

# Maryland Tax Connect

Make An Estimated Payment User Guide

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# Make An Estimated Payment

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The following pages outline the steps for submitting an **Estimated Payment** on Maryland Tax Connect (MTC).

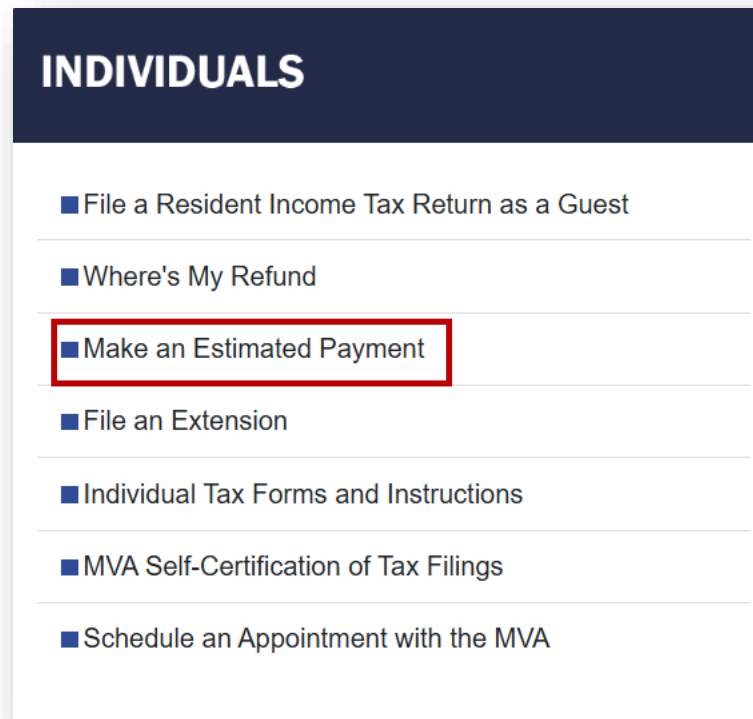
You do not need to [Register](#) for a Maryland Tax Connect Profile to **Make an Estimated Payment**, but it is highly recommended for viewing and managing your Individual and Business tax activity.



# Maryland Tax Connect Homepage

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On the Portal homepage, select **Make an Estimated Payment** from the **Individuals** box.



# Terms and Conditions

Maryland Tax Connect Users must agree to the Portal Terms of Use. Review and **Select the checkbox** stating you agree to the Terms & Conditions. Select **Continue** to proceed.

## Make a Payment

To proceed you must agree to the Terms and Conditions for guest payments. To access all features of Maryland Tax Connect, you must register for an account. [Register Now](#).

\* indicates required field

## Terms and Conditions

- a. You must be currently appointed by that individual, business, organization or agency to access that data or carry out that transaction on their behalf, and that appointment must not have been revoked.
- b. If that appointment is based on you holding a certain position (for example, as that other individual's employee or agent for tax purposes), you must currently hold that position.
- c. If that appointment is based on you holding a certain qualification (for example, as a registered tax agent), you must currently hold that qualification that qualification must not currently be suspended or cancelled.

### Privacy Protection

COM is committed to respecting users' privacy and security. Please see our Privacy Policy for further information about browsing, security, e-mail use, cookies and more.

### Data Policy

By using data made available through Portal, the user agrees to all the conditions stated in the Data Policy.

### Modification or Termination of Service

COM reserves the right to modify, discontinue, suspend or terminate access to Portal and to modify these TOU at any time. You will be notified of such changes by through Portal or a notice sent to the contact point listed in your user information. COM will not be liable for any such modification, discontinuation, suspension or termination. You can review the most current version of the TOU on our website at any time.

### Acceptance of Terms of Use

You may accept and agree to these TOU of Portal on behalf of a business, organization, agency or yourself by checking "I Agree" below. By checking the "I Agree" Box below you affirm that you have read these TOU, that you have the authority to agree to these TOU on behalf of your business, organization, agency or yourself and that the business, organization, agency or yourself will be bound by these TOU. Before you check the "I Agree" box, please carefully read the terms and conditions contained in this TOU.

☒ \* I agree to the above Terms & Conditions

Cancel

Continue



# Contact Information

Enter your personal data. Fields marked with an \* are required. Then select **Next** to proceed.

Make a Payment - Contact Information ?

Applicant(s) are required to complete mandatory fields.

Contact Information

\* First Name:

Karen

\* Last Name:

PPTest

Title:

\* Daytime Phone:

(410) 260-7980

Extension:

Mobile Phone:

xxx xxx xxxx

\* Email:

portaltest@marylandtaxes.gov

\* Confirm Email:

portaltest@marylandtaxes.gov

Cancel

Next

\* indicates required field



# Make an Estimated Payment

Provide Your Social Security Number (SSN) and other tax information. Fields marked with an \* are required.

**Note:** Name provided must match printed name on Social Security card or Individual Taxpayer Identification Number letter.

Make an Estimated Payment

Progress 

50%

Social Security Number

\* indicates required field

Enter your social security number. If you are filing a joint return, enter the first SSN as shown on your return. You may optionally enter your spouse's SSN in the additional field shown below.

\* Social Security Number:

\*\*\*\*\*

Spouse's Social Security Number:

#####

Your Information

Enter your name and optionally your spouse's name below.

\* First Name:

Jane

Middle Initial:

\* Last Name:

Test

Spouse's First Name:

Spouse's Middle Initial:

Spouse's Last Name:



# Address

Continue entering your address. Fields marked with an \* are required.

## Address

Enter your address below.

|                    |                                                |
|--------------------|------------------------------------------------|
| * Mailing Address: | <input type="text" value="Add a New Address"/> |
| * Country:         | <input type="text" value="UNITED STATES"/>     |
| Attention:         | <input type="text"/>                           |
| * Address Line1:   | <input type="text" value="201 Post Oak Ct"/>   |
| Address Line2:     | <input type="text"/>                           |
| * City:            | <input type="text" value="Hyattsville"/>       |
| * State:           | <input type="text" value="MARYLAND"/>          |
| * Zip Code:        | <input type="text" value="20785"/>             |



# Tax Year and Estimated Payment Amount

Select the Tax Year you want to make your **Estimated Payment** for; then enter the payment amount. Fields marked with an \* are required. Select **Continue** to proceed.

Tax Year

Select the tax year you want to file your estimated payment.

\* Select the tax year you want to make your estimated payment for: 2026

Estimated Payment Amount

Please enter the estimated payment amount you want to pay. The quarter the payment is applied to is dependent on when the payment is made. To make an estimated payment for a future quarter, select an effective date in the quarter you would like to pay when you submit your payment information.  
Please only enter numeric values including a decimal point if needed.

\* Payment Amount: \$ 300.00

Clear

Continue



# Payment Summary Information

Review and confirm your **Payment Amount** and **Tax Year**. Then select **Continue** to proceed.

Make a Payment Summary Information 

Progress

100%

Confirm the summary below is correct based on the information you entered and click **NEXT** to provide your electronic signature.

Total Payments and Credits: \$300.00

Tax Year 2026

Total \$300.00

**Please Note:** Allow a minimum of 72 hours for updates to be reflected on your Maryland Tax Connect account balance.

Cancel

← Back

Continue



# Form Payment

Check the box to pay the **Total Outstanding Balance** or enter a **Partial Payment Amount**.

**Note:** *ACH Direct Debit is the default payment method on MTC.* You can visit [MyComConnect](#) for other payment options. Select **Next** to proceed.

Form Payment ?

\* indicates required field

Form Details

Taxpayer NameJane Test

AccountINDIVIDUAL INCOME TAX

Account IDSSN:215345678

Period End Date12/31/2026

Amount Due:\$300.00

Total Payments and Credits:\$300.00

Tax Year2026

Total\$300.00

Please Note:Allow a minimum of 72 hours for updates to be reflected on your Maryland Tax Connect account balance.

Payment Amount:

\$300.00

☒ Check here to pay Total Outstanding Balance

\* Payment Method

ACH DIRECT DEBIT

Cancel

Next



# Schedule Electronic Payment

Provide Bank details for ACH Debit payment. Fields marked with an \* are required.

Schedule Electronic Payment ?

\* indicates required field

Make an electronic payment directly from your bank account. This MUST be a US Bank or Financial Institution (credit union, mutual fund, brokerage firm etc.) If the Date Of Withdraw falls on a weekend or bank holiday then the transaction will take place on the next business day.

Additional Penalty and Interest may accrue if payment is not made as of 15-Apr-2027.

Taxpayer Name: Jane Test

Payment Amount: \$300.00

\* Bank Routing Number:

031176110

\* Bank Account Number:

46048901895

\* Confirm Bank Account Number:

46048901895

\* Bank Account Type:

PERSONAL/CONSUMER CHECKING

\* Bank Account Holder Name:

Jane Test

\* Phone:

4102607980



# Billing Address & Authorization

Continue entering billing address and effective date. Then **check the box** stating; ***I hereby authorize the withdrawal of funds as specified above for tax payments.*** Fields marked with an \* are required. Select **Submit** to proceed.

[Home](#)

### Billing Address

\* Street Address 1:

Street Address 2:

\* City:

\* State:

\* Zip Code:

\* Country:

\* Effective Date:

☒ \* I hereby authorize the withdrawal of funds as specified above for tax payments.

[Back](#)[Submit](#)



# Confirm Your Payment

Confirm your payment amount and method. Select the **Back Button** to make changes or **Confirm** to proceed.

[Individuals](#) / Schedule Electronic Payment

Confirm Your Payment ?

Payment Amount: \$300.00

Payment Method: PERSONAL/CONSUMER CHECKING

[← Back](#)[Confirm](#)



# Payment Confirmation

Successful payments will generate a “FR” confirmation number. Retain number for payment tracking and inquiries.

**Note:** *If you need help cancelling your payment, contact **Taxpayer Services Division Monday-Friday, 8:30am- 4:30pm @ 1-800-638-2937 or 410-260-7980.***

Payment Confirmation

If the Transaction Date falls on a weekend or bank holiday, then the transaction will take place on the next business day. If the Due Date falls on a weekend or holiday, the return is due the next business day. The confirmation number and payment details can be found below.

Your payment transaction is pending acceptance by the financial institution and will post to your Portal account one business day after the day it was scheduled. You can view or cancel your payment by going to the View Scheduled Payments page.

Transaction Information

Confirmation #: FR0003940665

Status: IN PROCESS

Cancel By Date: Tuesday, 08/18/2026

Cancel By Time: 05:30 PM

Payment Information

Taxpayer Name: Jane Test

Document Type: 502D PIT DECL OF EST INCOME TAX

Amount Paid: \$300.00

Payment Amount: \$300.00

Fee Amount: \$0.00

Effective Date: Tuesday, 08/18/2026

Period Covered: 12/31/2026

Account Type: INDIVIDUAL INCOME TAX

ACH DIRECT DEBIT Information

Bank Nickname: N/A

Bank Account Type: PERSONAL/CONSUMER CHECKING

Routing Number: XXXXX6110

Account Number: XXXXXXX1895

Payment Details

| Account Type          | Identifier      | Filing Period           | Payment Amount |
|-----------------------|-----------------|-------------------------|----------------|
| INDIVIDUAL INCOME TAX | SSN:xxx-xx-5678 | 01/01/2026 - 12/31/2026 | \$300.00       |

Logout and Return Home

Make an Estimated Payment Guide

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# WELCOME TO MARYLAND TAX CONNECT!

You have now successfully submitted an **Estimated Payment!**

For additional assistance contact Taxpayer Services

Monday-Friday, 8:30am-4:30pm. EDT  
at 1-800-638-2937 or 410-260-7980.