FORM MARYLAND PASS-THROUGH ENTITY **510** INCOME TAX RETURN

2011

Г	DR FISCAL YEAR BEGINNING , 201 Name	1, ENDING		1		II \$
				-		
	Number and street					
	City or town	State	ZIP code	-		
	 Federal Employer Identification No. (9 digits) 	Do not write in this space		-		
		ME ►				
	FEIN Applied for date	YE►				
	Date of Organization or Incorporation (MMDDYY)	Business Activity Code No. (6 digits)	-		
٦	YPE OF ENTITY: S Corporation	Partnership	🗆 Li	mited Liability Company	Business Trust	AMEND
(CHECK HERE IF: D Name or address ha	s changed 🛛 🖓 F	rst filing of th	e entity Inactive e	ntity D Final return	
	This tax year's begin	ining and ending dates are o	lifferent from	last year's because of an acquis	ition or consolidation	
. N	umber of members: a) Individual (including f	• •	•	,		
	b) Individual (including f	• ·) Total
	otal distributive or pro rata share of income per ntities with no nonresident members also enter					- E
с 						_
	(To be completed by multistate pass-throug			OF INCOME — unistate entities, and multi	state entities with no nonresident	s, go to line 4)
3a.	Non-Maryland income (for entities using separate	accounting). Subtract this a	nount from lir	ne 2 and enter the difference on	line 4 ▶ 3a	
3b.	Maryland apportionment factor from computation	worksheet on Page 2 (for e	ntities using	the apportionment method)		
	Multiply line 2 by this factor and enter the result of	on line 4 (If factor is zero, e	nter 000001)		▶ 3b	<u> </u>
	. Distributive or pro rata share of income allo					
r	IOTE: Complete lines 5 through 19 only if the (Investment partnerships see Specific In		or line 1c.	Tax is calculated only for n	onresident individual or nonres	ident entity mem
5	 Percentage of ownership by individual nonr If 100% leave blank and enter the amount f 	esident members shown				
6	 Distributive or pro rata share of income for 					
_	 Distributive of profata share of income for Nonresident individual tax (Multiply line 6 br 		`			i
, ,	 Special nonresident tax (Multiply line 6 by 1 	,				i
	. Total Maryland tax on individual members (i
	. Percentage of ownership by nonresident er	,				I
	If 100% leave blank and enter the amount f	,	•	,	10	
11	. Distributive or pro rata share of income for	nonresident entity memb	ers (Multiply	/ line 4 by percentage on line	e 10) 11	- I
	. Nonresident entity tax (Multiply line 11 by 8	2	· · · ·	,		
					13	
	 Total nonresident tax (Add lines 9 and 12). 					
14						
	5. Nonresident tax due (Enter the lesser of lin	,				
16	a. Estimated pass-through entity nonresident t					!
	b. Pass-through entity nonresident tax paid	with an extension reque	st (Form 51	0E)	► 16b	
	c. Credit for nonresident tax paid on behalf (Attach Schedule K-1 or statement)	of pass-through entity by	/ another pa	ass-through entity	► 16c	
	d. Total payments and credits (Add lines 16					
17	. Balance of tax due (If line 15 exceeds line					1
18	· · · · · · · · · · · · · · · · · · ·	,				Í
	. Total balance due (Add lines 17 and 18). Pa					Ī
N	DTE: The total tax paid from lines 16d and 17	is to be reported either	on the com	posite return or on the return	s of the nonresident members. N	
ſIC	uciary members cannot file a composite return Complete line 20 only if there are no nor					15.)
20	. Amount TO BE REFUNDED (Enter the amo				▶ 20	
20	. Amount TO BE REFUNDED (Enter the amo	bunt from line 16d if the a	amount on I			

FORM	MARYLAND PASS-THROUGH ENTITY
510	INCOME TAX RETURN
2011	



	NAM	E FEIN			
CC (Ap	plies only to r	N – ON OF APPORTIONMENT FACTOR nultistate pass-through entities – see instructions) rtionment formulas are required for rental/leasing, transportation, financial	Column 1 TOTALS WITHIN MARYLAND	Column 2 TOTALS WITHIN AND WITHOUT	Column 3 DECIMAL FACTOR (Column 1 ÷ Column 2 rounded to six places)
NU		nd manufacturing companies. See Instructions.		MARYLAND	
1A	Receipts	a. Gross receipts or sales less returns and allowances			
	recorpto	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.	$\langle \langle \rangle \rangle \langle \rangle \rangle \langle \rangle \langle \rangle \langle \rangle \rangle \langle \rangle \rangle \langle \rangle \langle \rangle \rangle \langle \rangle \rangle \langle \rangle \langle \rangle \langle \rangle \rangle \langle \rangle \langle \rangle \langle \rangle \rangle \langle \rangle $	$ \setminus \setminus \setminus \setminus $	
2	Property	a. Inventory			
2.	riopolity	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)			-
з	Payroll	a. Compensation of officers			_·`
5.	i ayioli	b. Other salaries and wages			-
		c. Total payroll (Add lines 3a and 3b, for Columns 1 and 2)			-
4.	Total of facto	rs (Add entries in Column 3).			`
		portionment factor Divide line 4 by four for three-factor formula, or by the		cial apportionment	·
0.	maryiana app	formula required (If factor is zero, enter 000001 on line 3b, Page 1.)			_
AD	DITIONAL I	NFORMATION REQUIRED			
1.	Address of pr	incipal place of business (if other than indicated on page 1):			
2.	Address at w	hich tax records are located (if other than indicated on page 1):			
3.	Telephone nu	mber of pass-through entity tax department:			
4	State of orga	nization or incorporation:			
	0	nal Revenue Service made adjustments (for a tax year in which a Maryla	nd roturn was required) that w	ore not providually reported to	a tho
5.		renue Administration Division?			
	If "yes", indica separate cove		omit an amended return(s) togo	ether with a copy of the IRS a	adjustment report(s) under
6.	Did the pass-	through entity file withholding tax returns/forms with the Maryland Reven	ue Administration Division for t	he last calendar year?	▶□Yes □No
7.	Is this entity a	a multistate corporation that is a member of a unitary group?			▶□Yes □No
8.	Is this entity a	a multistate manufacturing corporation with more than 25 employees? If s	o, complete and attach Form	500MC to your Form 510	▶□Yes □No
010		VEDIFICATION: Under penaltics of parium. I dealers that I have evening the	in raturn (including attachmente)	and to the best of my knowled	dae and holief it is true, correct and
	plete. (Declara	VERIFICATION: Under penalties of perjury, I declare that I have examined th tion of preparer other than the taxpayer is based on all information of which p			
0:	oture of	al partner officer or member	Preparer's SSN or PTIN (-'s signature
Sigi	lature of gener	al partner, officer or member Date	Preparen's SSN or PTIN (required by law) Preparer	s signature
T				and to be de	
Title			Preparer's name, address	s and telephone number	
Mak	e checks payable				
	110 Carrol	er of Maryland, Revenue Administration Division I Street			
	Annapolis	Maryland 21411-0001			
	(Write fede	ral employer identification number on check)			

MARYLAND PASS-THROUGH ENTITY INCOME TAX RETURN MEMBERS' INFORMATION

Federal employer identification number (9 digits)

Name shown on Form 510

PART I – INDIVIDUAL MEMBERS' INFORMATION

Enter the Information in Social Security Number Order

Social Security Number and name of member		Address	Check here if Maryland: Resident Non- Resident		Distributive or pro rata share of income (See Instructions)		Distributive or pro rata of tax paid (See Instructions)		Distributive or pro rata share of tax credit (See Instructions)	
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SUBTOTAL from additional Form 510 Schedule B for individual members										
TOTAL:										

MARYLAND PASS-THROUGH ENTITY INCOME TAX RETURN MEMBERS' INFORMATION

Federal employer identification number (9 digits)

Name shown on Form 510

PART II - FIDUCIARY MEMBERS' INFORMATION

Enter the Information in Federal Employer Identification Number Order Check here if Distributive or pro Distributive or pro Distributive or pro Federal employer identification number and name rata share of tax credit (See Instructions) rata share of income (See Instructions) Address Maryland: rata of tax paid of estate or trust (See Instructions) Nor ident 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 SUBTOTAL from additional Form 510 Schedule B for fiduciary members TOTAL:

MARYLAND PASS-THROUGH ENTITY INCOME TAX RETURN MEMBERS' INFORMATION

Federal employer identification number (9 digits)

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

Enter the Information in Federal Employer Identification Number Order

Federal employer identification number and name of Pass-through entity	Address	Nonr	mber a esident itity:	Distributive or pro rata share of income	Distributive or pro rata of tax paid (See Instructions)		Distributive or pro rata share of tax credit	
		YES	NO	(See Instructions)			(See Instructio	ons)
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SUBTOTAL	from additional Form 510 Scheo	lule	B foi				ļ	
TOTAL:								

Name shown on Form 510

Name shown on Form 510

MARYLAND PASS-THROUGH ENTITY INCOME TAX RETURN MEMBERS' INFORMATION

Federal employer identification number (9 digits)

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

Enter the Information in Federal Employer Identification Number Order

Federal employer identification number and name of Pass-through entity	Address	Is Membe Nonresid Entity:	lent :	Distributive or pro rata share of income (See Instructions)		Distributive or pro rata of tax paid (See Instructions)		Distributive or pro rata share of tax credit (See Instructions)	
		YES 1	NO	(See instructions	5)	-	-	(See Instructio	
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SUBTOTAL from additional Form 510 Schedule B for corporate members									
TOTAL:									