



255100049

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

TYPE OF ENTITY - Check the applicable box.

- S Corporation Partnership Limited Liability Company Business Trust

Amended Return

CHECK HERE - Check applicable box(es).

- Name has changed First filing of the entity Inactive entity Final Return 510C Filed This tax year's beginning and ending dates are different from last year's due to an acquisition or consolidation.

Complete this form if the pass-through entity ("PTE") is paying tax only on behalf of nonresident members and not electing to remit tax on all members' shares of income. If the PTE made an irrevocable election on Form 510/511D or 510/511E to remit tax with respect to all members' shares, STOP. You must file Form 511.

You may also use this form to request a refund of estimated payment(s) for tax paid on resident members' shares of income if the PTE has decided not to make the entity election.

1. Number of members:

- Individual (including fiduciary) residents of Maryland Nonresident entities Individual (including fiduciary) nonresidents Others Total

2. Total distributive or pro rata share of income per federal return (Form 1065 or 1120S) - Unistate entities or multistate entities with no nonresident members also enter this amount on line 4

ALLOCATION OF INCOME (To be completed by multistate PTEs with nonresident members - unistate entities, and multistate entities with no nonresidents, go to line 4.) 3a. Non-Maryland income (for entities using separate accounting). Subtract this amount from line 2 and enter the difference on line 4. 3b. Maryland apportionment factor from computation worksheet on Page 4 (for entities using the apportionment method). Multiply line 2 by this factor and enter the result on line 4. (If factor is zero, enter .000001).



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4. Distributive or pro rata share of income allocable to Maryland . . . . . 4. \_\_\_\_\_ 00

NOTE: Complete lines 5 through 19 if there is an entry on line 1b or line 1c. Tax is calculated only for nonresident individual or nonresident entity members. (Investment partnerships see Specific Instructions.)

5. Percentage of ownership by individual nonresident members shown on line 1b (or profit/loss percentage, if applicable). If 100%, leave blank and enter the amount from line 4 on line 6. ▶ 5. \_\_\_\_\_ 00

6. Distributive or pro rata share of income for nonresident individual members (Multiply line 4 by the percentage on line 5.) . . . . . 6. \_\_\_\_\_ 00

7. Nonresident individual tax (Multiply line 6 by 6.50%). . . . . 7. \_\_\_\_\_ 00

8. Special nonresident tax (Multiply line 6 by 2.25%). . . . . 8. \_\_\_\_\_ 00

9. Total Maryland tax on individual members (Add lines 7 and 8.) . . . . . 9. \_\_\_\_\_ 00

10. Percentage of ownership by nonresident entities shown on line 1c (or profit/loss percentage, if applicable). If 100%, leave blank and enter the amount from line 4 on line 11. ▶10. \_\_\_\_\_ 00

11. Distributive or pro rata share of income for nonresident entity members (Multiply line 4 by percentage on line 10.) . . . . . 11. \_\_\_\_\_ 00

12. Nonresident entity tax (Multiply line 11 by 8.25%). . . . . 12. \_\_\_\_\_ 00

13. Total nonresident tax (Add lines 9 and 12.) . . . . . 13. \_\_\_\_\_ 00

14. Distributable cash flow limitation from worksheet. See instructions. If worksheet used, check here ▶  . . . . . ▶ 14. \_\_\_\_\_ 00

15. Nonresident tax due (Enter the lesser of line 13 or line 14.) . . . . . 15. \_\_\_\_\_ 00

16a. Estimated PTE nonresident tax paid with Form 510/511D . . . . . ▶16a. \_\_\_\_\_ 00

16b. PTE nonresident tax paid with an extension request (Form 510/511E). . . . . ▶16b. \_\_\_\_\_ 00

16c. Credit for nonresident tax paid on behalf of the PTE by another PTE (Attach Schedule K-1 (510/511)) . . . . . ▶16c. \_\_\_\_\_ 00

16d. If the PTE filing this return is a non-resident member of a PTE paying tax at the entity level, report the amount of credit for tax paid by the PTE paying tax at the entity level with regard to this entity's nonresident shares of income. (Attach Schedule K-1 (510/511)) . . . . ▶16d. \_\_\_\_\_ 00

16e. If the PTE filing this return is a resident member of a PTE paying tax at the entity level, report the amount of credit for tax paid by the PTE paying tax at the entity level with regard to this entity's resident shares of income. (Attach Schedule K-1 (510/511)). . . . . ▶16e. \_\_\_\_\_ 00

16f. Payment made with Form MW506NRS . . . . . ▶16f. \_\_\_\_\_ 00

16g. If amending, total payments made with original plus additional tax paid after original was filed. . . . . ▶16g. \_\_\_\_\_ 00

16h. Total payments and credits (Add lines 16a through 16g.) . . . . . ▶16h. \_\_\_\_\_ 00

17. Balance of tax due (If line 15 exceeds line 16h, enter the difference.) . . . . . ▶ 17. \_\_\_\_\_ 00

18. Overpayment. (If line 16h exceeds line 15, enter the difference.) . . . . . ▶ 18. \_\_\_\_\_ 00

18a. If amending, prior overpayment. (Total all refunds previously issued.) . . . . . ▶18a. \_\_\_\_\_ 00

19. Interest and/or penalty from Form 500UP \_\_\_\_\_ or late payment interest \_\_\_\_\_ . . . . . TOTAL ▶ 19. \_\_\_\_\_ 00

20. Total nonresident balance due (Add lines 15, 18a, and 19. Subtract line 16h.) Pay in full with this return. . . . . ▶ 20. \_\_\_\_\_ 00

NOTE: The total tax paid from lines 16h and 17 is to be reported either on the composite return or on the returns of the nonresident members. Nonresident entity and fiduciary members cannot file a composite return nor be included in the composite return filed by nonresident individual members. (See instructions.)

21. Amount of overpayment from original return to be applied to estimated tax for next year (not to exceed the net of lines 18 minus 18a and 19). . . . . ▶ 21. \_\_\_\_\_ 00

22. Amount of overpayment TO BE REFUNDED. (Add lines 19 and 21, and subtract the total from line 18.) (If amending, subtract lines 18a and 19 from line 18.) . . . . . ▶ 22. \_\_\_\_\_ 00



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**DIRECT DEPOSIT OF REFUND (see Instruction 9)**

**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.

**23a.** Type of account: ..... **23a.** ▶  Checking  Savings

**23b.** Routing Number (9-digits): ..... **23b.** ▶ \_\_\_\_\_

**23c.** Account Number: ..... **23c.** ▶ \_\_\_\_\_

**23d.** Name as it appears on the bank account: \_\_\_\_\_

**ADDITIONAL INFORMATION REQUIRED**

**1.** Address of principal place of business in Maryland (if other than indicated on page 1): \_\_\_\_\_

**2.** Address at which tax records are located (if other than indicated on page 1): \_\_\_\_\_

**3.** Telephone number of pass-through entity tax department: \_\_\_\_\_

**4.** State of organization or incorporation: \_\_\_\_\_

**5.** 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 Comptroller of Maryland? .....  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.

**6.** Did the pass-through entity file employer withholding tax returns/forms with the Comptroller of Maryland for the last calendar year? .....  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 manufacturing corporation with more than 25 employees? ..... ▶  Yes  No

**SIGNATURE AND VERIFICATION**

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

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.

Signature of general partner, officer or member \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

Printed name of the Preparer/Firm's name \_\_\_\_\_

Signature of preparer other than taxpayer **(Required by Law)** \_\_\_\_\_

Street address of preparer or Firm's address \_\_\_\_\_

City, State, ZIP Code + 4 \_\_\_\_\_

Telephone number of preparer \_\_\_\_\_ ▶ Preparer's PTIN **(Required by Law)** \_\_\_\_\_

CODE NUMBERS (3 digits per line)

**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



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**Schedule A - COMPUTATION OF APPORTIONMENT FACTOR** (Applies only to multistate pass-through entities. See instructions.)

**NOTE:** Rental/leasing companies, financial institutions, transportation companies, and worldwide headquartered companies see instructions on Special Apportionment.

|   | <b>Column 1<br/>TOTALS WITHIN<br/>MARYLAND</b> | <b>Column 2<br/>TOTALS WITHIN<br/>AND WITHOUT<br/>MARYLAND</b> | <b>Column 3<br/>DECIMAL FACTOR<br/>(Column 1 ÷ Column 2<br/>rounded to six places)</b> |
|---|--|--|--|
| <b>1. Receipts</b>  |  |  |  |
| 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 1(a) through 1(g), for Columns 1 and 2.) . . . . . | 00   | 00   | _____ ◀  |

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

|   |    |    |         |
|---|----|----|---------|
| <b>2. Property</b>  |    |    |         |
| 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 | _____ ◀ |
| <b>3. Payroll</b>   |    |    |         |
| 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. 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 .000001 on line 3b, page 1.) . . . . . \_\_\_\_\_ ◀

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



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**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: |              | Distributive or pro rata share of income<br>(See Instructions.) | Distributive or pro rata share of tax paid<br>(See Instructions.) | Distributive or pro rata share of tax credit<br>(See Instructions.) |  |
|---|---------|-------------------------|--------------|---|---|---|--|
|   |         | Resident                | Non-Resident |   |   |   |  |
| 1   |         |                         |              |   |   |   |  |
| 2   |         |                         |              |   |   |   |  |
| 3   |         |                         |              |   |   |   |  |
| 4   |         |                         |              |   |   |   |  |
| 5   |         |                         |              |   |   |   |  |
| 6   |         |                         |              |   |   |   |  |
| 7   |         |                         |              |   |   |   |  |
| 8   |         |                         |              |   |   |   |  |
| 9   |         |                         |              |   |   |   |  |
| 10  |         |                         |              |   |   |   |  |
| 11  |         |                         |              |   |   |   |  |
| 12  |         |                         |              |   |   |   |  |
| 13  |         |                         |              |   |   |   |  |
| 14  |         |                         |              |   |   |   |  |
| 15  |         |                         |              |   |   |   |  |
| 16  |         |                         |              |   |   |   |  |
| SUBTOTAL from additional Form 510 Schedule B for individual members |         |                         |              |   |   |   |  |
| <b>TOTAL:</b>   |         |                         |              |   |   |   |  |

**You must file Form 510 electronically to pass on business tax credits from Form 500CR and/or Form 502S to your members.**



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**PART II – FIDUCIARY MEMBERS' INFORMATION**

Enter the information in Federal Employer Identification Number order.

| Federal Employer Identification Number and name of estate or trust | Address | Check here if Maryland: |              | Distributive or pro rata share of income<br>(See Instructions.) | Distributive or pro rata share of tax paid<br>(See Instructions.) | Distributive or pro rata share of tax credit<br>(See Instructions.) |  |
|--|---------|-------------------------|--------------|---|---|---|--|
|  |         | Resident                | Non-Resident |   |   |   |  |
| 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 |         |                         |              |   |   |   |  |
| <b>TOTAL:</b>  |         |                         |              |   |   |   |  |

**You must file Form 510 electronically to pass on business tax credits from Form 500CR and/or Form 502S to your members.**



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**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 | Is Member a Nonresident Entity |    | Distributive or pro rata share of income<br>(See Instructions.) | Distributive or pro rata share of tax paid<br>(See Instructions.) | Distributive or pro rata share of tax credit<br>(See Instructions.) |
|--|---------|--------------------------------|----|---|---|---|
|  |         | YES                            | NO |   |   |   |
| 1  |         |                                |    |   |   |   |
| 2  |         |                                |    |   |   |   |
| 3  |         |                                |    |   |   |   |
| 4  |         |                                |    |   |   |   |
| 5  |         |                                |    |   |   |   |
| 6  |         |                                |    |   |   |   |
| 7  |         |                                |    |   |   |   |
| 8  |         |                                |    |   |   |   |
| 9  |         |                                |    |   |   |   |
| 10   |         |                                |    |   |   |   |
| 11   |         |                                |    |   |   |   |
| 12   |         |                                |    |   |   |   |
| 13   |         |                                |    |   |   |   |
| 14   |         |                                |    |   |   |   |
| 15   |         |                                |    |   |   |   |
| 16   |         |                                |    |   |   |   |
| SUBTOTAL from additional Form 510 Schedule B for PTE members           |         |                                |    |   |   |   |
| <b>TOTAL:</b>  |         |                                |    |   |   |   |

**You must file  
Form 510  
electronically  
to pass on  
business tax  
credits from  
Form 500CR  
and/or  
Form 502S to  
your members.**



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

Enter the information in Federal Employer Identification Number order.

| Federal Employer Identification Number and name of Corporation     | Address | Is Member a Nonresident Entity |    | Distributive or pro rata share of income<br>(See Instructions.) | Distributive or pro rata share of tax paid<br>(See Instructions.) | Distributive or pro rata share of tax credit<br>(See Instructions.) |
|--|---------|--------------------------------|----|---|---|---|
|  |         | YES                            | NO |   |   |   |
| 1  |         |                                |    |   |   |   |
| 2  |         |                                |    |   |   |   |
| 3  |         |                                |    |   |   |   |
| 4  |         |                                |    |   |   |   |
| 5  |         |                                |    |   |   |   |
| 6  |         |                                |    |   |   |   |
| 7  |         |                                |    |   |   |   |
| 8  |         |                                |    |   |   |   |
| 9  |         |                                |    |   |   |   |
| 10   |         |                                |    |   |   |   |
| 11   |         |                                |    |   |   |   |
| 12   |         |                                |    |   |   |   |
| 13   |         |                                |    |   |   |   |
| 14   |         |                                |    |   |   |   |
| 15   |         |                                |    |   |   |   |
| 16   |         |                                |    |   |   |   |
| SUBTOTAL from additional Form 510 Schedule B for corporate members |         |                                |    |   |   |   |
| <b>TOTAL:</b>  |         |                                |    |   |   |   |

**You must file Form 510 electronically to pass on business tax credits from Form 500CR and/or Form 502S to your members.**