

**FORM MARYLAND CORPORATION
500 INCOME TAX RETURN**
2012



Form No. _____ Filer No. _____		Column 1 Federal income MARYLAND	Column 2 Federal income with adjusted Maryland	Column 3 Adjusted federal Column 2 - Column 1 added to or minus
SCHEDULE A - 1 General Use (or Applicable) Formula (Specify only a multistate corporation - see instructions) NOTE: Special apportionment formulas are required for manufacturing, financial institutions, transportation and manufacturing corporations.				
1A Receipts	<ul style="list-style-type: none"> 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 (a) through (g)) for Column 1 and (2) 			
1B Receipts	Enter the same factor shown on line 1A, Column 1. Specify if the line is special apportionment formula used			
2 Property	<ul style="list-style-type: none"> a Real estate b Machinery and equipment c Buildings d Land e Other tangible assets (attach schedule) f Total property (Add lines (a) through (e)) for Column 1 and (2) 			
3 Payroll	<ul style="list-style-type: none"> a Compensation of officers b Other salaries and wages c Total payroll (Add lines (a) and (b)) for Column 1 and (2) 			
4. Total of factors (Add entries in Column 3)				
5. Maryland apportionment factor (Circle line 4 to flow for three-factor formula, or by the number of factors used if special apportionment formula required) (If factor is zero, enter 00000 on line 13 page 13)				

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

1. Telephone number of corporation (no department) _____

If a multiple operation, provide the following:

2. Address of principal place of business in Maryland (if other than indicated on page 13) _____

3. Brief description of operations in Maryland: _____

4. Has the (Federal) Income Service made adjustments (for a tax year in which a Maryland return was required) that it has not previously reported to the Maryland Revenue Administration Division? Yes No
If "Yes", indicate tax year(s) from _____ and (insert an amended return(s) together with a copy of the IRS adjustment report(s) under separate cover.

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

6. Is this entity part of a federal consolidated filing? Yes No

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 20 employees?
If so, complete and attach Form 5000 to your Form 500. Yes No

DISBURSEMENT AND DISTRIBUTION (See instructions) (Indicate the date, listing separately the amounts and recipients and the date of receipt for items 1 to 4. Do not include in column 5 a distribution to a trust or other person. Indicate on an additional sheet attached to this schedule the date the trust income was received to credit the trust with it.)

Officer's signature _____ Date _____ Officer's title _____
 Taxpayer's signature _____ Date _____
 Taxpayer's address and telephone number _____