

**MARYLAND CORPORATION INCOME FORM 500 TAX RETURN**



**2013**  
\$

OR FISCAL YEAR BEGINNING 7/1 2013, ENDING 06/30/2014 135000049

Please print using blue or black ink.

Name Public Library Association of Annapolis and A			
Number and street 5 Harry S Truman Parkway			
City / town Annapolis		State MD	ZIP code 21401
Federal Employer Identification No. (9 digits) 52-6001871		Do not write in this space ME ▶	
FEIN Applied for date		YE ▶	
Date of Organization or Incorporation (MMDDYY) ▶ 1/11/36		Business Activity Code No. (6 digits) ▶ 561439	

CHECK HERE IF: NAME OR ADDRESS HAS CHANGED INACTIVE CORPORATION FIRST FILING OF THE CORPORATION FINAL RETURN  
 ▶ THIS TAX YEAR'S BEGINNING AND ENDING DATES ARE DIFFERENT FROM LAST YEAR'S DUE TO AN ACQUISITION OR CONSOLIDATION.  
 SEE CORPORATION INSTRUCTIONS. ATTACH A COPY OF THE FEDERAL INCOME TAX RETURN THROUGH SCHEDULE M2.

**1 a** Federal Taxable Income (Enter amount from Federal Form 1120 line 28 or Form 1120-C line 25c.)

See Instructions. Check applicable box:

1120 1120-REIT  990T

Other: \_\_\_\_\_ IF 1120S, FILE ON FORM 510 ..... **1 a** 10,007

**b** Special Deductions (Federal Form 1120 line 29b or Form 1120-C line 26b.) **1 b** \_\_\_\_\_

**c** Federal Taxable Income before net operating loss deduction (Subtract line 1b from 1a.) ..... ▶ **1c** 10,007

**MARYLAND ADJUSTMENTS TO FEDERAL TAXABLE INCOME**  
(All entries must be positive amounts.)

**ADDITION ADJUSTMENTS**

**2 a** Section 10-306.1 related party transactions ..... ▶ **2a** \_\_\_\_\_

**b** Decoupling Modification Addition adjustment  
(Enter code letter(s) from instructions.) ..... ▶ **b** \_\_\_\_\_

**c** Total Maryland Addition Adjustments to Federal Taxable Income (Add lines 2a and 2b.) ..... **2c** \_\_\_\_\_

**SUBTRACTION ADJUSTMENTS**

**3 a** Section 10-306.1 related party transactions ..... ▶ **3a** \_\_\_\_\_

**b** Dividends for domestic corporation claiming foreign tax credits  
(Federal form 1120/1120C Schedule C line 15) ..... ▶ **b** \_\_\_\_\_

**c** Dividends from related foreign corporations  
(Federal form 1120/1120C Schedule C line 13 and 14) ..... ▶ **c** \_\_\_\_\_

**d** Decoupling Modification Subtraction adjustment  
(Enter code letter(s) from instructions.) ..... ▶ **d** \_\_\_\_\_

**e** Total Maryland Subtraction Adjustments to Federal Taxable Income  
(Add lines 3a through 3d.) ..... **3e** \_\_\_\_\_

**4** Maryland Adjusted Federal Taxable Income before NOL deduction is applied  
(Add lines 1c and 2c, and subtract line 3e.) ..... **4** 10,007

**5** Enter Adjusted Federal NOL Carry-forward available from previous tax years (including FDSC Carry forward)  
on a separate company basis (Enter NOL as a positive amount.) ..... ▶ **5** \_\_\_\_\_

**6** Maryland Adjusted Federal Taxable Income (If line 4 is less than or equal  
to zero, enter amount from line 4.)  
(If line 4 is greater than zero, subtract line 5 from line 4 and enter result.  
If result is less than zero, enter zero.) ..... **6** 10,007

**MARYLAND ADDITION MODIFICATIONS**  
(All entries must be positive amounts.)

**7 a** State and local income tax ..... ▶ **7a** \_\_\_\_\_

**b** Dividends and interest from another state, local or federal tax  
exempt obligation ..... ▶ **b** \_\_\_\_\_

**c** Net operating loss modification recapture  
(Do not enter NOL carryover. See instructions.) ..... ▶ **c** \_\_\_\_\_

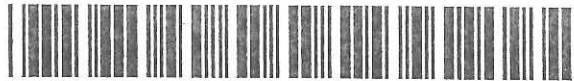
**d** Domestic Production Activities Deduction ..... ▶ **d** \_\_\_\_\_

**e** Deduction for Dividends paid by captive REIT ..... ▶ **e** \_\_\_\_\_

**f** Other additions (Enter code letter(s) from  
instructions and attach schedule.) ..... ▶ **f** \_\_\_\_\_

**g** Total Addition Modifications (Add lines 7a through 7f.) ..... **7g** \_\_\_\_\_

STAPLE CHECK HERE



135000149

Name Public Library Association of Annapolis a FEIN 52-6001871

**MARYLAND SUBTRACTION MODIFICATIONS**  
(All entries must be positive amounts.)

**8 a** Income from US Obligations ..... **8a** \_\_\_\_\_  
**b** Other Subtractions (Enter code letter(s) from instructions and attach schedule.) ..... **b** \_\_\_\_\_  
**c** Total Subtraction Modifications (Add lines 8a and 8b.) ..... **8c** \_\_\_\_\_

**NET MARYLAND MODIFICATIONS**

**9** Total Maryland Modifications (Subtract line 8c from 7g. If less than zero, enter negative amount.) ... **9** \_\_\_\_\_  
**10** Maryland Modified Income (Add lines 6 and 9.) ..... **10** 10,007

**APPORTIONMENT OF INCOME**  
(To be completed by multistate corporations whose apportionment factor is less than 1, otherwise skip to line 13.)

**11** Maryland apportionment factor (from page 3 of this form) (If factor is zero, enter .000001.) ..... **11** \_\_\_\_\_  
**12** Maryland apportionment income (Multiply line 10 by line 11.) ..... **12** \_\_\_\_\_

**13** Maryland taxable income (from line 10 or line 12, whichever is applicable.) ..... **13** 10,007  
**14** Tax (Multiply line 13 by 8.25%). ..... **14** 826

**15 a** Estimated tax paid with Form 500D, Form MW506NRS and/or credited from 2012 overpayment ..... **15a** \_\_\_\_\_  
**b** Tax paid with an extension request (Form 500E) ..... **b** \_\_\_\_\_  
**c** Nonrefundable business income tax credits from Part W. (See instructions for Form 500CR.) ..... **You must file this form electronically to claim business tax credits from Form 500CR.**  
**d** Refundable business income tax credits from Part Z. (See instructions for Form 500CR.) ..... **You must file this form electronically to claim business tax credits From Form 500CR.**  
**e** The Sustainable Communities Tax Credit is now claimed on line 1 of Part Z on Form 500CR. Check here  if you are a non-profit corporation.  
**f** Nonresident tax paid on behalf of the corporation by pass-through entities (Attach Maryland Schedule K-1.) ..... **f** \_\_\_\_\_  
**g** Total payments and credits (Add lines 15a through 15f.) ..... **15g** 0

**16** Balance of tax due (If line 14 exceeds line 15g, enter the difference.) ..... **16** 826  
**17** Overpayment (If line 15g exceeds line 14, enter the difference.) ..... **17** \_\_\_\_\_  
**18** Interest and/or penalty from Form 500UP \_\_\_\_\_ or late payment interest \_\_\_\_\_ **Total** ..... **18** \_\_\_\_\_  
**19** Total balance due (Add lines 16 and 18, or if line 18 exceeds line 17 enter the difference.) ..... **19** 826  
**20** Amount of overpayment to be applied to estimated tax for 2014 (not to exceed the net of line 17 less line 18) ..... **20** \_\_\_\_\_  
**21** Amount of overpayment TO BE REFUNDED (Add lines 18 and 20, and subtract the total from line 17.) ..... **21** \_\_\_\_\_

**DIRECT DEPOSIT OF REFUND** (See instructions.) Please be sure the account information is correct.

To comply with banking rules, please check here  if this refund will go to an account outside the United States. If checked, see instructions.

**22** For the direct deposit option, complete the following information clearly and legibly:

**a** Type of account:  checking  savings  
**b** Routing number (9 Digits)  \_\_\_\_\_  
**c** Account number  \_\_\_\_\_

**INFORMATIONAL PURPOSES ONLY (LINES 23 & 24)**

**23** NOL generated in Current Year - Carryforward 20 Years and back 2 Years (If line 6 is less than zero, enter on line 23.) ..... **23** \_\_\_\_\_  
**24** NAM generated in Current Year - Carried Forward/Back with the Loss on Line 23 per Section 10-205(e) (If line 6 is less than zero AND line 9 is greater than zero, enter the amount from line 9 on line 24.) ..... **24** \_\_\_\_\_



2013 Name Public Library Assn FEIN 52-6001871

135000249

**SCHEDULE A - COMPUTATION OF APPORTIONMENT FACTOR**

(Applies only to multistate corporations. See instructions.)  
 NOTE: Special apportionment formulas are required for rental/leasing, financial institutions, transportation and manufacturing companies.

	Column 1 TOTALS WITHIN MARYLAND	Column 2 TOTALS WITHIN AND WITHOUT MARYLAND	Column 3 DECIMAL FACTOR (Column 1 ÷ Column 2 rounded to six places)
<b>1A. Receipts</b> 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 1A(a) through 1A(g), for Columns 1 and 2.) . . . . . ▶			
<b>1B. Receipts</b> Enter the same factor shown on line 1A, Column 3. Disregard this line if special apportionment formula used			
<b>2. Property</b> a. Inventory . . . . .			
b. Machinery and equipment . . . . .			
c. Buildings . . . . .			
d. Land . . . . .			
e. Other tangible assets (Attach schedule.) . . . . .			
f. Rent expense capitalized (multiplied by eight) . . . . .			
g. Total property (Add lines 2a through 2f, for Columns 1 and 2.) . . . . . ▶			
<b>3. Payroll</b> a. Compensation of officers . . . . .			
b. Other salaries and wages . . . . .			
c. Total payroll (Add lines 3a and 3b, for Columns 1 and 2.) ▶			
<b>4. Total of factors</b> (Add entries in Column 3.) . . . . .			
<b>5. Maryland apportionment factor</b> Divide line 4 by four for three-factor formula; or by the number of factors used if special apportionment formula required. (If factor is zero, enter .000001 on line 11 page 2.) . . . . .			

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

- Telephone number of corporation tax department: 410-222-7371
- If a multistate operation, provide the following:
  - Address of principal place of business in Maryland (if other than indicated on page 1): \_\_\_\_\_
  - Brief description of operations in Maryland: \_\_\_\_\_
  - 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 Maryland Revenue Administration Division?  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.
  - Did the corporation file employer withholding tax returns/forms with the Maryland Revenue Administration Division for the last calendar year?  Yes  No
  - Is this entity part of a federal consolidated filing?  Yes  No
  - Is this entity a multistate corporation that is a member of a unitary group?  Yes  No
  - Is this entity a multistate manufacturer with more than 25 employees?  
If so, complete and attach Form 500MC to your Form 500.  Yes  No

**SIGNATURE AND VERIFICATION:** 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. Check here  if you authorize your tax preparer to discuss this return with us.

Officer's signature: Scott A. Sedmak Date: 11/11/14 Preparer's PTIN (required by law): \_\_\_\_\_ Preparer's signature: \_\_\_\_\_  
 Officer's Name and Title: Chief Financial Officer Preparer's name, address and telephone number: \_\_\_\_\_

Make checks payable and mail to:  
 Comptroller of Maryland, Revenue Administration Division  
 110 Carroll Street  
 Annapolis, Maryland 21411-0001  
 (Write Federal Employer Identification Number on check using blue or black ink.)

049 CODE NUMBERS (three digits per box)