

MARYLAND  
**CORPORATION**  
DECLARATION OF ESTIMATED INCOME TAX  
2012,



FOR FISCAL YEAR BEGINNING \_\_\_\_\_ ENDING \_\_\_\_\_

Federal employer identification number (9 digits) ▶ 237057224		
Name AMERICAN ASSOCIATION OF PHYSICISTS IN MEDICINE		
Number and street ONE PHYSICS ELLIPSE		
City or town COLLEGE PARK	State MD	ZIP code 20740

For Office Use Only			
ME	YE	EC	EC

USE THIS FORM TO REMIT ANY PAYMENT DUE AT THIS TIME. IF FORMS ARE NEEDED TO MAKE ADDITIONAL INSTALLMENTS OF THE CURRENT TAX YEAR, SEE THE INSTRUCTIONS, FOR MORE INFORMATION.

**IMPORTANT:** Please review the instructions before completing this form. If you are using this form to make subsequent estimated payments you **do not** need to complete this worksheet if you have previously calculated the amounts you need to pay for each quarter.

**ESTIMATED TAX WORKSHEET**

STAPLE CHECK HERE

1. Taxable income expected for the tax year or period BEGINNING in 2012 .....	1	687006
2. Estimated income tax due for the year (8.25% of line 1, reduced by any tax credits) .....	2	56678
3. Estimated tax due per quarter (line 2 divided by four) .....	3	14175
<b>ADJUSTED</b>		

ESTIMATED TAX PAID FOR 2012 WITH THIS DECLARATION ..... \$

**PROTECTIVE ESTIMATE - 110% OF PY TAX**

Make checks payable to and mail to:  
**COMPTROLLER OF MARYLAND**  
 REVENUE ADMINISTRATION DIVISION  
 110 Carroll Street  
 Annapolis, Maryland 21411-0001  
 (Write federal employer identification number on check using blue or black ink)

MARYLAND  
**CORPORATION**  
DECLARATION OF ESTIMATED INCOME TAX  
2012,



FOR FISCAL YEAR BEGINNING \_\_\_\_\_ ENDING \_\_\_\_\_

Federal employer identification number (9 digits) ▶ 237057224		
Name AMERICAN ASSOCIATION OF PHYSICISTS IN MEDICINE		
Number and street ONE PHYSICS ELLIPSE		
City or town COLLEGE PARK	State MD	ZIP code 20740

For Office Use Only			
ME	YE	EC	EC

USE THIS FORM TO REMIT ANY PAYMENT DUE AT THIS TIME. IF FORMS ARE NEEDED TO MAKE ADDITIONAL INSTALLMENTS OF THE CURRENT TAX YEAR, SEE THE INSTRUCTIONS, FOR MORE INFORMATION.

**IMPORTANT:** Please review the instructions before completing this form. If you are using this form to make subsequent estimated payments you **do not** need to complete this worksheet if you have previously calculated the amounts you need to pay for each quarter.

**ESTIMATED TAX WORKSHEET**

STAPLE CHECK HERE

1. Taxable income expected for the tax year or period BEGINNING in 2012 .....	1	687006
2. Estimated income tax due for the year (8.25% of line 1, reduced by any tax credits) .....	2	56678
3. Estimated tax due per quarter (line 2 divided by four) ..... <b>ADJUSTED</b>	3	14175

ESTIMATED TAX PAID FOR 2012 WITH THIS DECLARATION .....	\$	26760
---	----	-------

PROTECTIVE ESTIMATE - 110% OF PY TAX

Make checks payable to and mail to:  
**COMPTROLLER OF MARYLAND**  
 REVENUE ADMINISTRATION DIVISION  
 110 Carroll Street  
 Annapolis, Maryland 21411-0001  
 (Write federal employer identification number on check using blue or black ink)

**MARYLAND CORPORATION**  
DECLARATION OF ESTIMATED INCOME TAX



FOR FISCAL YEAR BEGINNING \_\_\_\_\_ ENDING \_\_\_\_\_

Federal employer identification number (9 digits) ▶ 237057224		
Name AMERICAN ASSOCIATION OF PHYSICISTS IN MEDICINE		
Number and street ONE PHYSICS ELLIPSE		
City or town COLLEGE PARK	State MD	ZIP code 20740

For Office Use Only			
ME	YE	EC	EC

USE THIS FORM TO REMIT ANY PAYMENT DUE AT THIS TIME. IF FORMS ARE NEEDED TO MAKE ADDITIONAL INSTALLMENTS OF THE CURRENT TAX YEAR, SEE THE INSTRUCTIONS, FOR MORE INFORMATION.

**IMPORTANT:** Please review the instructions before completing this form. If you are using this form to make subsequent estimated payments you **do not** need to complete this worksheet if you have previously calculated the amounts you need to pay for each quarter.

**ESTIMATED TAX WORKSHEET**

STAPLE CHECK HERE

1. Taxable income expected for the tax year or period BEGINNING in 2012 .....	1	687006
2. Estimated income tax due for the year (8.25% of line 1, reduced by any tax credits) .....	2	56678
3. Estimated tax due per quarter (line 2 divided by four) ..... <b>ADJUSTED</b>	3	14175

ESTIMATED TAX PAID FOR 2012 WITH THIS DECLARATION .....	\$	14180
---	----	-------

PROTECTIVE ESTIMATE - 110% OF PY TAX

Make checks payable to and mail to:  
**COMPTROLLER OF MARYLAND**  
 REVENUE ADMINISTRATION DIVISION  
 110 Carroll Street  
 Annapolis, Maryland 21411-0001  
 (Write federal employer identification number on check using blue or black ink)

MARYLAND  
**CORPORATION**  
DECLARATION OF ESTIMATED INCOME TAX  
2012,



FOR FISCAL YEAR BEGINNING \_\_\_\_\_ ENDING \_\_\_\_\_

Federal employer identification number (9 digits) ▶ 237057224		
Name AMERICAN ASSOCIATION OF PHYSICISTS IN MEDICINE		
Number and street ONE PHYSICS ELLIPSE		
City or town COLLEGE PARK	State MD	ZIP code 20740

For Office Use Only			
ME	YE	EC	EC

USE THIS FORM TO REMIT ANY PAYMENT DUE AT THIS TIME. IF FORMS ARE NEEDED TO MAKE ADDITIONAL INSTALLMENTS OF THE CURRENT TAX YEAR, SEE THE INSTRUCTIONS, FOR MORE INFORMATION.

**IMPORTANT:** Please review the instructions before completing this form. If you are using this form to make subsequent estimated payments you **do not** need to complete this worksheet if you have previously calculated the amounts you need to pay for each quarter.

**ESTIMATED TAX WORKSHEET**

STAPLE CHECK HERE

1. Taxable income expected for the tax year or period BEGINNING in 2012 .....	1	687006
2. Estimated income tax due for the year (8.25% of line 1, reduced by any tax credits) .....	2	56678
3. Estimated tax due per quarter (line 2 divided by four) ..... <b>ADJUSTED</b>	3	14175

ESTIMATED TAX PAID FOR 2012 WITH THIS DECLARATION .....	\$	14180
---	----	-------

PROTECTIVE ESTIMATE - 110% OF PY TAX

Make checks payable to and mail to:  
**COMPTROLLER OF MARYLAND**  
 REVENUE ADMINISTRATION DIVISION  
 110 Carroll Street  
 Annapolis, Maryland 21411-0001  
 (Write federal employer identification number on check using blue or black ink)



OR FISCAL YEAR BEGINNING 2011, ENDING

Name **AMERICAN ASSOCIATION OF PHYSICIST MEDICINE**

Number and street **ONE PHYSICS ELLIPSE**

City / town **COLLEGE PARK** State **MD** ZIP code **20740**

Federal Employer Identification No. (9 digits) **237057224** Do not write in this space  
ME

FEIN Applied for date YE

Date of Organization or Incorporation (MMDDYY) Business Activity Code No. (6 digits)  
**812990**

CHECK HERE IF:  NAME OR ADDRESS HAS CHANGED  INACTIVE CORPORATION  FIRST FILING OF THE CORPORATION  FINAL RETURN  
 THIS TAX YEAR'S BEGINNING AND ENDING DATES ARE DIFFERENT FROM LAST YEAR'S DUE TO AN ACQUISITION OR CONSOLIDATION.

SEE INSTRUCTIONS IN CORPORATION INCOME TAX BOOKLET. ATTACH A COPY OF THE FEDERAL INCOME TAX RETURN THROUGH SCHEDULE M2

1. Taxable income based on attached federal return from the Taxable Income Worksheet. (Check applicable box:  
 1120/1120A,  990T,  1120-REIT,  Other IF 1120S, FILE ON FORM 510)  1 **573016**

ADDITION MODIFICATIONS (All entries must be positive amounts)

2. a. State and local income tax <b>STATEMENT 1</b>	2a	<b>51525</b>
b. Dividends and interest from another state, local or federal tax-exempt obligations	b	
c. Net addition modification (NAM) recapture (Do not enter NOL carryover. See Instructions.)	c	
d. Section 10-306.1 related party transactions	d	
e. Domestic Production Activities Deduction	e	
f. Deduction for Dividends paid by a captive REIT	f	
g. Other additions (Enter code letter(s) from instructions and attach sch.)	g	
h. Total additions (Add lines 2a through 2g)	2h	<b>51525</b>
3. Total (Add lines 1 and 2h)	3	<b>624541</b>

SUBTRACTION MODIFICATIONS (All entries must be positive amounts)

4. a. Dividends for domestic corporations claiming foreign tax credits	4a	
b. Dividends from related foreign corporations	b	
c. Income from U.S. obligations	c	
d. Section 10-306.1 related party transactions	d	
e. Other subtractions (Enter code letter(s) from instructions and attach schedule.)	e	
f. Total subtractions (Add lines 4a through 4e)	4f	
5. Maryland modified income (Subtract line 4f from line 3)	5	<b>624541</b>

APPORTIONMENT OF INCOME (To be completed by multistate corporations whose apportionment factor is less than 1, otherwise skip to line 8)

6. Maryland apportionment factor (from page 2 of this form) (If factor is zero, enter 000001)	<b>6</b>	
7. Maryland apportioned income (Multiply line 5 by line 6)	<b>7</b>	

8. Maryland taxable income (from line 5 or line 7, whichever is applicable)	8	<b>624541</b>
9. TAX (Multiply line 8 by 8.25%)	9	<b>51525</b>
10. a. Estimated tax paid with Form 500D, Form MW506NRS and/or credited from 2010 overpayment	10a	<b>16940</b>
b. Tax paid with an extension request (Form 500E)	b	<b>37233</b>
c. Nonrefundable business income tax credits from Part W, Ln 29 of Form 500CR (Att Form 500CR)	c	
d. Refundable business income tax credits from Part Y, Line 6 of Form 500CR (Att Form 500CR)	d	
e. Heritage Structure Rehabilitation tax credit (Attach Form 502H)	e	
f. Sustainable Communities tax credit (Attach Form 502S) <input type="checkbox"/> Check here if non-profit	f	
g. Total payments and credits (Add lines 10a through 10f)	10g	<b>54173</b>
11. Balance of tax due (If line 9 exceeds line 10g, enter the difference)	11	
12. Overpayment (If line 10g exceeds line 9, enter the difference)	12	<b>2648</b>
13. Interest and/or penalty from Form 500UP <b>1068</b> or late payment interest <b>Total</b>	13	<b>1068</b>
14. Total balance due (Add lines 11 and 13, or if line 13 exceeds line 12 enter the difference)	14	
15. Amt of overpayment to be applied to estimated tax for 2012 (not to exceed the net of ln 12 less ln 13)	15	<b>1580</b>
16. Amount of overpayment TO BE REFUNDED (Add lines 13 and 15, and subtract the total from line 12)	16	

DIRECT DEPOSIT OF REFUND (See instructions.) Please be sure the account information is correct.

In order to comply with new banking rules, please, check  here if this refund will go to an account outside the United States. If checked, see instructions.

17. For the direct deposit option, complete the following information clearly and legibly. 17a. Type of account:  Checking  Savings  
 17b. Routing number (9 digits)  17c. Account number

FORM MARYLAND 500 CORPORATION INCOME TAX RETURN 2011



Name FEIN

Table with 4 columns: Description, Column 1 TOTALS WITHIN MARYLAND, Column 2 TOTALS WITHIN AND WITHOUT MARYLAND, Column 3 DECIMAL FACTOR. Rows include 1A. Receipts, 1B. Receipts, 2. Property, 3. Payroll, 4. Total of factors, 5. Maryland apportionment factor.

SCHEDULE B - ADDITIONAL INFORMATION REQUIRED (Attach a separate schedule if more space is necessary)

- 1. Telephone number of corporation tax department: 301-209-3381
If a multistate operation, provide the following:
2. Address of principal place of business in Maryland (if other than indicated on page 1):
3. Brief description of operations in Maryland:
4. Has the Internal Revenue Service made adjustments (for a tax year in which a Maryland return was required) that were not previously reported to the Maryland Revenue Administration Division?
5. Did the corporation file employer withholding tax returns/forms with the Maryland Revenue Administration Division for the last calendar year?
6. Is this entity part of a federal consolidated filing?
7. Is this entity a multistate corporation that is a member of a unitary group?
8. Is this entity a multistate manufacturer with more than 25 employees? If so, complete and attach Form 500MC to your Form 500.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge. Check here [X] if you authorize your tax preparer to discuss this return with us.

Officer's signature Date Preparer's SSN or PTIN (required by law) Preparer's signature

Title Preparer's name, address and telephone number MCGLADREY & PULLEN, LLP 8000 TOWERS CRESCENT DR. STE 500 VIENNA, VA 22182-6205

Make checks payable and mail to: Comptroller of Maryland, Revenue Administration Division 110 Carroll Street, Annapolis, Maryland 21411-0001 Write federal employer identification number on check using blue or black ink. COM/RAD-001 11-05

703-336-6400

**UNDERPAYMENT OF ESTIMATED  
MARYLAND INCOME TAX  
BY CORPORATIONS AND PASS-THROUGH ENTITIES**

ATTACH THIS FORM TO FORMS 500 OR 510.

TAX YEAR BEGINNING   JAN 1  , 2011 ENDING   DEC 31   2011

Name as shown on Forms 500 or 510 <b>AMERICAN ASSOCIATION OF PHYSICISTS IN MEDICINE</b>	Federal employer identification no. (9 digits) <b>23-7057224</b>
--	---

**IMPORTANT: PLEASE REVIEW THE INSTRUCTIONS BEFORE COMPLETING THIS FORM.**

**EXCEPTIONS WHICH AVOID INTEREST AND PENALTY**

NO INTEREST OR PENALTY IS DUE AND THIS FORM SHOULD NOT BE FILED IF:

- A. The tax developed for the current tax year is \$1,000 or less, or
- B. Four payments of not less than 25% of the required estimated tax were filed on or before the 15th day of the 4th, 6th, 9th and 12th months of the tax year and total either (1) 90% of the tax developed for the current tax year or (2) 110% of the tax that was developed for the prior tax year, or
- C. If the entity has a short tax period of less than 4 months.

**CALCULATION OF INTEREST AND PENALTY**

1. Tax for current tax year (line 9 of Form 500 or line 15 of Form 510) less any Business Tax Credits, Heritage Structure Rehabilitation Tax Credits or Sustainable Communities Tax Credits (or credit for tax paid on behalf of nonresident entities by a pass-through entity) .....	1.	51525
2. Enter 90% of the amount on line 1 .....	2.	46373
3a. Tax for prior tax year (line 9 of prior year Form 500 or line 15 of Form 510) less any Business Tax Credits, Heritage Structure Rehabilitation Tax Credits or Sustainable Communities Tax Credits .....	3a.	17495
3b. Multiply line 3a by 110% .....	3b.	19245
4. Estimated tax required (Enter lesser of line 2 or line 3b) .....	4.	19245

	DUE DATES OF INSTALLMENT PERIODS			
	15th day 4th month	15th day 6th month	15th day 9th month	15th day 12th month
	1st Period	2nd Period	3rd Period	4th Period
5. Installment periods .....				
6. Estimated payments required per installment period (See instructions) .....	4811	9623	14434	19245
7. Estimated tax paid per installment period on or before the due date indicated and prior year's overpayment applied to estimated tax .....	2500	2500	16940	16940
8. Underpayment per installment period (Subtract line 7 from line 6) .....	2311	7123	0	2305
9. Interest factors (See instructions) .....	.0217	.0325		.0325
10. Interest per installment period (Multiply line 8 by factors on line 9) .....	50	231		75

11. Total interest (Add all amounts on line 10) .....	11.	356
12. Penalty (See instructions) .....	12.	712
13. Total interest and penalty (Add lines 11 and 12). Also enter this amount on line 13 of Form 500 or line 18 of Form 510 .....	13.	1068

MD 500      ADDITION MODIFICATION: STATE AND LOCAL INCOME TAXES      STATEMENT      1

DESCRIPTION	AMOUNT
MARYLAND TAXES - BASED ON INCOME	51525.
TOTAL TO FORM 500, PAGE 1, LINE 2A	51525.

DRAFT