



20505X049

OR FISCAL YEAR BEGINNING \_\_\_\_\_ 2020, ENDING \_\_\_\_\_

Your Social Security Number \_\_\_\_\_ Spouse's Social Security Number \_\_\_\_\_

Your First Name \_\_\_\_\_ MI \_\_\_\_\_

Your Last Name \_\_\_\_\_

Spouse's First Name \_\_\_\_\_ MI \_\_\_\_\_

Does your name match the name on your social security card? If not, to ensure you get credit for your personal exemptions, contact SSA at 1-800-772-1213 or visit www.ssa.gov.

Name of county and incorporated city, town or special taxing area in which you were employed on the last day of the taxable period if you earned wages in Maryland. (See Instruction 6.)

Spouse's Last Name \_\_\_\_\_ Maryland County \_\_\_\_\_

Current Mailing Address (PO Box, number, street and apt. no) \_\_\_\_\_ City, Town or Taxing Area \_\_\_\_\_

City or Town \_\_\_\_\_ State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

STOP You must use Form 502X if you are changing to Resident status.

IF THIS IS BEING FILED TO CLAIM A NET OPERATING LOSS, CHECK THE APPROPRIATE BOX: [ ] CARRYBACK (farming loss only) [ ] CARRY FORWARD

Check here if you are: [ ] 65 or over [ ] Blind Check here if your spouse is: [ ] 65 or over [ ] Blind

IMPORTANT NOTE: Read the instructions and complete page 3 first. Attach copies of the federal loss year return and Form 1045, Schedules A and B. See Instruction 13.

Is this address different from the address on your original return? [ ] YES [ ] NO
Enter your state of legal residence \_\_\_\_\_. Enter the local jurisdiction of which you are a resident \_\_\_\_\_.
Are you a resident of a local jurisdiction which imposes an income or earnings tax on Maryland residents? [ ] YES [ ] NO
Enter dates you resided in Maryland \_\_\_\_\_.
Any changes from the original filing must be explained in Part III of this form.
Did you request an extension of time to file the original return? [ ] YES [ ] NO
If yes, enter the date the return was filed \_\_\_\_\_.
Is an amended federal return being filed? [ ] YES [ ] NO
Has your original federal return been changed or corrected by the Internal Revenue Service? [ ] YES [ ] NO

CHANGE OF FILING STATUS

Table with columns for Original and Amended filing status: Single, Married filing joint return or spouse had no income, Married filing separately, Head of household, Qualifying widow(er) with dependent child, Dependent taxpayer.

IMPORTANT NOTE: Read the instructions and complete page 3 first.

A. As originally reported or as previously adjusted (See instructions.) B. Net change - increase or (-) decrease explain on page 4. C. Corrected amount.

1. Federal adjusted gross income 1.
2. Additions to income 2.
2a. Enter the total from line 3 of Form 502LU here. 2a.
3. Total (Add lines 1, 2, and 2a.) 3.



20505X149

Last Name \_\_\_\_\_ SSN \_\_\_\_\_

A. As originally reported or as previously adjusted (See instructions.) B. Net change - increase or (-) decrease explain on page 4. C. Corrected amount.

4. Subtractions from income. 4a. Enter the total amount from line 7 of Form 502LU here. 5. Total Maryland adjusted gross income. 6. CHECK ONLY ONE METHOD (See Instruction 5.) STANDARD DEDUCTION METHOD ITEMIZED DEDUCTION METHOD. 7. Net income. 8. Exemption amount. 9. Taxable net income. 10. Maryland tax. 11. Special Nonresident tax. 12. Total Maryland tax. 12a. Credits: Poverty Level Credit, Personal Credit, Business Credit. 12b. Maryland tax after credits. 13. Contribution. 14. Total Maryland income tax and contribution. 15. Total Maryland tax withheld. 16. Estimated tax payments. 17. Nonresident tax paid. 18. Refundable income tax credits. 19. Total payments and credits. 20. Balance due. 21. Overpayment. 22. Tax paid with original return. 23. Prior overpayment. 24. REFUND. 25. BALANCE DUE. 26. Interest and/or penalty charges. 27. TOTAL AMOUNT DUE. PAY IN FULL WITH THIS RETURN.



20505X249

Name \_\_\_\_\_ SSN \_\_\_\_\_

I. INCOME AND ADJUSTMENTS TO INCOME: You must complete the following using the amounts from your federal income tax return including any supporting schedules. If there are no changes to the amounts claimed on your original Maryland return, check here [ ] and complete Column A and line 17 of Column C.

INCOME AND ADJUSTMENTS INFORMATION

(See Instruction 4.) (Use a minus sign ( - ) to indicate a loss.)

A. Federal income or loss ( - ) as corrected B. Maryland income or loss ( - ) as corrected C. Non-Maryland income or loss ( - ) as corrected

Table with 3 columns: Description, A. Federal income or loss, B. Maryland income or loss, C. Non-Maryland income or loss. Rows 1-17 include items like Wages, salaries, tips, Taxable interest income, Dividend income, etc.

II. ITEMIZED DEDUCTIONS: If you itemized deductions on your Maryland return, you must complete the following. If there are no changes to the amounts claimed on your original Maryland return, check here [ ] and complete Column A and line 11 of Column C.

A. As originally reported or as previously adjusted B. Net increase or decrease ( - ) C. Corrected amount

Table with 3 columns: Description, A. As originally reported, B. Net increase or decrease, C. Corrected amount. Rows 1-11 include items like Medical and dental expense, Taxes, Interest, Contributions, etc.



20505X349

Name \_\_\_\_\_ SSN \_\_\_\_\_

**III. EXPLANATION OF CHANGES TO INCOME, DEDUCTIONS AND CREDITS:** Enter the line number from page 1 and 2 for each item you are changing and give the reason for each change. Attach any required supporting forms and schedules for items changed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check here  if you authorize your preparer to discuss this return with us.

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.

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Taxpayer(s)' Daytime telephone no.

\_\_\_\_\_  
Printed name of the Preparer/Firm's name

\_\_\_\_\_  
Signature of preparer other than taxpayer **(Required by Law)**

\_\_\_\_\_  
Street address of preparer or Firm's address

\_\_\_\_\_  
City, State, ZIP Code + 4

\_\_\_\_\_  
Telephone number of preparer



\_\_\_\_\_  
Preparer's PTIN **(Required by Law)**

Make checks payable to and mail to:

**Comptroller of Maryland  
Revenue Administration Division  
110 Carroll Street  
Annapolis, MD 21411-0001**

**It is recommended that you include your Social Security  
Number on check in blue or black ink.**

