

MARYLAND RESEARCH AND DEVELOPMENT TAX CREDIT,
TAX YEAR ENDING (TYE) 2024
APPLICATIONS MUST BE SUBMITTED BY NOVEMBER 15, 2025



Applicant Panel



Maryland R&D Panel



Locations Panel



Good Standing Panel



Federal R&D Panel



Small Business Panel



Affidavit Panel

Applicant Information

** 1.) Business Name:

* 2.) FEIN or SSN:

* 3.) Business Address:

* City:

* State:

* Zip:

* 4.) 6-digit NAICS Code: (North American Industrial Classification System Code)

* 5.) Beginning Date of TaxYear:

**6.) End Date of Tax Year:

7.) For Short Year Taxpayers, % of year for which you are applying:

%

8a.) Total Number of Maryland Employees:

8b.) Total Number of Maryland Employees engaged in R&D:

Maryland Research and Development

Entire Form

Admin Panel

Final Panel

Maryland Gross Receipts and Maryland Qualified R&D Expenses

Applicants must enter information on the current year Maryland Gross Receipts and current year Maryland Qualified R&D Expenditures. Below, enter the beginning and end dates of the preceding four tax years, from the most recent to the oldest and enter the Maryland Gross Receipts and Expenditures for those years. Enter \$0 if the business had \$0 gross receipts or expenditures. Enter NA if the entity was not in business in that tax year.

* 9.) Current Year Maryland Gross Receipts:

* 10.) Current Year Maryland R&D Expenses:

11.)	Entire Table is Required	Beginning Date of Tax Year	End Date of Tax Year	MD Gross Receipts	MD Qualified RD Expenses	NA
Year 1						☐
Year 2						☐
Year 3						☐
Year 4						☐
Total						
Average						

12.) Adjusted Average for short year taxpayers only

- * 13.) Maryland Base Percentage: %
- * 14.) Maryland Base Amount
- * 15.) Growth RD Tax Credit:

LOCATION OF MARYLAND QUALIFIED R&D EXPENSES

List the address of the Maryland Facility where current year Maryland qualified research and development was conducted. If the business has multiple facilities, either hit the insert button and type in additional addresses or attach a separate document listing those addresses. **The business is required by statute to provide Commerce with the physical location where R&D expenses are incurred.** If the businesses uses contract research or 3rd party vendors, and does not have a physical presence in the State, please provide the addresses for those facilities.

Attach list of addresses: or

Address	City	State	Zip
663 good shepherd way	owings	Maryland	20736

Good Standing

*Good Standing in Maryland

The Business must be in Good Standing with the State Department of Assessment and Taxation. Attach Proof of Good Standing. If the business is not registered with the State Department of Assessment and Taxation, attach Proof of Good Standing from the Comptroller of Maryland. If the business is not in Good Standing, attach an explanation. Business must provide Commerce with Proof of Good Standing within 30 days of the application due date.

FEDERAL R&D EXPENSES

*Did the business claim the Federal R&D Tax Credit for the Tax Year Ending 2023? ☒ Yes ☐ No

*Please provide a Federal Form 6765:

SMALL BUSINESS DOCUMENTATION

The Maryland R&D Tax Credits are refundable for small businesses. A small business means a for profit corporation, limited liability company, partnership or sole proprietorship with net book value assets totaling, at the beginning or the end of the taxable year for which the Maryland Qualified Research and Development expenses are incurred, as reported on the balance sheet, less than \$5,000,000.

*Is the applicant a "Small Business": ☒ Yes ☐ No

*Please attach a PDF of the business's balance sheet at the beginning or the end of the tax year for which it is applying for tax credits:

Affidavit

The Form Must Be Signed By An Owner Or Officer Of The Business Entity That Claimed The Credits.



I verify that the business applying for Certification (or member of a control group) (1) is current in all State and local tax obligations; (2) is not in default in any State or local contract; (3) is in good standing and authorized or registered to do business in the State. **I solemnly affirm under penalties of perjury that the information contained in this application is true and correct to the best of my knowledge, information and belief.**

* Signature:

* First Name:

* Last Name:

* Title:

* Contact First Name:

* Contact Last
Name:

* Contact Phone
Number:

* Contact Email: