LINE NUMBER	FIELD	DESCRIPTION 505 - 2021	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	505
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	B	Primary Last Name	20	Alpha	Last Name of Taxpayer
10	B	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	B	Spouse First Name	20	Alpha	First Name of Spouse
14	B	Spouse Middle Initial	1	Alpha	Middle Initial of Spouse
15	B	Street Address 1	30	Alpha-Numeric	Street No. and Street Name or PO Box
16	B	Street Address 2	30	Alpha-Numeric	Apt No., Suite No., Floor No.
17	B	City	20	Alpha-Numeric	City, Town, or Post Office, Include Foreign Country
18	B	State	2	Alpha	Standard Post Office 2 letter abbreviation
19	B	Zip	10	Alpha-Numeric	5 + 4 US Zip code, or up to 10 character foreign ZIP
	B	Foreign Country Name	40	Alpha-Numeric	Country name
	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
21	C	Filing Status - Married Joint	1	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	C	Filing Status - Qualifying widow(er) with dependent child	1	Numeric	Blank or "5". "5" = box is marked, Blank = box is not marked
25	C	Filing Status - Dependent Taxpayer	1	Numeric	Blank or "6". "6" = box is marked, Blank = box is not marked
26	C	Married Filing Separate - Spouse SSN	9	Numeric	
27	D	State of Legal Residence	2	Numeric	
28	E	Checkbox for Maryland taxes withheld in error	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
29	F	Exemptions - You are over 65	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
30	F	Exemptions - You are Blind	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
31	F	Exemptions - Spouse is over 65	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
32	F	Exemptions - Spouse is Blind	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
33	F	Exemptions - Total	2	Numeric	0 - 99 or Blank
34	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
36	19	Other Additions Code Letter	2	Alpha	Code can be 1 or 2 letters. Single letter codes must be in first position
37	19	Other Additions Code Letter	2	Alpha	Code can be 1 or 2 letters. Single letter codes must be in first position
38	19	Other Additions Code Letter	2	Alpha	Code can be 1 or 2 letters. Single letter codes must be in first position
39	19	Other Additions Code Letter	2	Alpha	Code can be 1 or 2 letters. Single letter codes must be in first position
40	20	Total Additions to Maryland Income	12	Numeric	Whole dollars only
41	22	Total Military Income of Nonresident	12	Numeric	Whole dollars only
42	23	Other Subtractions Code Letter	2	Alpha	Code can be 1 or 2 letters. Single letter codes must be in first position
43	23	Other Subtractions Code Letter	2	Alpha	Code can be 1 or 2 letters. Single letter codes must be in first position
44	23	Other Subtractions Code Letter	2	Alpha	Code can be 1 or 2 letters. Single letter codes must be in first position
45	23	Other Subtractions Code Letter	2	Alpha	Code can be 1 or 2 letters. Single letter codes must be in first position
46	24	Total Subtractions from Maryland Income	12	Numeric	Whole dollars only
47	26a	Deduction Method -Standard	1	Alpha	Check box, Blank or "S". "S" = box is marked, Blank = box is not marked
48	26a	Deduction Method - Itemized	1	Alpha	Check box, Blank or "I". "I" = box is marked, Blank = box is not marked
49	26b	Total Federal Itemized Deductions	12	Numeric	Whole dollars only
50	26c	State and Local Income Taxes Included in Federal Schedule A	12	Numeric	Whole dollars only
51	26	Deduction Amount	12	Numeric	Whole dollars only
52	33	Poverty Level Credit	12	Numeric	Whole dollars only
53	38	Contribution to Chesapeake Bay/Endangered Species	12	Numeric	Whole dollars only
54	39	Contribution to Developmental Disabilities Services and Support Fund	12	Numeric	Whole dollars only

55	40	Contribution to Maryland Cancer Fund	12	Numeric	Whole dollars only
56	41	Contribution to Fair Campaign Financing Fund	12	Numeric	Whole dollars only
57	43	Total Maryland and Local Tax Withheld	12	Numeric	Whole dollars only
58	44	Est Tax paid, applied from prior year return, Amt Paid with Ext. & Amt Paid with MW506NRS	12	Numeric	Whole dollars only
59	45	Nonresident Tax Paid by Pass Through Entities	12	Numeric	Whole dollars only
60	48	Balance Due	12	Numeric	Whole dollars only
61	49	Overpayment	12	Numeric	Whole dollars only
62	50	Amount of Overpayment to be applied to Estimated Tax	12	Numeric	Whole dollars only
63	51	Amount of Overpayment to be refunded	12	Numeric	Whole dollars only
64	52	Total Interest Charges	12	Numeric	Whole dollars only
65	G	FAIB (Foreign Account Indicator)	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
66	G	Domestic Account Indicator	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
67	54a	Checking Account	1	Alpha	Blank or "C". "C" = box is marked, Blank = box is not marked
68	54a	Savings Account	1	Alpha	Blank or "S". "S" = box is marked, Blank = box is not marked
69	54b	Routing Number	9	Numeric	Must be nine numbers
70	54c	Account Number	17	Alpha-Numeric	
71	H	OPT OUT of efiling. Check box for authorizing your paid preparer not to file electronically	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
72	I	Opt in to elect to receive 1099G info electronically	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
73	J	Daytime Telephone Number	10	Numeric	No parenthesis, hyphens or spaces
74	K	Preparer's PTIN	9	Alpha/Numeric	6 - 9 digits
75	L	Code number	9	Numeric	up to 3 code #'s in positions 1-3, 4-6 & 7-9
76	3a	Non Resident Earned Income from Form 505NR Line 3a	12	Numeric	Whole dollars only
77	6b	Non Resident Non MD Income from Form 505NR Line 6b	12	Numeric	Whole dollars only
78	M	Trailer			*EOD* <CR>
79		Leave this line blank			
		Specification Version 01			