

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

**FOR CALENDAR YEAR 2023**

|                                                                                                                                                                                                                                         |                                                                                                                           |                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| <b>2023</b>                                                                                                                                                                                                                             | <b>PAYMENT VOUCHER 3</b><br><b>DUE DECEMBER 15, 2023</b>                                                                  | <b>MARYLAND</b><br><b>FORM 29E</b> |
| Federal I.D. Number _____<br><br>Department I. D. Number _____<br><span style="margin-left: 150px;">(Required)</span>                                                                                                                   | Enter Amount of Total<br>Estimated Tax for the Year \$ _____<br><br>Enter Total Credit<br>Carryover for the Year \$ _____ |                                    |
| <b>NAME</b>                                                                                                                                                                                                                             | 1. Amount of this Installment \$ _____                                                                                    |                                    |
| <b>ADDRESS</b>                                                                                                                                                                                                                          | 2. Unused Credit Applied to<br>this Installment \$ _____                                                                  |                                    |
| <b>CITY OR TOWN</b> <b>STATE</b> <b>ZIP CODE</b>                                                                                                                                                                                        | 3. Amount of this Installment<br>Payment \$ _____                                                                         |                                    |
| _____<br><b>PRINT NAME OF OFFICER OR AGENT</b>                                                                                                                                                                                          | _____<br><b>E-MAIL ADDRESS</b>                                                                                            |                                    |
| _____<br><b>SIGNATURE OF OFFICER OR AGENT</b>                                                                                                                                                                                           | _____<br><b>DATE</b>                                                                                                      |                                    |
| _____<br><b>TITLE</b>                                                                                                                                                                                                                   | _____<br><b>PHONE NUMBER</b>                                                                                              |                                    |
| <b><u>RETURN THIS PAYMENT VOUCHER WITH REMITTANCE TO:</u></b><br>Department of Assessments and Taxation<br>Franchise Tax Unit<br>301 West Preston Street<br>Baltimore, Maryland 21201-2395                                              |                                                                                                                           |                                    |
| Tax payments of \$10,000 or more must be remitted by electronic funds transfer.<br>If remittance is made through EFT, mark the box and return this payment<br>voucher to the Department. <input style="float: right;" type="checkbox"/> |                                                                                                                           |                                    |
| <b><i>Please use the bank account number as indicated in the ACH credit tax payment instructions</i></b>                                                                                                                                |                                                                                                                           |                                    |