

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

PUBLIC SERVICE COMPANY FRANCHISE TAX RETURN
TELEPHONE COMPANIES
 Report for the Calendar Year 2017
 (File this report on or before March 15, 2018)
This date may not be extended

**2017
 MARYLAND
 FORM
 NO. 11T**

Date Received
 by Department

1. Name of Taxpayer _____
2. Mailing Address _____ Zip Code _____
3. State & Year of Incorporation (if Incorporated) _____
4. Date Business Began in Maryland _____
5. Department I.D. # _____ Federal I.D. # _____
 (Required)
6. Itemization of gross receipts and apportionment to Maryland (see enclosed regulations):

CLASS OF RECEIPT	Column 1 TOTAL COMPANY RECEIPTS	Column 2 MARYLAND RECEIPTS
a. Local Network Service Revenues		
b. Network Access Service Revenues		
c. Message Toll Revenues		
d. WATS		
e. Toll Private Line Revenues		
f. Other Toll Revenues		
g. Other Operating Revenues		
h. Rent Revenue		
i. Other Non-regulated Revenues		
j. Total Receipts (Add Lines 6a through 6i)		

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.**

7. Total Maryland Receipts (Enter line 6j, column 2)..... _____
8. Deduct Exclusions from Gross Receipts:
 - a. Net Uncollectible operating revenues _____
 - b. Other Exclusions (Attach detailed description and computation)..... _____
 - c. Total Exclusions from Gross Receipts _____
9. Taxable Maryland Receipts (Subtract line 8c from line 7) _____
10. Tax (Multiply line 9 by 2%) _____

Payments and Credits

- 11a. 2017 Estimated Franchise Tax Payments..... _____
- b. Telephone Lifeline Credit (This credit may not exceed line 10 and may not be carried over; attach detailed computation and schedule) _____
- c. Business Tax Credits as Computed on Form AT3-74, Part E, line 11 _____
- d. Maryland – Mined Coal Credit (Attach required certification from SDAT) _____
- e. Total Payments and Credits (Add line 11a through 11d) _____
12. Balance of Franchise Tax Due (If line 10 exceeds line 11e, enter the difference) _____
13. Overpayment (If line 11e exceeds line 10, enter the difference) **Indicate**
 if overpayment should be applied to estimated tax for 2018 or be refunded

14. Does the taxpayer conduct business in more than one state? _____ Yes _____ No

15. Identify the amount of Taxable Maryland Gross Receipts (Line 9) that are attributable to interstate revenues \$ _____

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 (print name)

Preparer's Signature Date

Officer's Signature Date

Title

Firm's Name, address, e-mail 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