAME _

PASS-THROUGH ENTITY ELECTION INCOME TAX RETURN



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NAME	ME FEIN							
	ADDITIONAL INFORMATION REQUIRED							
1.	Address of principal place of business in Maryland (if other tha	an indicated on page 1):						
2.	Address at which tax records are located (if other than indicat	ed on page 1):						
3.	Telephone number of pass-through entity tax department: _							
4.	· · · · · · · · · · · · · · · · · · ·							
5.	Has the Internal Revenue Service made adjustments (for a tax was required) that were not previously reported to the Compt If "yes", indicate tax year(s) here: and subn with a copy of the IRS adjustment report(s) under separate compared to the tax year adjustment report(s).	roller of Maryland? Yes No nit an amended return(s) together						
6.								
0.	of Maryland the last calendar year?							
If a	a multistate operation, provide the following:							
	Is this entity a multistate corporation that is a member of a unit	ary group?						
8. I:	Is this entity a multistate manufacturing corporation with more t	han 25 employees? No						
	GNATURE AND VERIFICATION	a wildle wa						
	eck here if you authorize your preparer to discuss this return oder penalties of perjury, I declare that I have examined this retu							
	e best of my knowledge and belief it is true, correct and complete							
	sed on all information of which the preparer has any knowledge.	e. If prepared by a person other than taxpayer, the deciaration is						
Dast	sed on all illiornation of which the preparer has any knowledge.							
Signa	nature of general partner, officer or member Date	Printed name of the Preparer/Firm's name						
Title	<u>e</u>	Signature of preparer other than taxpayer (Required by Law)						
		Street address of preparer or Firm's address						
		City, State, ZIP Code + 4						
		>						
		Telephone number of preparer Preparer's PTIN (Required by Law)						
		>						
		CODE NUMBERS (3 digits per line)						

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.)

PASS-THROUGH ENTITY ELECTION INCOME TAX RETURN



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page	4

NAME _____ FEIN ____

transpo	easing companies, financial institutions, rtation companies, and worldwide headquartered ies see instructions on Special Apportionment.	Column 1 TOTALS WITHIN MARYLAND	Column 2 TOTALS WITHIN AND WITHOUT MARYLAND	Column 3 DECIMAL FACTOR (Column 1 ÷ Column 1 rounded to six places
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 1(a) through 1(g), for Columns 1 and 2.)			_
	actor on line 4 unless you use a special nt formula or alternative apportionment			
Property	a. Inventory			
	b. Machinery and equipment			_
	c. Buildings			
	d.Land			_
	e. Other tangible assets (Attach schedule.) . f. Rent expense capitalized			_
	(multiply by eight)			_
	for Columns 1 and 2)			
Payroll	a. Compensation of officers			_
	b. Other salaries and wages			_
Mamuland	Columns 1 and 2.)	I Caluman 2 Tf!!		
ormula or a	apportionment factor Enter amount from Line 1 a special apportionment formula is used, enter th tor is zero, enter .000001 on line 3b, page 1.)	ne alternative or specia	al apportionment factor	

2022

MARYLAND FORM **511** SCHEDULE B

PASS-THROUGH ENTITY ELECTION INCOME TAX RETURN MEMBERS' INFORMATION



NAME	FEIN
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PART I - INDIVIDUAL MEMBERS' INFORMATION

Enter the information in Social Security Number order.

So	ocial Security Number and name of member	Address	hei	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
L			Resident	Non- Resident	(See Instructions.)	(See Instructions.)	(See Instructions.)
1							
\vdash							
2							
3							
4							You must file
5							Form 511
6							electronically
7							
8							to pass on
9							business tax
							credits from
10							Form 500CR
11							Tomi Sock
12							and/or Form
13							502S to your
14							members.
15							illellibers.
16							
لتّــا	CLIDTOTAL for	om additional Form 511 Sched	ulo P	for in	dividual mombers		
	SUDTUTALIF	om additional Form 511 Sched	ule B	101 111	TOTAL:		

MARYLAND FORM **511** SCHEDULE B

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 nber and name of estate or trust	Address	hei	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.)
1	trust			Resident			1
2							
3							
							You must file
4							rou must me
5							Form 511
6							electronically
7							
8							to pass on
9							business tax
10							credits from
10							
11							Form 500CR
12							and/or
13							Form 502S to
14							
15							your members.
16	CLIDTOTAL	vone additional Forms F11 C-1-	ا ماییام	60 u C	duaismu manda		
	SORIOIAL	rom additional Form 511 Sche	uuie E	IOT II	TOTAL:		

MARYLAND FORM **511** SCHEDULE B

PASS-THROUGH ENTITY ELECTION INCOME TAX RETURN MEMBERS' INFORMATION



NAME	FEIN

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

Enter the information in Federal Employer Identification Number order.

	eral Employer Identification umber and name of Pass- Through Entity	Address	Nonre	mber a	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			YES	NO		(566 261 464.61.51)	(000 1
1				· (
2							
3							
4							You must file
5							Form 511
6							electronically
7							to pass on
8							h
9							business tax
10							credits from
11							Form 500CR
12							and/or
13							Form 502S to
14							your members.
15							, car members
16							
	SUBTO	TAL from additional Form 511	Sched	ule B	for PTE members TOTAL:		

MARYLAND FORM **511** SCHEDULE B

PASS-THROUGH ENTITY ELECTION INCOME TAX RETURN MEMBERS' INFORMATION



NAME	FEIN	

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

Enter the information in Federal Employer Identification Number order.

Federal Employer Identification Number and name of Corporation		Address	Is Member a Nonresident Entity YES NO		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		TLS	NO			
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							
15							your members.
16							
	SUBTOTAL from additional Form 511 Schedule B for corporate members TOTAL:						