



255110049

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

This Form is used by PTEs that elect to remit tax on all members' shares of income.

STAPLE CHECK HERE

- 1. Number of members: a. Individual (including fiduciary) residents of Maryland b. Individual (including fiduciary) nonresidents c. Nonresident and resident entities d. Others (see instructions) e. Total 2. Pass-through entity taxable income (See instructions). Unistate entities also enter this amount on line 4. 2. 00

ALLOCATION OF INCOME

Multistate pass-through entities must complete Line 3a. or 3b. Unistate entities 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. 3a. 00 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). 3b. 00

Entity Tax Calculation

- 4. Pass-through entity taxable income allocable to Maryland 4. 00

NOTE: Complete lines 5a. through 19 only if there is an entry on line 1a. through line 1d. (Investment partnerships see Specific Instructions). (Check instructions)



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NAME _____ FEIN _____

Table with 3 columns: Description, Line Number, Amount. Rows include ownership percentages, taxable income, election tax, and payments.

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.

20a. Type of account: Checking Savings

20b. Routing Number (9-digits):

20c. Account Number:

20d. Name as it appears on the bank account:



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NAME _____ FEIN _____

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.	Column 1 TOTALS WITHIN MARYLAND	Column 2 TOTALS WITHIN AND WITHOUT MARYLAND	Column 3 DECIMAL FACTOR (Column 1 ÷ Column 2 rounded to six places)
1. 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 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.

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. 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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NAME _____ FEIN _____

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 (See Instructions.)	Distributive or pro rata share of tax paid (See Instructions.)	Distributive or pro rata share of tax credit (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 511 Schedule B for individual members						
TOTAL:						

You must file Form 511 electronically to pass on business tax credits from Form 500CR and/or Form 502S to your members.



NAME _____ FEIN _____

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 (See Instructions.)	Distributive or pro rata share of tax paid (See Instructions.)	Distributive or pro rata share of tax credit (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 511 Schedule B for fiduciary members						
TOTAL:						

You must file Form 511 electronically to pass on business tax credits from Form 500CR and/or Form 502S to your members.



NAME _____ FEIN _____

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 (See Instructions.)	Distributive or pro rata share of tax paid (See Instructions.)	Distributive or pro rata share of tax credit (See Instructions.)
		YES	NO			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
SUBTOTAL from additional Form 511 Schedule B for PTE members						
TOTAL:						

You must file Form 511 electronically to pass on business tax credits from Form 500CR and/or Form 502S to your members.



NAME _____ FEIN _____

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 (See Instructions.)	Distributive or pro rata share of tax paid (See Instructions.)	Distributive or pro rata share of tax credit (See Instructions.)
		YES	NO			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
SUBTOTAL from additional Form 511 Schedule B for corporate members						
TOTAL:						

You must file Form 511 electronically to pass on business tax credits from Form 500CR and/or Form 502S to your members.