RESIDENT INCOME TAX RETURN

Your Social Security Number

Spouse’s Social Security Number

Your First Name

MI

Your Last Name

Spouse’s First Name

MI

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.)

FILING STATUS
CHECK ONE BOX ► See Instruction 1 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, Spouse SSN ►
4. Head of household
5. Qualifying widow(er) with dependent child
6. Dependent taxpayer (Enter 0 in Exemption Box (A) - See Instruction 7.)

PART-YEAR RESIDENT
See Instruction 26.

Dates of Maryland Residence (MM DD YYYY) FROM TO Other state of residence:

MILITARY: If you or your spouse has non-Maryland military income, place an M in the box. ►

Enter Military Income amount here: ____________

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 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. $ ____________ .