Report for the Calendar Year 2021 (File this report on or before April 15, 2022) <u>This date may not be extended</u>

Date Received by Department

Name of Taxpayer Mailing Address		-	
3. State & Year of Incorporation (if Incorporated)	=		
	ederal I.D. #		
(Required)			
5. Franchise Tax Computation: As part of this return, attach financial statements	and a copy of the entity's annual report as s	submitted	
regulatory authorities. FAILURE TO FILE THE REQUIRED SUPPORTING DOCUM	IENTS WILL CAUSE THE RETURN TO BE INC	COMPLET	
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 & 3)			
5. Total Electric Operating Revenues subject to Franchise Tax (Subtract line 4 fro			
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 Mar	yland		
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 industrial			
customer for use in a production activity at the same location in the State			
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)			
12. Franchise Tax Due after Credit based on Delivery (Subtract line 11c from lin	20.10)		
12. Franchise Tax Due alter creat based on Denvery (Subtract file file film fil			
A-III. Total Franchise Tax Due:			
13. Franchise Tax Due based on Gross Receipts (Enter line 7)			
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			
B-I. Gross Receipts:			
1. 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 & 3)			
 Total Operating Revenues excluded from gross receipts (Add lines 2 & 3) Total Natural Gas Operating Revenues subject to Franchise Tax (Subtract line) 			
 Franchise Tax Rate 		2%	
 Franchise Tax based on Gross Receipts (Multiply line 5 by line 6)		270	

B-II. Delivery:				
8. Number of therms of national states and the states of t	aral gas delivered for final co	nsumption in Maryland		
9. Franchise Tax Rate for ea	ach therm			x .00402
10. Franchise Tax Due based	on Delivery (Multiply line 8	8 by line 9)		
11. Credit for natural gas d	elivered for final consumpt	ion to an industrial		
customer for use in a pr	oduction activity in the Sta	te (Multiply number of therr	ns by .00402)	
12. Franchise Tax Due after	Credit based on Delivery (Subtract line 11 from line 10))	
B-III. Total Franchise Tax D	ue:			
13. Franchise Tax Due based	on Gross Receipts (Enter lir	ne 7)	······	
14. Franchise Tax Due based	on Delivery (Enter line 12)		······	
15. Total Franchise Tax I	Due-Natural Gas (Add lin	nes 13 & 14)	····· <u></u>	
C. FRANCHISE TAX COM	IPUTATION SUMMARY			
1. Total Franchise Tax Due	- Electric (Enter line 15 of A	-III)		
2. Total Franchise Tax Due	- Natural Gas (Enter line 15	of B-III)		
3. Total Franchise Due - E	lectric & Natural Gas (Add	lines 1 & 2)		
PAYMENTS AND CRED	ITS:			
4a. 2021 Estimated Franchi	se Tax Payments			
b. Maryland-Mined Coal (Credit (Attach required certifi	ication from SDAT)		
c. Business Tax Credits as	Computed on Form AT3-74, F	Part E, line 11		
d. Total Payments and C	redits (Add lines 4a through	4c)		
5. Balance of Franchise Ta	x Due (If line 3 exceeds line	4d, enter the difference)		
6. Overpayment (If line 4d	exceeds Line 3, enter the dif	ference) Indicate if overpay	yment	
should be applied to est	imated tax for 2022	r be refunded 🛄		
I declare under the p examined by me and to the l	enalties of perjury that this	return, including any acco	ompanying schedules and	l statements, has been
examined by me and to me	Jest of my knowledge and b	ener is a true, correct, and	complete return.	
Officer's (print name)		_	Preparer's Signature	Date
	Data	_		
Officer's Signature	Date			
Title		_		
			Firm's Name, address, e	-mail address and phone number
	Make Checks Pave	able to Department of Assess	, , ,	<u>I</u>
	Tax Payments of \$10,000	or more must be remitted by	Electronic Funds Transfe	r
	1.0	is made through EFT, check		
Please use	e the bank account number as	s indicated in the ACH credi	t tax payment instructions	
	N Depa	fail this form with payment t rtment of Assessments and T Franchise Tax Unit	to: `axation	
	P	301 West Preston Street	207	
		altimore, Maryland 21201-23		
	FOR A	ASSISTANCE, CALL: (410) 76' FOR DEPARTMENT USE ONLY		
DEPODT DECEMEN	<u> </u>			
REPORT RECEIVED	POSTED	AUDITED	TAX DEFICIENCY	INTEREST/PENALTY
11			1	