

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

FOR CALENDAR YEAR 2017

2017	MARYLAND FORM NO. 29E				
PAYMENT VOUCHER 1 DUE APRIL 17, 2017					
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: 60%; border-top: 1px solid black; text-align: center; padding-top: 10px;">SIGNATURE OF OFFICER OR AGENT</td> <td style="width: 40%; border-top: 1px solid black; text-align: center; padding-top: 10px;">DATE</td> </tr> <tr> <td style="border-top: 1px solid black; text-align: center; padding-top: 10px;">TITLE</td> <td style="border-top: 1px solid black; text-align: center; padding-top: 10px;">PHONE NUMBER</td> </tr> </table>		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. <input style="float: right;" type="checkbox"/></p> <p>If remittance is made through EFT, mark the box and return this payment voucher to the Department.</p> <p><i>Please use the bank account number as indicated in the ACH credit tax payment instructions</i></p>					