



165050049

OR FISCAL YEAR BEGINNING _____ 2016, ENDING _____

Print Using Blue or Black Ink Only

Social Security Number _____ Spouse's Social Security Number _____

First Name _____ Initial _____

Last Name _____

Spouse's First Name _____ Initial _____

Spouse's Last Name _____

Current Mailing Address Line 1 (Street No. and Street Name or PO Box) _____

Current Mailing Address Line 2 (Apt No., Suite No., Floor No.) _____

Maryland County

City, Town or Taxing Area
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).

City or Town _____ State _____ ZIP Code _____

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

- CHECK 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, Spouse's SSN ▶ _____
 - 4. Head of household
 - 5. Qualifying widow(er) with dependent child
 - 6. Dependent taxpayer (Enter 0 in Exemption Box (A) - See Instruction 8.)

RESIDENCE INFORMATION See Instruction 9.

Enter 2-letter state code for your state of legal residence. ▶ _____

If PA resident, enter both County _____ and City, Borough or Township _____

Were you a resident of another state for the entire year of 2016? If no, attach explanation. Yes No

Are you or your spouse a member of the military? Yes No

Did you file a Maryland income tax return for 2015? Yes No If "Yes," was it a Resident or a Nonresident return?

Dates you resided in Maryland for 2016. If none, enter "NONE": **FROM** _____ **TO** _____ (MMDDYYYY).

▶ Check here for Maryland taxes withheld in error. (See Instruction 4.)

EXEMPTIONS See Instruction 10. Check appropriate box(es). **NOTE:** If you are claiming dependents, you must attach the Dependents' Information Form 502B to this form in order to receive the applicable exemption amount.

- A. Yourself Spouse Enter number checked See Instruction 10 **A. \$** _____ . ____
- B. ▶ 65 or over ▶ 65 or over
- ▶ Blind ▶ Blind Enter number checked X \$1,000 **B. \$** _____ . ____
- C. Enter number from line 3 of Dependent Form 502B See Instruction 10 **C. \$** _____ . ____
- D. **Enter Total Exemptions (Add A, B and C.)** ▶ **Total Amount** **D. \$** _____ . ____

Place your W-2 wage and tax statements and ATTACH HERE with ONE staple. Do not attach check or money order to Form 505. Attach check or money order to Form IND PV.



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Name _____ SSN _____

INCOME AND ADJUSTMENTS INFORMATION

(See Instruction 11.)

(1) FEDERAL INCOME (LOSS)

(2) MARYLAND INCOME (LOSS)

(3) NON-MARYLAND INCOME (LOSS)

Table with 4 columns: Line number, Description, (1) FEDERAL INCOME (LOSS), (2) MARYLAND INCOME (LOSS), (3) NON-MARYLAND INCOME (LOSS). Rows 1-17.

ADDITIONS TO INCOME (See Instruction 12.)

Table with 4 columns: Line number, Description, (1) FEDERAL INCOME (LOSS), (2) MARYLAND INCOME (LOSS), (3) NON-MARYLAND INCOME (LOSS). Rows 18-21.

SUBTRACTIONS FROM INCOME (See Instruction 13.)

Table with 4 columns: Line number, Description, (1) FEDERAL INCOME (LOSS), (2) MARYLAND INCOME (LOSS), (3) NON-MARYLAND INCOME (LOSS). Rows 22-25.

DEDUCTION METHOD See Instruction 15. (All taxpayers must select one method and check the appropriate box.)

Table with 4 columns: Line number, Description, (1) FEDERAL INCOME (LOSS), (2) MARYLAND INCOME (LOSS), (3) NON-MARYLAND INCOME (LOSS). Rows 26-31.

MARYLAND TAX COMPUTATION - COMPLETE FORM 505NR BEFORE CONTINUING.

Table with 4 columns: Line number, Description, (1) FEDERAL INCOME (LOSS), (2) MARYLAND INCOME (LOSS), (3) NON-MARYLAND INCOME (LOSS). Rows 32-33.



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Name _____ SSN _____

- 34. Other income tax credits for individuals from Part K, line 11 of Form 502CR (Attach Form 502CR.) 34.
35. Business tax credits You must file this form electronically to claim business tax credits on Form 500CR
36. Total credits (Add lines 33 through 35.) 36.
37. Maryland tax after credits (Subtract line 36 from line 32c.) If less than 0, enter 0. 37.
38. Contribution to Chesapeake Bay and Endangered Species Fund (See Instruction 21.) 38.
39. Contribution to Developmental Disabilities Services and Support Fund (See Instruction 21.) 39.
40. Contribution to Maryland Cancer Fund (See Instruction 21.) 40.
41. Contribution to Fair Campaign Financing Fund (See Instruction 21.) 41.
42. Total Maryland income tax and contributions (Add lines 37 through 41.) 42.
43. Total Maryland tax withheld (Enter total from and attach your W-2 and 1099 forms if MD tax is withheld.) ▶ 43.
44. 2016 estimated tax payments, amount applied from 2015 return, payments made with Form 502E and Form MW506NRS. ▶ 44.
45. Nonresident tax paid by pass-through entities (Attach Maryland Schedule K-1 (510)) ▶ 45.
46. Refundable income tax credits from Part M, line 6 of Form 502CR (Attach Form 502CR. See Instruction 22.) . . 46.
47. Total payments and credits (Add lines 43 through 46.) 47.
48. Balance due (If line 42 is more than line 47, subtract line 47 from line 42.) ▶ 48.
49. Overpayment (If line 42 is less than line 47, subtract line 42 from line 47.) ▶ 49.
50. Amount of overpayment TO BE APPLIED TO 2017 ESTIMATED TAX. ▶ 50.
51. Amount of overpayment TO BE REFUNDED TO YOU (Subtract line 50 from line 49.) See line 54 . . REFUND ▶ 51.
52. Interest charges from Form 502UP _____ or for late filing _____ (See Instruction 23.) Total ▶ 52.
53. TOTAL AMOUNT DUE (Add line 48 and line 52.) IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN.
Include Form IND PV. 53.

DIRECT DEPOSIT OF REFUND (See Instruction 23.) Be sure the account information is correct. For Splitting Direct Deposit, see Form 588. If this refund will go to an account outside of the United States, then to comply with banking rules, place a "Y" in this box and see Instruction 23.

54. For the direct deposit option, complete the following information, clearly and legibly: ▶ 54a. Type of account: Checking Savings

54b. Routing number (9-digit) ▶ _____ 54c. Account number ▶ _____

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 agree to receive your 1099G Income Tax Refund statement electronically (See Instructions). 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 _____ Signature of preparer other than taxpayer _____

Spouse's signature _____ Date _____ Street address of preparer _____

▶ _____ Daytime telephone no. _____ City, State, ZIP _____

Home telephone no. _____ Telephone number of preparer _____ Preparer's PTIN (Required by law) _____

CODE NUMBERS (3 digits per line)

For returns filed without payments, mail your completed return to:

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

For returns filed with payments, attach check or money order to Form IND PV. Make checks payable to Comptroller of Maryland. Do not attach Form IND PV or check/money order to Form 505. Place Form IND PV with attached check/money order on top of Form 505 and mail to:

Comptroller of Maryland Payment Processing PO Box 8888 Annapolis, MD 21401-8888