

MARYLAND STATE DEPARTMENT OF ASSESSMENTS AND TAXATION
DECLARATION OF ESTIMATED FRANCHISE TAX
FOR TELEPHONE, ELECTRIC, AND GAS COMPANIES
FOR CALENDAR YEAR 2025

2025	PAYMENT VOUCHER 4 DUE APRIL 15, 2025	MARYLAND FORM 29E						
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 \$ _____							
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-top: 1px solid black; border-bottom: 1px solid black; text-align: center;"> PRINT NAME OF OFFICER OR AGENT </td> <td style="width: 50%; border-top: 1px solid black; border-bottom: 1px solid black; text-align: center;"> E-MAIL ADDRESS </td> </tr> <tr> <td style="border-top: 1px solid black; border-bottom: 1px solid black; text-align: center;"> SIGNATURE OF OFFICER OR AGENT </td> <td style="border-top: 1px solid black; border-bottom: 1px solid black; text-align: center;"> DATE </td> </tr> <tr> <td style="border-top: 1px solid black; border-bottom: 1px solid black; text-align: center;"> TITLE </td> <td style="border-top: 1px solid black; border-bottom: 1px solid black; text-align: center;"> PHONE NUMBER </td> </tr> </table>			PRINT NAME OF OFFICER OR AGENT	E-MAIL ADDRESS	SIGNATURE OF OFFICER OR AGENT	DATE	TITLE	PHONE NUMBER
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TITLE	PHONE NUMBER							
<u>RETURN THIS PAYMENT VOUCHER WITH REMITTANCE TO:</u> Department of Assessments and Taxation Franchise Tax Unit 700 East Pratt Street, Ste. 2700 Baltimore, Maryland 21202-6377								
<p> 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. </p> <p> <u>Please use the bank account number as indicated in the ACH credit tax payment instructions</u> </p>								