

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

**FOR CALENDAR YEAR 2017**

<b>2017</b>	<b>MARYLAND FORM NO. 29E</b>				
<b>PAYMENT VOUCHER 2 DUE JUNE 15, 2017</b>					
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         \$ _____				
<b>NAME</b>	1. Amount of this Installment     \$ _____				
<b>ADDRESS</b>	2. Unused Credit Applied to this Installment                     \$ _____				
<b>CITY OR TOWN            STATE            ZIP CODE</b>	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; text-align: center;">SIGNATURE OF OFFICER OR AGENT</td> <td style="width: 50%; border-top: 1px solid black; border-bottom: 1px solid black; text-align: center;">DATE</td> </tr> <tr> <td style="border-top: 1px solid black; border-bottom: 1px solid black; text-align: center;">TITLE</td> <td style="border-top: 1px solid black; border-bottom: 1px solid black; text-align: center;">PHONE NUMBER</td> </tr> </table>		SIGNATURE OF OFFICER OR AGENT	DATE	TITLE	PHONE NUMBER
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<p><b><u>RETURN THIS PAYMENT VOUCHER WITH REMITTANCE TO:</u></b>                  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><u>Please use the bank account number as indicated in the ACH credit tax payment instructions</u></i></p>					