

MARYLAND FORM 500

CORPORATION INCOME TAX RETURN



2025

\$

OR FISCAL YEAR BEGINNING _____ 2025, 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 (PO Box, Number, Street and Apt. No.)

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

City or Town State ZIP Code + 4

Foreign Country Name Foreign Province/State/County

Foreign Postal Code

Do not write in this space. ME YE

Amended Return

CHECK HERE IF: Name 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. 1b. Special Deductions (Federal Form 1120 line 29b or Form 1120-C line 26b.) 1b. 1c. Federal Taxable Income before net operating loss deduction (Subtract line 1b from 1a) 1c.

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

ADDITION ADJUSTMENTS

2a. Section 10-306.1 related party transactions 2a. 2b. Decoupling Modification Addition adjustment (Enter code letter(s) from instructions.) 2b. 2c. Total Maryland Addition Adjustments to Federal Taxable Income (Add lines 2a and 2b) 2c.

SUBTRACTION ADJUSTMENTS

3a. Section 10-306.1 related party transactions 3a. 3b. Dividends for domestic corporation claiming foreign tax credits (Federal form 1120/1120C Schedule C line 18) 3b.



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NAME _____ FEIN _____

- 3c. Dividends from related foreign corporations
3d. Decoupling Modification Subtraction adjustment
3e. Total Maryland Subtraction Adjustments to Federal Taxable Income
4. Maryland Adjusted Federal Taxable Income before NOL deduction is applied
5. Enter Adjusted Federal NOL Carry-forward available from previous tax years
6. Maryland Adjusted Federal Taxable Income

MARYLAND ADDITION MODIFICATIONS

(All entries must be positive amounts.)

- 7a. State and local income tax
7b. Dividends and interest from another state, local or federal tax exempt obligation
7c. Net operating loss modification recapture
7d. Domestic Production Activities Deduction
7e. Deduction for Dividends paid by captive REIT
7f. Other additions
7g. Total Addition Modifications

MARYLAND SUBTRACTION MODIFICATIONS

(All entries must be positive amounts.)

- 8a. Income from US Obligations
8b. Other subtractions
Maryland Cannabis Administration Business License or Registration Number
8c. Total Subtraction Modifications

NET MARYLAND MODIFICATIONS

- 9. Total Maryland Modifications
10. Maryland Modified Income

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
12. Maryland apportionment income
13. Maryland taxable income
14. Tax
15a. Estimated tax paid with Form 500D
15b. Tax paid with an extension request
15c. Nonrefundable business income tax credits
15d. Refundable business income tax credits
15e. The Maryland Historic Revitalization Tax Credit

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



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NAME _____ FEIN _____

- 15f. Nonresident tax paid on behalf of the corporation by pass-through entities
(Attach Maryland Schedule K-1 (510/511).) ▶ 15f. _____
- 15g. Amount withheld on Form MW506NRS. ▶ 15g. _____
- 15h. **If amending**, total payments made with original plus additional tax paid
after original was filed. ▶ 15h. _____
- 15i. Total payments and credits (add lines 15a through 15h) 15i. _____
- 16. Balance of tax due (If line 14 exceeds line 15i, enter the difference.) ▶ 16. _____
- 17. Overpayment (If line 15i exceeds line 14, enter the difference.) ▶ 17. _____
- 17a. **If amending**, prior overpayment (Total all refunds previously issued.) 17a. _____
- 18. Interest and/or penalty from Form 500UP _____ or late payment interest
_____ for original return. ▶ 18. _____
- 19. Total balance due (Add lines 14, 17a, and 18. Subtract line 15i.) ▶ 19. _____
- 20. Amount of overpayment from original return to be applied to estimated tax for next year
(not to exceed the net of lines 17 minus 17a and 18.) ▶ 20. _____
- 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. _____

DIRECT DEPOSIT OF REFUND (See Instructions.) **Verify that all account information is correct and clearly legible.**
If you are requesting direct deposit of your refund, complete the following.

- ▶ 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.

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. _____
- 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. _____

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

Explanation of Changes: _____



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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: Rental/leasing companies, financial institutions, transportation companies, and worldwide headquartered companies see instructions on Special Apportionment.			
1. 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.) ▶		▶	_____ ◀

Report this factor on line 4 unless you use a special apportionment formula or alternative apportionment formula.

2. Property			
a. Inventory			
b. Machinery and equipment			
c. Buildings			
d. Land			
e. Other tangible assets (Attach schedule.)			
f. Rent expense capitalized (multiply by eight)			
g. Total property (Add lines 2a through 2f, for Columns 1 and 2.) ▶		▶	_____ ◀
3. Payroll			
a. Compensation of officers			
b. Other salaries and wages			
c. Total payroll (Add lines 3a and 3b, for Columns 1 and 2.) ▶		▶	_____ ◀

4. Maryland apportionment factor Enter amount from Line 1 Column 3. If an alternative apportionment formula or a special apportionment formula is used, enter the alternative or special apportionment factor here. (If factor is zero, enter .000000 on line 11, page 2.) _____ ◀

▶ Check here if special apportionment or alternative apportionment formula is used.



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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

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

1. **Subtraction for donations of certain disposable diapers, certain hygiene products, and certain monetary gifts.**
List the name(s) of the qualified charitable entity on the lines below.



NAME _____ FEIN _____

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

Printed name of the preparer / or firm's name

Officer's Name and Title

Street address of preparer or firm's address

Preparer's signature (Required by Law) Date

City, State, ZIP Code + 4

Telephone number of preparer

▶ _____
Preparer's PTIN (Required by Law)

▶ _____
CODE NUMBERS (3 digits per line)

INCLUDE ALL REQUIRED PAGES OF FORM 500

Make check or money order payable to Comptroller of Maryland. On your check or money order, in blue or black ink only, you must include the Federal Employer Identification Number, tax year, and tax type. Failure to include this information will delay the processing of your payment. Mail to:

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