

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

**FOR CALENDAR YEAR 2020**

<b>2020</b>	<b>PAYMENT VOUCHER 2</b>	<b>MARYLAND FORM 29E</b>
<b>DUE JUNE 15, 2020</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 \$ _____

_____ 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**