MARYLAND FORM 502B

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

2021

Print Using Blue or Black Ink Only

▶ 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 ______

Summary

1. Enter the total number checked below for Regular dependents (4) . . . . . ▶ 1. ______
2. Enter the total number checked below for dependents 65 or over (5) . . . . . ▶ 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. ______

Final as of 10/25/2021

Dependents (If a dependent listed below is age 65 or over, check both 4 and 5.)

▶ 1. First Name ______ MI __ ▶ Last Name ______ Check here ▶ ☐ if this dependent does not have health care coverage
▶ 2. Social Security Number ______ 3. Relationship ______ 4. Regular __ 5. 65 or over __ DOB (MM/DD/YYYY) ▶ ______

▶ 1. First Name ______ MI __ ▶ Last Name ______ Check here ▶ ☐ if this dependent does not have health care coverage
▶ 2. Social Security Number ______ 3. Relationship ______ 4. Regular __ 5. 65 or over __ DOB (MM/DD/YYYY) ▶ ______

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

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NAME ______________________ SSN ______________

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DOB (MM/DD/YYYY) ▶ ______

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Final as of 10/25/2021