

STATE OF MARYLAND
DEPARTMENT OF ASSESSMENTS & TAXATION
FRANCHISE TAX UNIT
301 West Preston Street
Baltimore, Maryland 21201-2395

PUBLIC SERVICE COMPANY FRANCHISE TAX RETURN
ELECTRIC AND GAS COMPANIES
Report for the Calendar Year 2016
(File this report on or before March 15, 2017)
This date may not be extended

1. Name of Taxpayer _____
 2. Mailing Address _____ Zip Code _____
 3. State & Year of Incorporation (if Incorporated) _____
 4. Department I.D. # _____ Federal I.D. # _____
 (Required)

5. Franchise Tax Computation: As part of this return, attach financial statements and a copy of the entity's annual report as submitted to the regulatory authorities. **FAILURE TO FILE THE REQUIRED SUPPORTING DOCUMENTS WILL CAUSE THE RETURN TO BE INCOMPLETE.**

PUBLIC SERVICE COMPANY - ELECTRIC

A-I. Gross Receipts:

1. Total Electric Operating Revenues _____
 2. Less: Gross charges from the sale of electricity _____
 3. Less: Other Exclusion (Attach detailed schedule) _____
 4. Total Operating Revenues excluded from gross receipts (Add lines 2 & 3) _____
 5. Total Electric Operating Revenues subject to Franchise Tax (Subtract line 4 from line 1) _____
 6. Franchise Tax Rate x 2%
 7. **Franchise Tax based on Gross Receipts** (Multiply line 5 by line 6)

A-II. Delivery:

8. Number of kilowatt hours of electricity delivered for final consumption in Maryland _____
 9. Franchise Tax Rate for each kWh x .00062
 10. Franchise Tax Due based on Delivery (Multiply line 8 by line 9) _____
Credit for electricity delivered for final consumption to a single industrial customer for use in a production activity at the same location in the State
 11a. .00002 per kWh in excess of 500 million up to 1,500 million kWh _____
 b. .000455 per kWh in excess of 1,500 million kWh _____
 c. Total credit (Add lines 11a and 11b) _____
 12. **Franchise Tax Due after Credit based on Delivery** (Subtract line 11c from line 10)

A-III. Total Franchise Tax Due:

13. Franchise Tax Due based on Gross Receipts (Enter line 7) _____
 14. Franchise Tax Due based on Delivery (Enter line 12) _____
 15. **Total Franchise Tax Due-Electric** (Add lines 13 & 14)

PUBLIC SERVICE COMPANY - NATURAL GAS

B-I. Gross Receipts:

1. Total Natural Gas Operating Revenues _____
 2. Less: Gross charges from sale of natural gas _____
 3. Less: Other Exclusion (Attach detailed schedule) _____
 4. Total Operating Revenues excluded from gross receipts (Add lines 2 & 3) _____
 5. Total Natural Gas Operating Revenues subject to Franchise Tax (Subtract line 4 from line 1) _____
 6. Franchise Tax Rate x 2%
 7. **Franchise Tax based on Gross Receipts** (Multiply line 5 by line 6)

B-II. Delivery:

- 8. Number of therms of natural gas delivered for final consumption in Maryland
- 9. Franchise Tax Rate for each therm x .00402
- 10. Franchise Tax Due based on Delivery (Multiply line 8 by line 9)
- 11. **Credit for natural gas delivered for final consumption to an industrial customer for use in a production activity in the State** (Multiply number of therms by .00402)
- 12. **Franchise Tax Due after Credit based on Delivery** (Subtract line 11 from line 10)

B-III. Total Franchise Tax Due:

- 13. Franchise Tax Due based on Gross Receipts (Enter line 7)
- 14. Franchise Tax Due based on Delivery (Enter line 12)
- 15. **Total Franchise Tax Due-Natural Gas** (Add lines 13 & 14)

C. FRANCHISE TAX COMPUTATION SUMMARY

- 1. Total Franchise Tax Due - Electric (Enter line 15 of A-III)
- 2. Total Franchise Tax Due - Natural Gas (Enter line 15 of B-III)
- 3. **Total Franchise Due - Electric & Natural Gas** (Add lines 1 & 2)

PAYMENTS AND CREDITS:

- 4a. 2016 Estimated Franchise Tax Payments
- b. Maryland-Mined Coal Credit (Attach required certification from SDAT).....
- c. Business Tax Credits as Computed on Form AT3-74, Part E, line 11
- d. **Total Payments and Credits** (Add lines 4a through 4c)
- 5. **Balance of Franchise Tax Due** (If line 3 exceeds line 4d, enter the difference)
- 6. **Overpayment** (If line 4d exceeds Line 3, enter the difference) **Indicate if overpayment should be applied to estimated tax for 2017** **or be refunded**

I declare under the penalties of perjury that this return, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return.

Officer's Signature	Date	Preparer's Signature	Date
Title		Firm name, address and phone number	

**Make Checks Payable to Department of Assessments and Taxation
Tax Payments of \$10,000 or more must be remitted by Electronic Funds Transfer
If payment is made through EFT, check this box**

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

**Mail this form with payment to:
Department of Assessments and Taxation
Franchise Tax Unit
301 West Preston Street
Baltimore, Maryland 21201-2395**

FOR ASSISTANCE CALL: (410) 767-1940

FOR DEPARTMENT USE ONLY

REPORT RECEIVED	POSTED	AUDITED	TAX DEFICIENCY	INTEREST/PENALTY
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