LINE NUMBER	FIELD	DESCRIPTION	FIELD SIZE	FIELD TYPE	COMMENTS, ACCEPTABLE VALUES, EDITS
1	Header	Header Version Number	2	Alpha-Numeric	"T1"
2	Header	Developer Code	4	Numeric	NACTP Vendor Code
3	Header	Jurisdiction Code	2	Alpha	MD
4	Header	Description	3	Numeric	515
5	Header	Specification Version	2	Numeric	01
6	Header	Software Form Version	2	Numeric	00-99
7	A	Primary Social Security Number	9	Numeric	
8	A	Secondary Social Security Number	9	Numeric	
9	В	Primary Last Name	20	Alpha	Last Name of Taxpayer
	В	Primary First Name	20	Alpha	First Name of Taxpayer
11	B	Primary Middle Initial	1	Alpha	Middle Initial of Taxpayer
12	B	Spouse Last Name	20	Alpha	Last Name of Spouse
13	В	Spouse First Name	20	Alpha	First Name of Spouse
14 15	В	Spouse Middle Initial	1 30	Alpha	Middle Initial of Spouse
	B	Street Address 1		Alpha-Numeric	Street No., and Street Name or PO Box
16 17	B	Street Address 2		Alpha-Numeric	Apt No., Suite No., Floor No.
18	B	City	20	Alpha-Numeric	City, Town, or Post Office, Include Foreign Country
18	D	State	2	Alpha Alpha Numorio	Standard Post Office 2 letter abbreviation
J	D	Zip Foreign Country Name	40	Alpha-Numeric	5 + 4 US Zip code or up to 10 character foreign ZIP
	B	Foreign Province/State/County	24	Alpha-Numeric	Street No. and Street Name or PO Box
	B	Foreign Postal Code	10	Alpha-Numeric	Foreign ZIP up to 10 characters
20	c	Filing Status - Single	1	Numeric	Blank or "1". "1" = box is marked, Blank = box is not marked
20	č	Filing Status - Married Joint		Numeric	Blank or "2". "2" = box is marked, Blank = box is not marked
22	C	Filing Status - Married Separate	1	Numeric	Blank or "3". "3" = box is marked, Blank = box is not marked
23	C	Filing Status - Head of Household	1	Numeric	Blank or "4", "4" = box is marked. Blank = box is not marked
24	Ċ	Filing Status - Qualifying widow(er) with dependent child	1	Numeric	Blank or "5". "5" = box is marked, Blank = box is not marked
25	С	Filing Status - Dependent Taxpayer		Numeric	Blank or "6". "6" = box is marked, Blank = box is not marked
26	С	Married Filing Separate Spouse SSN	9	Numeric	
27	D	State of Legal Residence	2	Alpha	
28	D	Tax withheld in error	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
29	E	Exemptions - You are over 65	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
30	E	Exemptions - You are Blind	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
31	E	Exemptions - Spouse is over 65	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
32	E	Exemptions - Spouse is Blind	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
33	E	Exemptions - Total	2	Numeric	0 - 99 or Blank
	17 (Col. 1)	Federal Adjusted Gross Income	12	Numeric	Whole dollars only
35	17 (Col. 3)	Non-Maryland Adjusted Gross Income	12	Numeric	Whole dollars only
	18	Non-Maryland Loss and Adjustments	12	Numeric	Whole dollars only
37	19	Other Additions Code Letter	2	Alpha	Code can be 1 or 2 letters. Single letter codes must be in first position
	19	Other Additions Code Letter	2	Alpha	Code can be 1 or 2 letters. Single letter codes must be in first position
	19 19	Other Additions Code Letter	2	Alpha	Code can be 1 or 2 letters. Single letter codes must be in first position
40 41	20	Other Additions Code Letter	12	Alpha	Code can be 1 or 2 letters. Single letter codes must be in first position Whole dollars only
	20	Total Additions to Maryland Income		Numeric	Whole dollars only
42	22	Taxable Military Income of Nonresident Other Subtractions Code Letter	2	Numeric Alpha	Code can be 1 or 2 letters. Single letter codes must be in first position
	23	Other Subtractions Code Letter	2	Alpha	Code can be 1 or 2 letters. Single letter codes must be in first position
45		Other Subtractions Code Letter	2	Alpha	Code can be 1 or 2 letters. Single letter codes must be in first position
	23	Other Subtractions Code Letter	2	Alpha	Code can be 1 or 2 letters. Single letter codes must be in first position
	24	Total Subtractions to Maryland Income	12	Numeric	Whole dollars only
48	27	Deduction Method -Standard	1	Alpha	Check box, Blank or "S". "S" = box is marked, Blank = box is not marked
		Deduction Method - Itemized	1	Alpha	Check box, Blank or "I". "I" = box is marked, Blank = box is not marked
50	27	Deduction Amount	12	Numeric	Whole dollars only
		Poverty Level Credit		Numeric	Whole dollars only
	43	Contribution to Chesapeake Bay/Endangered Species	12	Numeric	Whole dollars only
53	44	Contribution to Developmental Disabilities Services and Support Fund	12	Numeric	Whole dollars only
	45	Contribution to Maryland Cancer Fund	12	Numeric	Whole dollars only
	46	Contribution to Fair Campagain Financing Fund		Numeric	Whole dollars only
	48	Total Maryland and Local Tax Withheld		Numeric	Whole dollars only
	49	Est Tax paid, applied from Prior Year Return and Amt Paid with Ext. Request	12	Numeric	Whole dollars only
	50	Maryland Tax from line 38 (if PA resident)	12	Numeric	Whole dollars only
		Balance Due			Whole dollars only
	54	Overpayment		Numeric	Whole dollars only
		Amount of Overpayment to be applied to Estimated Tax	12	Numeric	Whole dollars only
		Amount of Overpayment to be refunded		Numeric	Whole dollars only
	57	Total Interest Charges	12	Numeric	Whole dollars only
64 65	r C	Daytime Telephone Number	10	Numeric	No parenthesis, hyphens or spaces
65 66		Agree to receive 1099G electronically	0	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked 6 - 9 digits
66 67	1	Preparer's PTIN Code number	9	Alpha/Numeric	
	3a		9 12	Numeric	up to 3, 3 digit code #'s in positions 1-3, 4-6 & 7-9 Whole dollars only
68 69	3a 6b	Non Resident Earned Income from Form 505NR Line 3a	12	Numeric	
	-	Non Resident Non MD Income from Form 505NR Line 6b Trailer	14	Numeric	Whole dollars only *EOD* <cr></cr>
70 71		Leave this line blank.	ł		
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					1
		Specification Version 01			

2D Specification FORM 515 TAX YEAR 2021