

FORM  
**510E** MARYLAND  
APPLICATION FOR EXTENSION TO FILE  
**PASS-THROUGH ENTITY**  
INCOME TAX RETURN



2006

OR FISCAL YEAR BEGINNING

2006, ENDING

Federal employer identification number (9 digits) ▶		
Name		
Number and street		
City or town	State	ZIP code

For Office Use Only

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IF NO TAX IS DUE WITH THIS EXTENSION, FILE THE EXTENSION ON OUR WEBSITE AT: [www.marylandtaxes.com](http://www.marylandtaxes.com)  
OR CALL 410-260-7829 FROM CENTRAL MARYLAND OR 1-800-260-3664 FROM ELSEWHERE TO TELEFILE THIS FORM.

**ENTITY TYPE:**

☐ S CORPORATION ☐ PARTNERSHIP ☐ LIMITED LIABILITY COMPANY ☐ BUSINESS TRUST

**TAX PAYMENT WORKSHEET**

1. Tax liability .....1. \_\_\_\_\_  
2. Estimated tax payments .....2. \_\_\_\_\_  
3. Tax due - Subtract line 2 from line 1. ....3. \_\_\_\_\_

TAX PAID WITH THIS EXTENSION ..... ▶ \$

**INSTRUCTIONS FOR TAX PAYMENT WORKSHEET**

Line 1 – **Tax liability** Enter the total amount of nonresident income tax the pass-through entity is expected to owe. Use Form 510 as a worksheet.

Line 2 – **Estimated tax payments** Enter the total amount of Maryland estimated tax paid with Form 510D or 510DP for the tax year.

Line 3 – **Tax due** Subtract line 2 from line 1 and enter the result. This is the tax to be paid with the application for extension.

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form and to the best of my knowledge and belief it is true, correct and complete, and, if prepared by someone other than the taxpayer, that I am authorized to prepare this form.

Signature of officer or preparer

Date

Title or preparer's firm name and address

Telephone Number

Make checks payable to: **COMPTROLLER OF MARYLAND.**  
(Write Federal employer identification number on check)  
Mail to: **Comptroller of Maryland,**  
**Revenue Administration Division,**  
**Annapolis, Maryland 21411-0001**