



195020099

\$

OR FISCAL YEAR BEGINNING _____ 2019, ENDING _____

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.) _____ City or Town _____ State _____ ZIP Code + 4 _____

REQUIRED: Maryland Physical address of taxing area as of December 31, 2019 or last day of the taxable year for fiscal year taxpayers. See Instruction 6. Part-year residents see Instruction 26.

4 Digit Political Subdivision Code (See Instruction 6) _____ Maryland Political Subdivision (See Instruction 6) _____

Maryland Physical Address Line 1 (Street No. and Street Name) (No PO Box) _____

Maryland Physical Address Line 2 (Apt No., Suite No., Floor No.) (No PO Box) _____

City _____ MD _____ State ZIP Code + 4 _____ Maryland County _____

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: _____

If you began or ended legal residence in Maryland in 2019 place a **P** in the box. ▶

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. \$ _____**



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NAME _____ SSN _____

MARYLAND HEALTH CARE COVERAGE See Instruction 3.

- Check here [] If you do not have health care coverage DOB (mm/dd/yyyy) > _____
Check here [] If your spouse does not have health care coverage DOB (mm/dd/yyyy) > _____
Check here [] I authorize the Comptroller of Maryland to share information from this tax return with the Maryland Health Benefit Exchange for the purpose of determining pre-eligibility for no-cost or low-cost health care coverage.
E-mail address > _____

INCOME See Instruction 11.

- 1. Adjusted gross income from your federal return 1. _____
1a. Wages, salaries and/or tips 1a. _____
1b. Earned income 1b. _____
1c. Capital Gain or (loss) 1c. _____
1d. Taxable Pensions, IRAs, Annuities (Attach Form 502R.) > 1d. _____
1e. Place a "Y" in this box if the amount of your investment income is more than \$3,600. []

ADDITIONS TO INCOME See Instruction 12.

- 2. Tax-exempt interest on state and local obligations (bonds) other than Maryland 2. _____
3. State retirement pickup 3. _____
4. Lump sum distributions (from worksheet in Instruction 12.) 4. _____
5. Other additions (Enter code letter(s) from Instruction 12.) > _____ 5. _____
6. Total additions to Maryland income (Add lines 2 through 5.) 6. _____
7. Total federal adjusted gross income and Maryland additions (Add lines 1 and 6.) 7. _____

SUBTRACTIONS FROM INCOME See Instruction 13.

- 8. Taxable refunds, credits or offsets of state and local income taxes included in line 1 8. _____
9. Child and dependent care expenses 9. _____
10a. Pension exclusion from worksheet (13A) Yourself > [] Spouse > [] . . . 10a. _____
10b. Pension exclusion from worksheet (13E) Yourself > [] Spouse > [] . . . 10b. _____
11. Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line 1 11. _____
12. Income received during period of nonresidence (See Instruction 26.) 12. _____
13. Subtractions from attached Form 502SU > _____ 13. _____
14. Two-income subtraction from worksheet in Instruction 13 14. _____
15. Total subtractions from Maryland income (Add lines 8 through 14.) 15. _____
16. Maryland adjusted gross income (Subtract line 15 from line 7.) 16. _____

DEDUCTION METHOD See Instruction 16.

- All taxpayers must select one method and check the appropriate box.
> [] STANDARD DEDUCTION METHOD (Enter amount on line 17.)
> [] ITEMIZED DEDUCTION METHOD (Complete lines 17a and 17b.)
17a. Total federal itemized deductions (from line 17, federal Schedule A) . > 17a. _____
17b. State and local income taxes (See Instruction 14.) > 17b. _____
Subtract line 17b from line 17a and enter amount on line 17.
17. Deduction amount (Part-year residents see Instruction 26 (l and m).) > 17. _____

- 18. Net income (Subtract line 17 from line 16.) 18. _____
19. Exemption amount from Exemptions area (See Instruction 10.) 19. _____
20. Taxable net income (Subtract line 19 from line 18.) 20. _____



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NAME _____ SSN _____

MARYLAND TAX COMPUTATION

21. **Maryland tax** (from Tax Table or Computation Worksheet Schedules I or II) 21. _____

22. Earned income credit (EIC)(See Instruction 18.) ▶ 22. _____

Check this box if you are claiming the Maryland Earned Income Credit, but do not qualify for the federal Earned Income Credit.

23. Poverty level credit (See Instruction 18.) ▶ 23. _____

24. Other income tax credits for individuals from Part AA, line 13 of Form 502CR (**Attach Form 502CR.**) 24. _____

25. Business tax credits **You must file this form electronically to claim business tax credits on Form 500CR.**

26. Total credits (Add lines 22 through 25.) 26. _____

27. Maryland tax after credits (Subtract line 26 from line 21.) If less than 0, enter 0. 27. _____

LOCAL TAX COMPUTATION

28. Local tax (See Instruction 19 for tax rates and worksheet.) **Multiply line 20 by your local tax rate .0 _____ or use the Local Tax Worksheet 28. _____**

29. Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.) . . 29. _____

30. Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19.) . . . 30. _____

31. Local tax credit from Part BB, line 1 of Form 502CR (**Attach Form 502CR.**) 31. _____

32. Total credits (Add lines 29 through 31.) 32. _____

33. **Local tax** after credits (Subtract line 32 from line 28.) If less than 0, enter 0. 33. _____

34. Total Maryland and local tax (Add lines 27 and 33.) 34. _____

CONTRIBUTIONS
See Instruction 20.

35. Contribution to Chesapeake Bay and Endangered Species Fund ▶ 35. _____

36. Contribution to Developmental Disabilities Services and Support Fund ▶ 36. _____

37. Contribution to Maryland Cancer Fund. ▶ 37. _____

38. Contribution to Fair Campaign Financing Fund ▶ 38. _____

39. **Total Maryland income tax, local income tax and contributions** (Add lines 34 through 38.) . 39. _____

40. Total Maryland and local tax withheld (Enter total from your W-2 and 1099 forms and attach if MD tax is withheld.) ▶ 40. _____

41. 2019 estimated tax payments, amount applied from 2018 return, payment made with an extension request, and **Form MW506NRS** ▶ 41. _____

42. Refundable earned income credit (from worksheet in Instruction 21) ▶ 42. _____

43. Refundable income tax credits from Part CC, line 7 of Form 502CR (**Attach Form 502CR.** See Instruction 21.) 43. _____

44. Total payments and credits (Add lines 40 through 43.) 44. _____

45. Balance due (If line 39 is more than line 44, subtract line 44 from line 39. See Instruction 22.) ▶ 45. _____

46. Overpayment (If line 39 is less than line 44, subtract line 39 from line 44.) ▶ 46. _____

REFUND

47. **Amount of overpayment TO BE APPLIED TO 2020 ESTIMATED TAX** ▶ 47. _____

48. Amount of overpayment **TO BE REFUNDED TO YOU**
(Subtract line 47 from line 46.) See line 51 **REFUND** ▶ 48. _____

49. Check here if you are attaching Form 502UP. Enter interest charges from line 18
of Form 502UP _____ or for late filing _____ ▶ 49. _____

AMOUNT DUE

50. **TOTAL AMOUNT DUE** (Add lines 45 and 49.)
IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN. INCLUDE FORM PV. 50. _____



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NAME _____ SSN _____

DIRECT DEPOSIT OF REFUND (See Instruction 22.) 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 22. For the direct deposit option, complete the following information clearly and legibly.

51a. Type of account: ▶ Checking Savings

51b. Routing Number (9-digits) ▶ _____ **51c.** Account Number ▶ _____

▶ _____ ▶ _____
Daytime telephone no. Home telephone no. CODE NUMBERS (3 digits per line)

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 Instruction 24.)

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 Spouse's signature Date

Printed name of the Preparer / or Firm's name Street address of preparer or Firm's address

Signature of preparer other than taxpayer (Required by Law) City, State, ZIP Code + 4

Telephone number of preparer ▶ Preparer's PTIN (Required by Law)

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 PV. Make checks payable to Comptroller of Maryland. Do not attach Form PV or check/money order to Form 502. Place Form PV with attached check/money order on TOP of Form 502 and mail to:

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



19502B099

▶ Your Social Security Number ▶ Spouse's Social Security Number

Print Using Blue or Black Ink Only

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. _____

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

▶ 1. _____	MI _____	▶ Last Name _____	Check here ▶ <input type="checkbox"/> if this dependent does not have health care coverage DOB (MM/DD/YYYY) ▶ _____
Social Security Number	Relationship	Regular 65 or over	
▶ 2. _____	3. _____	4. _____ 5. _____	

▶ 1. _____	MI _____	▶ Last Name _____	Check here ▶ <input type="checkbox"/> if this dependent does not have health care coverage DOB (MM/DD/YYYY) ▶ _____
Social Security Number	Relationship	Regular 65 or over	
▶ 2. _____	3. _____	4. _____ 5. _____	

▶ 1. _____	MI _____	▶ Last Name _____	Check here ▶ <input type="checkbox"/> if this dependent does not have health care coverage DOB (MM/DD/YYYY) ▶ _____
Social Security Number	Relationship	Regular 65 or over	
▶ 2. _____	3. _____	4. _____ 5. _____	

▶ 1. _____	MI _____	▶ Last Name _____	Check here ▶ <input type="checkbox"/> if this dependent does not have health care coverage DOB (MM/DD/YYYY) ▶ _____
Social Security Number	Relationship	Regular 65 or over	
▶ 2. _____	3. _____	4. _____ 5. _____	

▶ 1. _____	MI _____	▶ Last Name _____	Check here ▶ <input type="checkbox"/> if this dependent does not have health care coverage DOB (MM/DD/YYYY) ▶ _____
Social Security Number	Relationship	Regular 65 or over	
▶ 2. _____	3. _____	4. _____ 5. _____	

▶ 1. _____	MI _____	▶ Last Name _____	Check here ▶ <input type="checkbox"/> if this dependent does not have health care coverage DOB (MM/DD/YYYY) ▶ _____
Social Security Number	Relationship	Regular 65 or over	
▶ 2. _____	3. _____	4. _____ 5. _____	



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NAME _____ SSN _____

▶ 1. First Name _____ MI _____ Last Name _____	Check here ▶ <input type="checkbox"/> if this dependent does not have health care coverage
Social Security Number _____ Relationship _____ Regular _____ 65 or over _____	
▶ 2. _____ 3. _____ 4. _____ 5. _____	DOB (MM/DD/YYYY) ▶ _____

▶ 1. First Name _____ MI _____ Last Name _____	Check here ▶ <input type="checkbox"/> if this dependent does not have health care coverage
Social Security Number _____ Relationship _____ Regular _____ 65 or over _____	
▶ 2. _____ 3. _____ 4. _____ 5. _____	DOB (MM/DD/YYYY) ▶ _____

▶ 1. First Name _____ MI _____ Last Name _____	Check here ▶ <input type="checkbox"/> if this dependent does not have health care coverage
Social Security Number _____ Relationship _____ Regular _____ 65 or over _____	
▶ 2. _____ 3. _____ 4. _____ 5. _____	DOB (MM/DD/YYYY) ▶ _____

▶ 1. First Name _____ MI _____ Last Name _____	Check here ▶ <input type="checkbox"/> if this dependent does not have health care coverage
Social Security Number _____ Relationship _____ Regular _____ 65 or over _____	
▶ 2. _____ 3. _____ 4. _____ 5. _____	DOB (MM/DD/YYYY) ▶ _____

▶ 1. First Name _____ MI _____ Last Name _____	Check here ▶ <input type="checkbox"/> if this dependent does not have health care coverage
Social Security Number _____ Relationship _____ Regular _____ 65 or over _____	
▶ 2. _____ 3. _____ 4. _____ 5. _____	DOB (MM/DD/YYYY) ▶ _____

▶ 1. First Name _____ MI _____ Last Name _____	Check here ▶ <input type="checkbox"/> if this dependent does not have health care coverage
Social Security Number _____ Relationship _____ Regular _____ 65 or over _____	
▶ 2. _____ 3. _____ 4. _____ 5. _____	DOB (MM/DD/YYYY) ▶ _____

FINAL 10/15/2019