

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

FOR CALENDAR YEAR 2020

2020	PAYMENT VOUCHER 4	MARYLAND FORM 29E
DUE DECEMBER 15, 2020		

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 \$ _____

_____ PRINT NAME OF OFFICER OR AGENT	_____ E-MAIL ADDRESS
_____ SIGNATURE OF OFFICER OR AGENT	_____ DATE
_____ TITLE	_____ PHONE NUMBER

RETURN THIS PAYMENT VOUCHER WITH REMITTANCE TO:

**Department of Assessments and Taxation
 Franchise Tax Unit
 301 West Preston Street
 Baltimore, Maryland 21201-2395**

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.**

Please use the bank account number as indicated in the ACH credit tax payment instructions