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 2023

(File this report on or before April 15, 2024) <u>This date may not be extended.</u> Date Received by Department

Name of Taxpayer     Mailing Address	Zip Co	de	
3. State & Year of Incorporation (if Incorporated)			
I. Department I.D. #	Federal I.D. #		
(Required			
5. Franchise Tax Computation: As part of this return, attach financial stat		-	
egulatory authorities. FAILURE TO FILE THE REQUIRED SUPPORTING	DOCUMENTS WILL CAUSE THE	RETURN TO E	<u>BE INCOMPLE</u>
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 &			
5. Total Electric Operating Revenues subject to Franchise Tax (Subtract li			
6. Franchise Tax Rate			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	-	-	.00062
10. Franchise Tax Due based on Delivery (Multiply line 8 by line 9)			
Credit for electricity delivered for final consumption to a single indu			
customer for use in a production activity at the same location in the			
11a00002 per kWh in excess of 500 million up to 1,500 million kWh			
b000455 per kWh in excess of 1,500 million kWh			
c. Total credit (Add lines 11a and 11b)			
	c 1' 10)		
2. 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)		<u> </u>	
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			
3-I. Gross Receipts:			
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 & 5. Total Natural Gas Operating Payanues subject to Eropolica Tax (Subtra			
5. Total Natural Gas Operating Revenues subject to Franchise Tax (Subtra			
<ul> <li>6. Franchise Tax Rate</li></ul>			2%

MARYLAND STATE DEPARTMENT OF ASSESSMENTS & TAXATION

DEPARTMENT OF ASSESSMENTS AND TAXATION Page 1

301 WEST PRESTON STREET, BALTIMORE, MARYLAND 21201-2395

II. Delivery:					
8. Number of therms of na	atural gas delivered for fina	l consumption in Maryland.	<u>-</u>		
9. Franchise Tax Rate for	each therm			х	00402
0. Franchise Tax Due bas	ed on Delivery (Multiply lir	ne 8 by line 9)	······		
1. Credit for natural gas	delivered for final consun	ption to an industrial			
customer for use in a j	production activity in the <b>S</b>	State (Multiply number of th	nerms by .00402)		
2. Franchise Tax Due aft	er Credit based on Deliver	y (Subtract line 11 from line	e 10)		
B-III. Total Franchise Tax	Due:				
13. Franchise Tax Due bas	ed on Gross Receipts (Enter	line 7)	······		
14. Franchise Tax Due base	ed on Delivery (Enter line 1	2)	······		
15. Total Franchise Tax	<b>x Due-Natural Gas</b> (Add	l lines 13 & 14)	=		
C. FRANCHISE TAX CO	MPUTATION SUMMAR	Y			
1. Total Franchise Tax Du	ue - Electric (Enter line 15 o	of A-III)	·····		
2. Total Franchise Tax Du	ue - Natural Gas (Enter line	15 of B-III)	<u> </u>		
3. Total Franchise Due -	Electric & Natural Gas (A	Add lines 1 & 2)			
PAYMENTS AND CRE		,			
4a. 2023 Estimated Francl	hise Tax Payments				
	-	4, Part E, line 11			
c Total Payments and	Credits (Add lines 4a throu	gh 4c)			
c. I otal I ayments and					
•		•	·		
<ul> <li>5. Balance of Franchise</li> <li>6. Overpayment (If line 4 should be applied to e</li> </ul>	Tax Due (If line 3 exceeds 4d exceeds Line 3, enter the estimated tax for 2024	line 4d, enter the difference) difference) <b>Indicate if over</b> or be refunded	=		
<ul> <li>5. Balance of Franchise</li> <li>6. Overpayment (If line 4 should be applied to e</li> </ul>	Tax Due (If line 3 exceeds 4d exceeds Line 3, enter the estimated tax for 2024	line 4d, enter the difference) difference) <b>Indicate if over</b> or be refunded			
5. Balance of Franchise 6. Overpayment (If line 4 should be applied to e I declare under the examined by me and to th	Tax Due (If line 3 exceeds 4d exceeds Line 3, enter the estimated tax for 2024         estimated tax for 2024         epenalties of perjury that the best of my knowledge and the best of my knowl	line 4d, enter the difference) difference) <b>Indicate if over</b> or be refunded	rpayment. = accompanying schedules and and complete return.	l statements, has b	
5. Balance of Franchise 6. Overpayment (If line should be applied to e I declare under the examined by me and to th	Tax Due (If line 3 exceeds 4d exceeds Line 3, enter the estimated tax for 2024	line 4d, enter the difference) difference) <b>Indicate if over</b> or be refunded	rpayment. = accompanying schedules and and complete return.	l statements, has l	
5. Balance of Franchise 6. Overpayment (If line 4 should be applied to e I declare under the examined by me and to th Officer's (print name)	Tax Due (If line 3 exceeds 4d exceeds Line 3, enter the estimated tax for 2024         estimated tax for 2024         epenalties of perjury that the best of my knowledge and the best of my knowl	line 4d, enter the difference) difference) <b>Indicate if over</b> or be refunded	rpayment. = accompanying schedules and and complete return.	l statements, has l	
5. Balance of Franchise 6. Overpayment (If line 4 should be applied to e I declare under the examined by me and to th	Tax Due (If line 3 exceeds 4d exceeds Line 3, enter the estimated tax for 2024         estimated tax for 2024         epenalties of perjury that the best of my knowledge and the best of my knowl	line 4d, enter the difference) difference) <b>Indicate if over</b> or be refunded	rpayment. = accompanying schedules and and complete return.	l statements, has l	
5. Balance of Franchise 6. Overpayment (If line 4 should be applied to e I declare under the examined by me and to th Officer's (print name)	Tax Due (If line 3 exceeds 4d exceeds Line 3, enter the estimated tax for 2024         estimated tax for 2024         epenalties of perjury that the best of my knowledge and the best of my knowl	line 4d, enter the difference) difference) <b>Indicate if over</b> or be refunded	rpayment. accompanying schedules and and complete return. Preparer's Signature	<b>l statements, has l</b> Date	been
5. Balance of Franchise 6. Overpayment (If line 4 should be applied to e I declare under the examined by me and to th Officer's (print name)	Tax Due (If line 3 exceeds 4d exceeds Line 3, enter the estimated tax for 2024	line 4d, enter the difference) difference) Indicate if over or be refunded 	rpayment.	<b>l statements, has l</b> Date	been
5. Balance of Franchise 6. Overpayment (If line 4 should be applied to e I declare under the examined by me and to th Officer's (print name)	Tax Due (If line 3 exceeds 4d exceeds Line 3, enter the estimated tax for 2024 epenalties of perjury that t e best of my knowledge an Date Date	line 4d, enter the difference) difference) Indicate if over or be refunded this return, including any a d belief is a true, correct, 	rpayment.	I statements, has I Date e-mail address and p	been
5. Balance of Franchise 6. Overpayment (If line 4 should be applied to e I declare under the examined by me and to th Officer's (print name) Officer's Signature Fitle	Tax Due (If line 3 exceeds 4d exceeds Line 3, enter the estimated tax for 2024         estimated tax for 2024         epenalties of perjury that the best of my knowledge and the best of my knowl	<ul> <li>line 4d, enter the difference) difference) Indicate if over or be refunded □</li> <li>chis return, including any a his return, including any a his return, including any a his belief is a true, correct, □</li> <li>Payable to Department of As 100 or more must be remitted ent is made through EFT, c</li> </ul>	rpayment.         accompanying schedules and and complete return.         Preparer's Signature         Firm's Name, address, or sessments and Taxation         d by Electronic Funds Transfe heck this box	I statements, has I Date e-mail address and p	been
5. Balance of Franchise 6. Overpayment (If line 4 should be applied to e I declare under the examined by me and to th Officer's (print name) Officer's Signature Fitle	Tax Due (If line 3 exceeds 4d exceeds Line 3, enter the estimated tax for 2024         estimated tax for 2024         epenalties of perjury that the best of my knowledge and the best of my knowl	<ul> <li>line 4d, enter the difference) difference) Indicate if over or be refunded □</li> <li>chis return, including any a dibelief is a true, correct, □</li> <li>Payable to Department of As 000 or more must be remitted ent is made through EFT, c r as indicated in the ACH cr Mail this form with paym</li> </ul>	payment.         accompanying schedules and and complete return.         Preparer's Signature         Firm's Name, address, or sessments and Taxation         d by Electronic Funds Transference heck this box          edit tax payment instructions.         ent to:	I statements, has I Date e-mail address and p	been
5. Balance of Franchise 6. Overpayment (If line 4 should be applied to e I declare under the examined by me and to th Officer's (print name) Officer's Signature Fitle	Tax Due (If line 3 exceeds 4d exceeds Line 3, enter the estimated tax for 2024         estimated tax for 2024         epenalties of perjury that the best of my knowledge and the best of my knowl	line 4d, enter the difference) difference) Indicate if over or be refunded □ this return, including any a d belief is a true, correct, 	rpayment.	I statements, has I Date e-mail address and p	been
5. Balance of Franchise 6. Overpayment (If line 4 should be applied to e I declare under the examined by me and to th Officer's (print name) Officer's Signature Fitle	Tax Due (If line 3 exceeds 4d exceeds Line 3, enter the estimated tax for 2024 epenalties of perjury that t the best of my knowledge and Date Date Make Checks I Tax Payments of \$10,0 If paym use the bank account numbe	<ul> <li>line 4d, enter the difference) difference) Indicate if over or be refunded</li> <li>chis return, including any a dibelief is a true, correct,</li> <li>chis return, including any a dibelief is a true, correct,</li> <li>chis return, including any a dibelief is a true, correct,</li> <li>chis return, including any a dibelief is a true, correct,</li> <li>chis return, including any a dibelief is a true, correct,</li> <li>chis return, including any a dibelief is a true, correct,</li> <li>chis return, including any a dibelief is a true, correct,</li> <li>chis return, including any a dibelief is a true, correct,</li> <li>chis return, including any a dibelief is a true, correct,</li> <li>chis return, including any a dibelief is a true, correct,</li> <li>chis return, including any a dibelief is a true, correct,</li> <li>chis return, including any a dibelief is a true, correct,</li> <li>chis return, including any a dibelief is a true, correct,</li> <li>chis return, including any a dibelief is a true, correct,</li> <li>chis return, including any a dibelief is a true, correct,</li> <li>chis return, including any a dibelief is a true, correct,</li> <li>chis return, including any a dibelief is a true, correct,</li> <li>chis return, including any a dibelief is a true, correct,</li> <li>chis return, including any a dibelief is a true, correct, and the dibelief is a t</li></ul>	rpayment.	I statements, has I Date e-mail address and p	been
5. Balance of Franchise 6. Overpayment (If line 4 should be applied to e I declare under the examined by me and to th Officer's (print name) Officer's Signature Fitle	Tax Due (If line 3 exceeds 4d exceeds Line 3, enter the estimated tax for 2024 epenalties of perjury that t the best of my knowledge and Date Date Make Checks I Tax Payments of \$10,0 If paym use the bank account numbe	line 4d, enter the difference) difference) Indicate if over or be refunded □ this return, including any a d belief is a true, correct, □ Payable to Department of As 00 or more must be remitted ent is made through EFT, c r as indicated in the ACH cr Mail this form with paym epartment of Assessments an Franchise Tax Uni 301 West Preston Str	rpayment.	I statements, has I Date e-mail address and p	been
5. Balance of Franchise 6. Overpayment (If line 4 should be applied to e I declare under the examined by me and to th Officer's (print name) Officer's Signature Fitle	Tax Due (If line 3 exceeds 4d exceeds Line 3, enter the estimated tax for 2024 epenalties of perjury that t e best of my knowledge and Date Date Make Checks I Tax Payments of \$10,0 If paym use the bank account numbe D	Payable to Department of As         00 or more must be remitted         Payable to Department of As         00 or more must be remitted         Payable to Department of As         00 or more must be remitted         Payable to Department of As         00 or more must be remitted         Payable to Department of As         00 or more must be remitted         Payable to Department of As         00 or more must be remitted         Payable to Department of Assessments at         Franchise Tax Uni         301 West Preston Str         Baltimore, Maryland 2120         OR ASSISTANCE, CALL: (410         FOR DEPARTMENT USE O	payment.	I statements, has I Date	been
5. Balance of Franchise 6. Overpayment (If line 4 should be applied to e I declare under the examined by me and to th Officer's (print name) Officer's Signature Title <u>Please u</u>	Tax Due (If line 3 exceeds 4d exceeds Line 3, enter the estimated tax for 2024 epenalties of perjury that t the best of my knowledge and Date Date Make Checks I Tax Payments of \$10,0 If paym use the bank account numbe	<ul> <li>line 4d, enter the difference) difference) Indicate if over or be refunded □</li> <li>this return, including any a dibelief is a true, correct, □</li> <li>chis return, including any a dibelief is a true, correct, □</li> <li>chis return, including any a dibelief is a true, correct, □</li> <li>chis return, including any a dibelief is a true, correct, □</li> <li>chis return, including any a dibelief is a true, correct, □</li> <li>chis return, including any a dibelief is a true, correct, □</li> <li>chis return, including any a dibelief is a true, correct, □</li> <li>chis return, including any a dibelief is a true, correct, □</li> <li>chis return, including any a dibelief is a true, correct, □</li> <li>chis return, including any a dibelief is a true, correct, □</li> <li>chis return, including any a dibelief is a true, correct, □</li> <li>chis return, including any a dibelief is a true, correct, □</li> <li>chis return, including any a dibelief is a true, correct, □</li> <li>chis return, including any a dibelief is a true, correct, □</li> <li>chis form with paym epartment of Assessments an Franchise Tax Uni 301 West Preston StruBaltimore, Maryland 2120</li> <li>OR ASSISTANCE, CALL: (410</li> </ul>	rpayment.	I statements, has I Date e-mail address and p	been

MARYLAND STATE DEPARTMENT OF ASSESSMENTS & TAXATION Maryland DEPARTMENT OF ASSESSMENTS AND TAXATION 301 WEST PRESTON STREET, BALTIMORE, MARYLAND 21201-2395