Federal employer identification number

# FORM **EL101B**

For fiscal year beginning

Name of corporation or pass-through entity

### MARYLAND INCOME TAX DECLARATION FOR BUSINESS ELECTRONIC FILING

**2012**, ending



Present add	dress (num	ber and street)					City or t	own				State	ZIP code
Part I	Tax Re	eturn Inforn	nation (wh	ole dolla	ars only	y)							
1.	Amount	of overpaym	nent to be a	applied t	to 2013	3 estima	ated ta	x (Corpo	rations	only).		•	•
		of overpaym										REFUND	
3.	Total ar	nount due										🕨	•
Part II	Declar	ation											
Check a	ppropri	ate box to c	consent to		Direc	ct Depo	sit of r	efund or		Ele	ectronic	Funds W	/ithdrawal (direct debit)
4a.	Type of	Type of account Checking				Savings							
4b.	Routing	number											
4c.	Account	number											
4d.	Direct d	lebit settlem	ent date _		./	/	(E	nter the	date you	u want	t the pa	yment w	rithdrawn from the account.)
through e return ori correspor and comp	I author the finathrough also au informal I do not not not the finathrough also au informal I do not not the finathrough also au informal I do not not not not not not not not not no	By consentium amount of respect the State ancial institution entity state at the fation necessation want directly for perjury, I contains the companior entered of the state of the state of the state of perjury, I contains the state of perjury, I contains the state of perjury, I contains the state of the	ng, I also a afund and the of Maryla ion account ion to debit a return, this financial instruction to answer the deposit of declare that red the infonline and the Infonline and the return, in originator	gree to ne above and and indicate the ent sautho etitution er inquired f the reference I am a rmation that the electrocluding or or by	disclose bank  its desed for pury to the rization of involution of incontain office accomplication of the electric bank accomplication of the electric bank accomplished by the	e to the information in the information in the individual in the individual in the information in the inform	e Maryl ation I finance it of the bunt. Up emain the pro- re issue ctronic eral par my ele dress a c return g sched return	and Stai This disc ial agent Maryla con confi in full fo cessing es relate funds we ther or ectronic and amon i. To the ules and softwar	t to initiand taxes firmation of this d to the ithdrawa managin return wants describes of stateme e provide	ate an owed of cor effect, electro paymoral (direction merital the cribed my kneets, be	electro by the nsent du, and I onic payent.  ect debit mber of e informabove wowledge	ertain ince effect di nic funds corporati uring the may not yment of t) of the the above nation the agree wit e and bel	s withdrawal payment entry to ion or pass-through entity and filing the corporation or pass terminate the authorization. It taxes to receive confidential balance due.  We corporation or of the pass at I provided to my electronic the amounts shown on the lief, the return is true, correctly land Revenue Administration
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Pie	ase wa	it tell (10) t	Marylar										100-7980 Holli Celitial
Part II	I Decl	aration of E	lectronic I	Return	Origin	ator (p	oaid pı	eparer	)				
correct to submittin to be filed	o the bes ng the re d with th ndbook.	st of my know turn to the M e Maryland R This declara	wledge. I ha laryland Re <sup>r</sup> levenue Adr	ave obta venue A ministra	ained th dminis tion Di	ne signa tration vision, a	ature of Division and have	f the cor n, have ve follow	porate o provided ed all otl	officer, that o her red	genera official w quireme	l partner vith a cop	n this form are complete and or managing member, before by of all forms and information ribed in the Maryland Busines
Electron		Originator's signature								Date			
Return Originate Use Only	ОГ	Firm's name (or if self-employed)								ZIP cod	de		Phone
USE UIII)	<b>y</b>	and address											1.5

#### Name, Address, Federal Employer Identification Number

Print or type the information in the spaces provided. The name, address and federal employer identification number must match the information as transmitted. **Do not use the originator's address**.

#### Part I - Tax Return Information

Enter the amount as entered on the corresponding fields on Form 500 or 510.

If there is a refund due, you may choose direct deposit or a paper check. Pass-through entities (including S corporations) generally cannot receive a refund and should not complete lines 1 and 2. If there is an amount due, payment may be made by electronic funds withdrawal (direct debit). Payment may also be made by check or money order. See Form EL102B.

#### Part II - Declaration of Corporate Officer

If you have elected to have direct deposit of the refund, or electronic funds withdrawal (direct debit) for the balance due, check the appropriate box and complete lines 4a through 4e.

If you are using a paid preparer, an electronically transmitted income tax return will be considered incomplete unless and until a correctly completed Form EL101B is signed by the corporate officer, general partner or managing member. The completed EL101B must be signed before the electronic record is transmitted.

If the originator makes changes to the electronic return after Form EL101B has been signed, but before the return is transmitted, the originator must have the corporate officer, general partner or managing member sign a corrected Form EL101B. See the E-file handbook for transmitters and Electronic Return Originators who file Maryland business tax returns electronically.

Complete Form EL101B including signature(s) and retain the Form EL101B with any applicable attachments for a period of three years along with your filing records. You will need to make Form EL101B available to the Maryland Revenue Administration Division only if formally requested to do so. Do not mail Form EL101B unless specifically requested to do so.

## Part III - Declaration of Electronic Return Originator (paid preparer)

The originator must sign this form. Enter your electronic filer identification number (EFIN) and firm name and address. Do not mail this form to the Revenue Administration Division. This form must be retained for three years at the site of the electronic return originator.