

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

**FOR CALENDAR YEAR 2024**

<b>2024</b>	<b>PAYMENT VOUCHER 1</b>	<b>MARYLAND</b>
	<b>DUE APRIL 15, 2024</b>	<b>FORM 29E</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 \$ _____

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

**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**

