

FORM 503 MARYLAND RESIDENT INCOME TAX RETURN



2010

Print Using Blue or Black Ink Only

Social Security number		Spouse's Social Security number	
Your First Name	Initial	Last Name	
Spouse's First Name	Initial	Last Name	
Present Address (No. and street)			
City or Town		State	Zip Code
Name of county and incorporated city, town or special taxing area in which you were a resident on the last day of the taxable period. (See Instruction 6)		Maryland county	City, town or taxing area

YOUR FILING STATUS — See Instruction 1 to determine if you are required to file.

Check Only One Box

1. Single (If you can be claimed on another person's tax return, use Filing Status 6.)

2. Married filing joint return or spouse had no income

3. Married filing separately

4. Head of household

5. Qualifying widow(er) with dependent child

6. Dependent taxpayer (Enter 0 in Exemption Box (A)—See Instruction 7)

EXEMPTIONS — See Instruction 10

(A) Yourself <input type="checkbox"/>	Spouse <input type="checkbox"/>	Check here if you are:		Spouse is:		(C) Dependents:			(4) Check if Dep. under age 19 <input type="checkbox"/>	(5) If (4) is checked, does child have health insurance now?		(6) Regular	(7) 65 or Over
		65 or over <input type="checkbox"/>	Blind <input type="checkbox"/>	65 or over <input type="checkbox"/>	Blind <input type="checkbox"/>	(1) First name	Last name	(2) Social Security number		(3) Relationship	Yes <input type="checkbox"/>		
(A) Enter No. Checked.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
(B) Enter No. Checked.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
(C) Enter No. Checked in Columns 6 & 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
(D) Enter the Total Exemptions (Add A, B, and C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								

Check here if you authorize us to share your tax information with the Medical Assistance Program for help finding health insurance.

1. Adjusted gross income from your federal return (See Instruction 11) (If the amount is \$100,000 or more, stop and use Form 502)..... **1**

1a. Wages, salaries and/or tips (See Instruction 11)..... **1a**

2. Standard deduction (See Instruction 16)..... **2**

3. Net income (Subtract line 2 from line 1)..... **3**

4. Exemption amount as computed above..... **4**

5. Taxable net income (Subtract line 4 from line 3. GO TO TAX TABLE)..... **5**

6. Maryland tax from Tax Table..... **6**

7. Earned income credit **7a**..... Poverty level credit **7b**..... (See Instruction 18) Total..... **7**

8. Maryland tax after credits (Subtract line 7 from line 6) If less than 0, enter 0..... **8**

9. Local tax (See Instruction 19 for tax rates and worksheet.) Multiply line 5 by your local tax rate **.0**..... **9**

10. Local: Earned income credit **10a**..... Poverty level credit **10b**..... (See Instruction 19) Total..... **10**

11. Local tax after credits (Subtract line 10 from line 9) If less than 0, enter 0..... **11**

12. Total Maryland and local tax (Add lines 8 and 11)..... **12**

13. Contributions to Chesapeake Bay and Endangered Species Fund..... **13**

14. Contributions to Developmental Disabilities Waiting List Equity Fund..... **14**

15. Contributions to Maryland Cancer Fund..... **15**

16. Total Maryland income tax, local income tax and contributions (Add lines 12 through 15)..... **16**

17. Total Maryland and local tax withheld (Enter total from and attach your W-2 and 1099 forms if MD tax is withheld)..... **17**

18. Refundable earned income credit (from worksheet in Instruction 21)..... **18**

19. Total payments and credit (Add lines 17 and 18)..... **19**

20. Balance due (If line 16 is more than line 19, subtract line 19 from line 16)..... **20**

21. Overpayment (If line 16 is less than line 19, subtract line 16 from line 19) See line 24..... **This is your REFUND** **21**

22. Interest charges from Form 502UP..... or for late filing..... (See Instruction 22) Total..... **22**

23. TOTAL AMOUNT DUE (Add lines 20 and 22)..... **IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN** **23**

For credit card or electronic payment check here and see Instruction 24.

DIRECT DEPOSIT OF REFUND (See Instruction 22) Please be sure the account information is correct. For Splitting Direct Deposit, see Form 588.

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 Instruction 22.

24. For the direct deposit option, complete the following information clearly and legibly. 24a. Type of account: Checking Savings

24b. Routing Number (9-digit)..... 24c. Account number.....

Daytime telephone no. Home telephone no.

049 CODE NUMBERS (3 digits per box)

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 if you authorize your preparer to discuss this return with us. Check here if you authorize your paid preparer not to file electronically. Check here if you would prefer to receive your 1099G Income Tax Refund statement electronically.

Your signature..... Date.....

Spouse's signature..... Date.....

Preparer's SSN or PTIN (required by law)..... Signature of preparer other than taxpayer.....

Address and telephone number of preparer.....



WHO MAY USE THIS FORM?

You may use this short form (Form 503) if you answer "NO" to ALL of these questions:

- | YES | NO | | YES | NO | | | |
|-----|--------------------------|--------------------------|---|-----|--------------------------|--------------------------|---|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Is your federal adjusted gross income \$100,000 or more? | 5. | <input type="checkbox"/> | <input type="checkbox"/> | Are you claiming a tax credit on Maryland Form 500CR or Form 502CR? |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Will you have any Additions to Income or Subtractions from Income on your Maryland return? If you are eligible for a subtraction, such as the pension exclusion , it will be to your benefit to use Form 502. If you have a state pickup amount on your Form W-2, you must use Form 502. | 6. | <input type="checkbox"/> | <input type="checkbox"/> | Were you a nonresident of Maryland? |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Do you want to itemize deductions? | 7. | <input type="checkbox"/> | <input type="checkbox"/> | Were you a part-year resident of Maryland? |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Did you make estimated payments in 2010; have part or all of your 2009 refund applied to your 2010 estimated account; or make a payment with an extension request, Form 502E? | 8. | <input type="checkbox"/> | <input type="checkbox"/> | Does your return cover less than a 12-month period? |
| | | | | 9. | <input type="checkbox"/> | <input type="checkbox"/> | Were you a fiscal year taxpayer? |
| | | | | 10. | <input type="checkbox"/> | <input type="checkbox"/> | Will you want part or all of your refund credited to next year's estimated account? |
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