

MARYLAND STATE DEPARTMENT OF ASSESSMENTS AND TAXATION
**DECLARATION OF ESTIMATED FRANCHISE TAX FOR
 TELEPHONE, ELECTRIC, AND GAS COMPANIES**

FOR CALENDAR YEAR 2024

2024	PAYMENT VOUCHER 4 DUE DECEMBER 16, 2024	MARYLAND FORM 29E						
Federal I.D. Number _____ Department I. D. Number _____ (Required)	Enter Amount of Total Estimated Tax for the Year \$ _____ Enter Total Credit Carryover for the Year \$ _____							
NAME	1. Amount of this Installment \$ _____							
ADDRESS	2. Unused Credit Applied to this Installment \$ _____							
CITY OR TOWN STATE ZIP CODE	3. Amount of this Installment Payment \$ _____							
<table style="width:100%; border: none;"> <tr> <td style="width: 50%; border-top: 1px solid black; border-bottom: 1px solid black;">PRINT NAME OF OFFICER OR AGENT</td> <td style="width: 50%; border-top: 1px solid black; border-bottom: 1px solid black;">E-MAIL ADDRESS</td> </tr> <tr> <td style="border-top: 1px solid black; border-bottom: 1px solid black;">SIGNATURE OF OFFICER OR AGENT</td> <td style="border-top: 1px solid black; border-bottom: 1px solid black;">DATE</td> </tr> <tr> <td style="border-top: 1px solid black; border-bottom: 1px solid black;">TITLE</td> <td style="border-top: 1px solid black; border-bottom: 1px solid black;">PHONE NUMBER</td> </tr> </table>			PRINT NAME OF OFFICER OR AGENT	E-MAIL ADDRESS	SIGNATURE OF OFFICER OR AGENT	DATE	TITLE	PHONE NUMBER
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<p><u>RETURN THIS PAYMENT VOUCHER WITH REMITTANCE TO:</u> Department of Assessments and Taxation Franchise Tax Unit 301 West Preston Street Baltimore, Maryland 21201-2395</p> <p>Tax payments of \$10,000 or more must be remitted by electronic funds transfer. If remittance is made through EFT, mark the box and return this payment voucher to the Department. <input style="float: right;" type="checkbox"/></p> <p><i>Please use the bank account number as indicated in the ACH credit tax payment instructions</i></p>								

