■ **MARYLAND FORM 500**

CORPORATION INCOME TAX RETURN

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205000049

2020

$

OR FISCAL YEAR BEGINNING _____ 2020, ENDING _____

▶ **Federal Employer Identification Number** (9 digits)   **FEIN Applied for Date** (MMDDYY)

▶ **Date of Organization or Incorporation** (MMDDYY)   ▶ **Business Activity Code No.** (6 digits)

Print Using Blue or Black Ink Only

Name

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

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

Do not write in this space.

▶ ☐ **Amended Return**

STAPLE CHECK HERE

City or town   **State**   **ZIP Code**   **+4**   ▶ **ME**   ▶ **YE**

CHECK HERE IF:

▶ ☐ Name or address has changed   ▶ ☐ Inactive corporation   ☐ First filing of the corporation   ▶ ☐ Final Return

▶ ☐ This tax year's beginning and ending dates are different from last year's due to an acquisition or consolidation.

IF FILING TO CLAIM A NET OPERATING LOSS, CHECK THE APPROPRIATE BOX   ☐ **Carryback**   ☐ **Carryforward**
Attach copies of the federal form for the loss year and Form 1139.

SEE CORPORATION INSTRUCTIONS. ATTACH A COPY OF THE FEDERAL INCOME TAX RETURN THROUGH SCHEDULE M2.

1a. Federal Taxable Income (Enter amount from Federal Form 1120 line 28 or Form 1120-C
line 25c.) See Instructions. Check applicable box:

     ☐ 1120   ☐ 1120-REIT   ☐ 990T

     ☐ Other: _____ IF 1120S, FILE ON FORM 510 . . . . 1a. _____ . 00

1b. Special Deductions (Federal Form 1120 line 29b or
Form 1120-C line 26b.) . . . . 1b. _____ . 00

1c. Federal Taxable Income before net operating loss deduction
(Subtract line 1b from 1a) . . . . ▶ 1c. _____ . 00

MARYLAND ADJUSTMENTS TO FEDERAL TAXABLE INCOME
(All entries must be positive amounts.)
ADDITION ADUSTMENTS

2a. Section 10-306.1 related party transactions . . . . ▶ 2a. _____ . 00

2b. Decoupling Modification Addition adjustment
(Enter code letter(s) from instructions.) . . . . ▶ ___ ___ ___ ___ ▶ 2b. _____ . 00

2c. Total Maryland Addition Adjustments to Federal Taxable Income (Add lines 2a and 2b) . . . . 2c. _____ . 00

SUBTRACTION ADJUSTMENTS

3a. Section 10-306.1 related party transactions . . . . ▶ 3a. _____ . 00

3b. Dividends for domestic corporation claiming foreign tax credits
(Federal form 1120/1120C Schedule C line 18) . . . . ▶ 3b. _____ . 00

3c. Dividends from related foreign corporations
(Federal form 1120/1120C Schedule C line 14, 16b and 16c) . . . . ▶ 3c. _____ . 00

3d. Decoupling Modification Subtraction adjustment
(Enter code letter(s) from instructions.) . . . . ▶ ___ ___ ___ ___ ▶ 3d. _____ . 00

3e. Total Maryland Subtraction Adjustments to Federal Taxable Income
(Add lines 3a through 3d.) . . . . 3e. _____ . 00

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NAME _____ FEIN _____

4. Maryland Adjusted Federal Taxable Income before NOL deduction is applied
(Add lines 1c and 2c, and subtract line 3e.) . . . . 4. _____ . 00

5. Enter Adjusted Federal NOL Carry-forward available from previous tax years (including
FDSC Carry-forward) on a separate company basis (Enter NOL as a positive amount.) . . . . . ▶ 5. _____ . 00

6. Maryland Adjusted Federal Taxable Income (If line 4 is less than or equal to zero,
enter amount from line 4.) (If line 4 is greater than zero, subtract line 5 from line 4 and
enter result. If result is less than zero, enter zero.) . . . . 6. _____ . 00

MARYLAND ADDITION MODIFICATIONS

(All entries must be positive amounts.)

7a. State and local income tax . . . . ▶ 7a. _____ . 00

7b. Dividends and interest from another state, local or federal tax
exempt obligation . . . . ▶ 7b. _____ . 00

7c. Net operating loss modification recapture (Do not enter NOL carryover.
See instructions.) . . . . ▶ 7c. _____ . 00

7d. Domestic Production Activities Deduction . . . . ▶ 7d. _____ . 00

7e. Deduction for Dividends paid by captive REIT . . . . ▶ 7e. _____ . 00

7f. Other additions (Enter code letter(s) from
instructions and attach schedule) . . . . ▶ ___ ___ ___ ▶ 7f. _____ . 00

7g. Total Addition Modifications (Add lines 7a through 7f.) . . . . 7g. _____ . 00

MARYLAND SUBTRACTION MODIFICATIONS

(All entries must be positive amounts.)

8a. Income from US Obligations . . . . ▶ 8a. _____ . 00

8b. Other subtractions (Enter code letter(s) from
instructions and attach schedule) . . . . ▶ ___ ___ ___ ___ ▶ 8b. _____ . 00

8c. Total Subtraction Modifications (Add lines 8a and 8b.) . . . . 8c. _____ . 00

NET MARYLAND MODIFICATIONS

9. Total Maryland Modifications (Subtract line 8c from 7g. If less than zero,
enter negative amount.) . . . . 9. _____ . 00

10. Maryland Modified Income (Add lines 6 and 9.) . . . . 10. _____ . 00

APPORTIONMENT OF INCOME

(To be completed by multistate corporations whose apportionment factor is less than 1, otherwise skip to line 13.)

11. Maryland apportionment factor (from page 4 of this form)
(If factor is zero, enter .000001.) . . . . ▶ 11. _ . _____

12. Maryland apportionment income (Multiply line 10 by line 11.) . . . . 12. _____ . 00

13. Maryland taxable income (from line 10 or line 12, whichever is applicable.) . . . . 13. _____ . 00

14. Tax (Multiply line 13 by 8.25%.) . . . . 14. _____ . 00

15a. Estimated tax paid with Form 500D, Form MW506NRS and/or credited
from 2019 overpayment . . . . ▶15a. _____ . 00

15b. Tax paid with an extension request (Form 500E) . . . . ▶15b. _____ . 00

15c. Nonrefundable business income tax credits from Part AAA. (See instructions for Form 500CR.)

15d. Refundable business income tax credits from Part DDD. (See instructions for Form 500CR.)

> You must file this form electronically to claim business tax credits from Form 500CR.

15e. The Heritage Structure Rehabilitation Tax Credit is claimed on line 1 of Part DDD on Form 500CR.
Check here ▶ ☐ if you are a non-profit corporation.

15f. Nonresident/Resident tax paid on behalf of the corporation by pass-through entities
(Attach Maryland Schedule K-1.) . . . . ▶ 15f. _____ . 00

15g. If amending, total payments made with original plus additional tax paid
after original was filed. . . . . 15g. _____ . 00

15h. Total payments and credits (add lines 15a through 15g) 15h. _____ . 00

16. Balance of tax due (If line 14 exceeds line 15h enter the difference.) . . . . ▶ 16. _____ . 00

17. Overpayment (If line 15h exceeds line 14, enter the difference.) . . . . ▶ 17. _____ . 00

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NAME _____ FEIN _____

17a. **If amending** prior overpayment (Total all refunds previously issued.) . . . . 17a. _____ . 00

18. Interest and/or penalty from Form 500UP _____ or late payment interest
_____ for original return. . . . . ▶ 18. _____ . 00

19. Total balance due (Add lines 14, 17a and 18. Subtract line 15h.). . . . . 19. _____ . 00

20. Amount of overpayment from original return to be applied to estimated tax for 2021
(not to exceed the net of lines 17 minus 17a and 18.) . . . . ▶ 20. _____ . 00

21. Amount of overpayment TO BE REFUNDED
(Add lines 18 and 20, and subtract the total from line 17.)
(**If amending** subtract lines 17a and 18 from line 17.) . . . . ▶ 21. _____ . 00

DIRECT DEPOSIT OF REFUND (See Instructions.) **Be sure the account information is correct.**
To comply with banking and **NACHA (National Automated Clearing House Association)** rules, if this refund will go to an account

outside of the United States, place "Y" in this box ▶ [ ]   or if you authorize the State of Maryland to direct deposit your refund, check

this box ▶ [ ]   and complete the following information clearly and legibly.

22a. Type of account: ▶ [ ] Checking   [ ] Savings

22b. Routing Number (9-digits): ▶ _____

22c. Account number: ▶ _____

22d. Name as it appears on the bank account: _____

INFORMATIONAL PURPOSES ONLY (LINES 23 & 24)

23. NOL generated in Current Year - Carryforward 20 years and carry back 2 years (farming loss **ONLY**).
(If line 6 is less than zero, enter on line 23.) . . . . 23. _____ . 00

24. NAM generated in Current Year - Carried Forward/Back with Loss on Line 23 per
Section 10-205(e) (If line 6 is less than zero AND line 9 is greater than zero, enter the
amount from line 9 on line 24.) . . . . 24. _____ . 00

FOR USE IF AMENDING THE RETURN
Explanation of Changes to Income, Modifications, Apportionment Factor and Credits. Show the computation in detail and attach schedules as necessary. Check the box or boxes that reflect the reason for filing this amended return and explain in the space provided below the checkboxes. If more space is needed, you may attach additional pages.

[ ] 1. Amended to claim a Net Operating Loss Deduction

▶ [ ] 2. Amended to report a federal adjustment or an RAR (Revenue Agent Report)

[ ] 3. Amended to claim Business Tax Credit.

[ ] 4. Amended to claim nonresident PTE Tax Credit

[ ] 5. Amended to report income omitted on previous filing

[ ] 6. Amended to change apportionment factor

[ ] 7. Amended for another reason stated below: _____

_____

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NAME _____ FEIN _____

Schedule A - COMPUTATION OF APPORTIONMENT FACTOR (Applies only to multistate corporations. See instructions.)

	Column 1 TOTALS WITHIN MARYLAND	Column 2 TOTALS WITHIN AND WITHOUT MARYLAND	Column 3 DECIMAL FACTOR (Column 1 ÷ Column 2 rounded to six places)
NOTE: Special apportionment formulas are required for rental/leasing, financial institutions, transportation and manufacturing companies. Worldwide headquartered companies see instructions.			
1A. Receipts a. Gross receipts or sales less returns and allowances ►	.00 ►	.00	
b. Dividends	.00	.00	
c. Interest	.00	.00	
d. Gross rents	.00	.00	
e. Gross royalties	.00	.00	
f. Capital gain net income	.00	.00	
g. Other income (Attach schedule.)	.00	.00	
h. Total receipts (Add lines 1A(a) through 1A(g), for Columns 1 and 2.) ►	.00 ►	.00	_ . _____ ◄
1B. Receipts Multiply factor on line 1A, Column 3 by 4. Disregard this line if special apportionment formula is used.	///////	///////	_ . _____
2. Property 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 (multiply by eight)	. 00	. 00	
g. Total property (Add lines 2a through 2f, for Columns 1 and 2) ►	. 00 ►	. 00	_ . _____ ◄
3. Payroll a. Compensation of officers	. 00	. 00	
b. Other salaries and wages	. 00	. 00	
c. Total payroll (Add lines 3a and 3b, for Columns 1 and 2.) ►	. 00 ►	. 00	_ . _____ ◄

4. Total of factors (Add entries in Column 3.) . . . .   _ . _____

5. Maryland apportionment factor Divide line 4 by seven for three-factor formula, or by the number of factors used if special apportionment formula required. (If factor is zero, enter .000001 on line 11 page 2.)   _ . _____

► ☐ **Check here if special apportionment formula is used.**

NAME _____ FEIN _____

SCHEDULE B - ADDITIONAL INFORMATION REQUIRED (Attach a separate schedule if more space is necessary.)

1. Telephone number of corporation tax department: _____

2. Address of principal place of business in Maryland (if other than indicated on page 1): _____

_____

3. Brief description of operations in Maryland: _____

4. Has the Internal Revenue Service made adjustments (for a tax year in which a Maryland return
was required) that were not previously reported to the Maryland Revenue Administration Division? . . . . ☐ Yes ☐ No
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.

5. Did the corporation file employer withholding tax returns/forms with the Maryland Revenue
Administration Division for the last calendar year? . . . . ☐ Yes ☐ No

6. Is this entity part of the federal consolidated filing?. . . . .▶ ☐ Yes ☐ No

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 manufacturer with more than 25 employees?. . . . .▶ ☐ Yes ☐ No

SIGNATURE AND VERIFICATION

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.

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

_____ _____   _____
Officer's Signature   Date   Preparer's Signature

_____   _____
Officer's Name and Title   Preparer's name/or Firm's name, address and telephone number

_____

▶ _____
Preparer's PTIN **(Required by law)**

▶ _____ _____ _____
CODE NUMBERS (3 digits per line)

INCLUDE ALL REQUIRED PAGES OF FORM 500

Make checks payable to and mail to:

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

(Write Your FEIN On Check Using Blue Or Black Ink.)