



12101B049

For fiscal year beginning 2012, ending

Name of corporation or pass-through entity		Federal employer identification number	
Present address (number and street)	City or town	State	ZIP code

**Part I Tax Return Information** (whole dollars only)

1. Amount of overpayment to be applied to 2013 estimated tax (Corporations only) . . . . .
2. Amount of overpayment to be refunded (Corporations only) . . . . . **REFUND**
3. Total amount due. . . . .

**Part II Declaration**Check appropriate box to consent to: ☐ Direct Deposit of refund or ☐ Electronic Funds Withdrawal (direct debit)4a. Type of account ☐ Checking ☐ Savings4b. Routing number 

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4c. Account number 

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4d. Direct debit settlement date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Enter the date you want the payment withdrawn from the account.)

4e. Direct debit amount \_\_\_\_\_

☐ I consent that the corporation's refund be directly deposited as designated above, and declare that the information shown is correct. By consenting, I also agree to disclose to the Maryland State Treasurer's Office certain income tax information including name, amount of refund and the above bank information. This disclosure is necessary to effect direct deposit.☐ I authorize the State of Maryland and its designated financial agent to initiate an electronic funds withdrawal payment entry to the financial institution account indicated for payment of the Maryland taxes owed by the corporation or pass-through entity and the financial institution to debit the entry to this account. Upon confirmation of consent during the filing the corporation or pass-through entity state return, this authorization is to remain in full force and effect, and I may not terminate the authorization. I also authorize the financial institutions involved in the processing of this electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.☐ I do not want direct deposit of the refund or an electronic funds withdrawal (direct debit) of the balance due.

Under penalties of perjury, I declare that I am an officer, general partner or managing member of the above corporation or of the pass-through entity. I have compared the information contained on my electronic return with the information that I provided to my electronic return originator or entered on-line and that the name(s), address and amounts described above agree with the amounts shown on the corresponding lines of my 2012 Maryland electronic income tax return. To the best of my knowledge and belief, the return is true, correct and complete. I consent that the return, including accompanying schedules and statements, be sent to the Maryland Revenue Administration Division by my electronic return originator or by the electronic return software provider.

Please  
Sign  
Here

Corporate officer, general partner or managing member's signature

Title

Date

Please wait ten (10) days after the receipt of a valid acknowledgement before calling 410-260-7980 from Central Maryland, or 1-800-638-2937 from elsewhere, about the refund.

**Part III Declaration of Electronic Return Originator (paid preparer)**

I declare that I have reviewed the return of the corporation or pass-through entity and that the entries on this form are complete and correct to the best of my knowledge. I have obtained the signature of the corporate officer, general partner or managing member, before submitting the return to the Maryland Revenue Administration Division, have provided that official with a copy of all forms and information to be filed with the Maryland Revenue Administration Division, and have followed all other requirements described in the Maryland Business E-File Handbook. This declaration is to be retained at the site of the electronic return originator.

**Electronic  
Return  
Originator  
Use Only**Originator's  
signature

Date

EFIN

Firm's name (or yours  
if self-employed)  
and address

ZIP code

Phone

**Name, Address, Federal Employer Identification Number**

Print or type the information in the spaces provided. The name, address and federal employer identification number must match the information as transmitted. **Do not use the originator's address.**

**Part I – Tax Return Information**

Enter the amount as entered on the corresponding fields on Form 500 or 510.

If there is a refund due, you may choose direct deposit or a paper check. Pass-through entities (including S corporations) generally cannot receive a refund and should not complete lines 1 and 2. If there is an amount due, payment may be made by electronic funds withdrawal (direct debit). Payment may also be made by check or money order. See Form EL102B.

**Part II – Declaration of Corporate Officer**

If you have elected to have direct deposit of the refund, or electronic funds withdrawal (direct debit) for the balance due, check the appropriate box and complete lines 4a through 4e.

If you are using a paid preparer, an electronically transmitted income tax return will be considered incomplete unless and until a correctly completed Form EL101B is signed by the corporate officer, general partner or managing member. The completed EL101B must be signed before the electronic record is transmitted.

If the originator makes changes to the electronic return after Form EL101B has been signed, but before the return is transmitted, the originator must have the corporate officer, general partner or managing member sign a corrected Form EL101B. See the E-file handbook for transmitters and Electronic Return Originators who file Maryland business tax returns electronically.

Complete Form EL101B including signature(s) and retain the Form EL101B with any applicable attachments for a period of three years along with your filing records. You will need to make Form EL101B available to the Maryland Revenue Administration Division only if formally requested to do so. Do not mail Form EL101B unless specifically requested to do so.

**Part III – Declaration of Electronic Return Originator (paid preparer)**

The originator must sign this form. Enter your electronic filer identification number (EFIN) and firm name and address. Do not mail this form to the Revenue Administration Division. This form must be retained for three years at the site of the electronic return originator.