

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

FOR CALENDAR YEAR 2019

2019	PAYMENT VOUCHER 4	MARYLAND FORM 29E
DUE DECEMBER 16, 2019		

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 \$ _____

_____ PRINT NAME OF OFFICER OR AGENT	_____ E-MAIL ADDRESS
_____ SIGNATURE OF OFFICER OR AGENT	_____ DATE
_____ TITLE	_____ PHONE NUMBER

RETURN THIS PAYMENT VOUCHER WITH REMITTANCE TO:

**Department of Assessments and Taxation
 Franchise Tax Unit
 301 West Preston Street
 Baltimore, Maryland 21201-2395**

Tax payments of \$10,000 or more must be remitted by electronic funds transfer. []
If remittance is made through EFT, mark the box and return this payment voucher to the Department.

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