



125030049

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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 (Number 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

FILING STATUS

See Instruction 1 to determine if you are required to file.

- 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)

CHECK ONE BOX

EXEMPTIONS

See Instruction 10

- (A) Yourself
- (B) 65 or over
- Blind
- Spouse
- 65 or over
- Blind

(C) Dependents

(1) First Name	(1) Last Name	(2) Social Security	(3) Relationship	(4) Check if Dep under age 19	(5) If (4) is checked, does child have health insurance now	(6) Regular	(7) 65 or over
				<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<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.

NOTE: If you are claiming more than two dependents, you must use Form 502.

(A) Enter No. Checked x \$3,200. \$ _____

(B) Enter No. Checked x \$1,000. \$ _____

(C) Enter No. Checked in Columns 6 & 7 x \$3,200. \$ _____

(D) Enter Total Exemptions (Add A, B and C) . . . Total Amount. . \$ _____

1. Adjusted gross income from your federal return (See Instruction 11) (If 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 <input type="checkbox"/> 7a <input type="checkbox"/> Poverty level credit <input type="checkbox"/> 7b <input type="checkbox"/> (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 <input type="checkbox"/> 10a <input type="checkbox"/> Poverty level credit <input type="checkbox"/> 10b <input type="checkbox"/> (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 <input type="checkbox"/> or for late filing <input type="checkbox"/> (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	

