MARYLAND FORM

502B

Dependents' Information
(Attach to Form 502, 505 or 515.)

13509B049

2013
Attachment Sequence No. **06**

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

Summary

1. Enter the total number of boxes checked below for Regular dependents (6) . . . . ▶ 1. ________________

2. Enter the total number of additional boxes checked below for dependents 65 or over (7). . . . . ▶ 2. ________________

3. Total dependent exemptions (Add lines 1 and 2 and enter the total here and on line (C) of the Exemptions area of Form 502, 505 or 515.) . . . . 3. ________________

Dependents (If a dependent listed below is age 65 or over, please check both boxes 6 and 7.)

1. First name ▶ ________ Initial ________ Last name ▶ ________

2. Social Security Number ▶ ________ 3. Relationship ________ 4. ▶ ☐ if under 19

5. Has medical insurance? Yes ▶ ☐ No ▶ ☐ 6. ☐ Regular 7. ☐ 65 or over
(For Form 502, resident taxpayers only.)

1. First name ▶ ________ Initial ________ Last name ▶ ________

2. Social Security Number ▶ ________ 3. Relationship ________ 4. ▶ ☐ if under 19

5. Has medical insurance? Yes ▶ ☐ No ▶ ☐ 6. ☐ Regular 7. ☐ 65 or over
(For Form 502, resident taxpayers only.)

1. First name ▶ ________ Initial ________ Last name ▶ ________

2. Social Security Number ▶ ________ 3. Relationship ________ 4. ▶ ☐ if under 19

5. Has medical insurance? Yes ▶ ☐ No ▶ ☐ 6. ☐ Regular 7. ☐ 65 or over
(For Form 502, resident taxpayers only.)

1. First name ▶ ________ Initial ________ Last name ▶ ________

2. Social Security Number ▶ ________ 3. Relationship ________ 4. ▶ ☐ if under 19

5. Has medical insurance? Yes ▶ ☐ No ▶ ☐ 6. ☐ Regular 7. ☐ 65 or over
(For Form 502, resident taxpayers only.)

MARYLAND FORM **502B** 2013

Dependents' Information

(Attach to Form 502, 505 or 515.)

13509B149

NAME ______________________ SSN ______________

Dependents

1. First name ▶ ______ Initial ______ Last name ▶ ______
2. Social Security Number ▶ ______
3. Relationship ______
4. ▶ ☐ if under 19
5. Has medical insurance? Yes ▶ ☐ No ▶ ☐ (For Form 502, resident taxpayers only.)
6. ☐ Regular
7. ☐ 65 or over

1. First name ▶ ______ Initial ______ Last name ▶ ______
2. Social Security Number ▶ ______
3. Relationship ______
4. ▶ ☐ if under 19
5. Has medical insurance? Yes ▶ ☐ No ▶ ☐ (For Form 502, resident taxpayers only.)
6. ☐ Regular
7. ☐ 65 or over

1. First name ▶ ______ Initial ______ Last name ▶ ______
2. Social Security Number ▶ ______
3. Relationship ______
4. ▶ ☐ if under 19
5. Has medical insurance? Yes ▶ ☐ No ▶ ☐ (For Form 502, resident taxpayers only.)
6. ☐ Regular
7. ☐ 65 or over

1. First name ▶ ______ Initial ______ Last name ▶ ______
2. Social Security Number ▶ ______
3. Relationship ______
4. ▶ ☐ if under 19
5. Has medical insurance? Yes ▶ ☐ No ▶ ☐ (For Form 502, resident taxpayers only.)
6. ☐ Regular
7. ☐ 65 or over

1. First name ▶ ______ Initial ______ Last name ▶ ______
2. Social Security Number ▶ ______
3. Relationship ______
4. ▶ ☐ if under 19
5. Has medical insurance? Yes ▶ ☐ No ▶ ☐ (For Form 502, resident taxpayers only.)
6. ☐ Regular
7. ☐ 65 or over