| FOR<br>50   | M   | TAX RETU   | T INCOME<br>IRN  |   |  | 1  | 9502009  | 9   |             |         |          | 75 <sup>76</sup> 77<br><b>2</b><br>\$ | 019 |
|---|---|--|--|---|--|--|--|---|-------------|---------|----------|---------------------------------------|-----|
| OR FISCAL YEAR BE   | GINNING   |  | 2019, EN   | DING  |  |  |  |   |             |         |          |                                       |     |
|   |   |  |  |   |  |  |  |   |             |         |          |                                       |     |
|   |   |  |  |   |  |  |  |   |             |         |          |                                       |     |
|   |   |  |  |   |  |  |  |   |             |         |          |                                       |     |
| our Social Security Nu  | mber S  | Spouse's Social Secur  | ity Number   |   |  |  |  |   |             |         |          |                                       |     |
|   |   |  |  |   |  |  |  |   |             |         |          |                                       |     |
| our First Name  |   | MI   |  |   |  |  |  |   |             |         |          |                                       |     |
|   |   |  |  |   |  |  |  |   |             |         |          |                                       |     |
| 'our Last Name  |   |  |  |   |  |  |  |   |             |         |          |                                       |     |
|   |   |  |  |   |  |  |  |   |             |         |          |                                       |     |
| Spouse's First Name   |   | MI   |  |   |  |  |  |   |             |         |          |                                       |     |
|   |   |  |  |   |  |  |  |   |             |         |          |                                       |     |
| Spouse's Last Name  |   |  |  |   |  |  |  |   |             |         |          |                                       |     |
|   |   |  |  |   |  |  |  |   |             |         |          |                                       |     |
| Current Mailing Address   | s Line 1 ( <b>Str</b>   | eet No. and Street   | Name or PO Box   | ()  |  |  |  |   |             |         |          |                                       |     |
|   |   |  |  |   |  |  |  |   |             |         |          |                                       |     |
| Current Mailing Address   | 5 LINE 2 ( <b>Ap</b>  | τ No., Suite No., Flo  | or No.)  | City or Town  |  |  |  | State   | ZIP Code    | 2 + 4   |          |                                       |     |
|   |   |  |  |   |  |  |  |   |             |         |          |                                       |     |
|   |   | hysical address  |  |   |  | 2019 or la   | st day c   | of the t  | axable      | year fo | r fiscal | l year                                |     |
| taxpayers. See  | Instruct  | tion 6. Part-yea   | ar residents   | see Instru  | ction 26.  |  |  |   |             |         |          |                                       |     |
|   |   |  |  |   |  |  |  |   |             |         |          |                                       |     |
|   |   |  |  |   |  |  |  |   |             |         |          |                                       |     |
| 4 Digit Political Sub   | division Cod  | le (See Instruction 6)   | Maryland Po  | olitical Subdivis   | ion (See Instr   | uction 6)  |  |   |             |         |          |                                       |     |
|   |   |  |  |   |  |  |  |   |             |         |          |                                       |     |
|   |   |  |  |   |  |  |  |   |             |         |          |                                       |     |
| Maryland Physical A   | Address Line  | 1 (Street No. and Sti  | reet Name) (No Pi  | O Box)  |  |  |  |   |             |         |          |                                       |     |
|   |   |  |  |   |  |  |  |   |             |         |          |                                       |     |
|   |   | 2 (Apt No., Suite No.  |  |   |  |  |  |   |             |         |          |                                       |     |
| Maryland Physical A   |   |  |  | D Box)<br>MD  |  |  |  |   |             |         |          |                                       |     |
|   |   |  |  | O Box)  | ZIP Code + 4   | M  | aryland C  | ounty   |             |         |          |                                       |     |
| Maryland Physical A<br>City   | Address Line  | 2 (Apt No., Suite No.  | , Floor No.) (No Po  | D Box)<br>MD<br>State   |  |  |  |   |             |         |          |                                       |     |
| Maryland Physical A<br>City   | Address Line  | 2 (Apt No., Suite No.<br>Single (If you o  | , Floor No.) (No Pe  | D Box)<br>MD<br>State<br>d on anothe  | er person's t  | tax returr   |  |   | atus 6.     | )       |          |                                       |     |
| Maryland Physical A<br>City<br>City<br>FILING<br>STATUS   | Address Line  | 2 (Apt No., Suite No.<br>Single (If you o<br>Married filing jo   | , Floor No.) (No Po<br>can be claimed  | D Box)<br>MD<br>State<br>d on anothe<br>spouse had  | er person's t<br>no income                                       | tax returr   |  |   | atus 6.     | )       |          |                                       |     |
| Maryland Physical A<br>City<br>FILING<br>STATUS<br>CHECK ONE<br>BOX ►   | Address Line 1. 2. 3.   | 2 (Apt No., Suite No.<br>Single (If you of<br>Married filing jo<br>Married filing s  | , Floor No.) (No Po<br>can be claimed<br>pint return or<br>eparately, Sp   | D Box)<br>MD<br>State<br>d on anothe<br>spouse had  | er person's t<br>no income                                       | tax returr   |  |   | atus 6.     | )       |          |                                       |     |
| Maryland Physical A<br>City<br>FILING<br>STATUS<br>CHECK ONE<br>SOX ►<br>See Instruction  | Address Line 1. 2. 3. 4.  | 2 (Apt No., Suite No.<br>Single (If you of<br>Married filing jo<br>Married filing s<br>Head of housel  | , Floor No.) (No Po<br>can be claimed<br>pint return or<br>eparately, Sp<br>hold   | D Box)<br>MD<br>State<br>d on anothe<br>spouse had<br>ouse SSN  | n person's t<br>no income  | tax returr   |  |   | atus 6.     | )       |          |                                       |     |
| Maryland Physical A<br>City<br>FILING<br>STATUS<br>CHECK ONE<br>BOX ►<br>See Instruction<br>1 if you are  | Address Line 1. 2. 3. 4. 5.   | 2 (Apt No., Suite No.<br>Single (If you of<br>Married filing jo<br>Married filing s<br>Head of housel<br>Qualifying wido   | , Floor No.) (No Pe<br>can be claimed<br>bint return or<br>eparately, Sp<br>hold<br>bw(er) with de   | D Box)<br>MD<br>State<br>d on anothe<br>spouse had<br>ouse SSN  | no income  | tax returr   | n, use Fi  | ling St   | atus 6.     | )       |          |                                       |     |
| Maryland Physical A<br>City<br>FILING<br>STATUS<br>CHECK ONE<br>BOX ►<br>See Instruction<br>if you are  | Address Line 1. 2. 3. 4.  | 2 (Apt No., Suite No.<br>Single (If you of<br>Married filing jo<br>Married filing s<br>Head of housel  | , Floor No.) (No Pe<br>can be claimed<br>bint return or<br>eparately, Sp<br>hold<br>bw(er) with de   | D Box)<br>MD<br>State<br>d on anothe<br>spouse had<br>ouse SSN  | no income  | tax returr   | n, use Fi  | ling St   | atus 6.     | )       |          |                                       |     |
| Maryland Physical A<br>City<br>City<br>City<br>City<br>CHECK ONE<br>CHECK ONE<br>Soe Instruction<br>If you are<br>equired to file.  | Address Line 1. 2. 3. 4. 5. 6.  | 2 (Apt No., Suite No.<br>Single (If you of<br>Married filing so<br>Married filing so<br>Head of housel<br>Qualifying wido<br>Dependent tax   | , Floor No.) (No Pe<br>can be claimed<br>bint return or<br>eparately, Sp<br>hold<br>bw(er) with de<br>payer (Enter (   | D Box)<br>MD<br>State<br>d on anothe<br>spouse had<br>ouse SSN<br>ependent ch<br>D in Exempt  | ild<br>ion Box (A)   | tax returr   | n, use Fi  | ling St   | atus 6.     |         |          |                                       |     |
| Maryland Physical A<br>City<br>City<br>City<br>City<br>CHECK ONE<br>CHECK ONE<br>Soe Instruction<br>If you are<br>equired to file.<br>CART-YEAR   | Address Line 1. 2. 3. 4. 5. 6. Dates of   | 2 (Apt No., Suite No.<br>Single (If you of<br>Married filing jo<br>Married filing s<br>Head of house<br>Qualifying wido<br>Dependent tax   | , Floor No.) (No Po<br>can be claimed<br>bint return or<br>eparately, Sp<br>hold<br>bw(er) with de<br>payer (Enter of<br>idence (MM  | D Box)<br>MD<br>State<br>d on anothe<br>spouse had<br>ouse SSN<br>ependent ch<br>D in Exempt  | ild<br>ion Box (A)   | tax returr   | n, use Fi  | ling St   | atus 6.     |         |          |                                       |     |
| Maryland Physical A<br>City<br>City<br>City<br>City<br>CHECK ONE<br>SOX ►<br>See Instruction<br>If you are<br>equired to file.<br>CHECK ONE<br>See Instruction<br>CHECK ONE<br>Sox ►<br>See Instruction   | Address Line         1.         2.         3.         4.         5.         6.         Dates of         Other sta | 2 (Apt No., Suite No.<br>Single (If you of<br>Married filing jo<br>Married filing s<br>Head of house<br>Qualifying wido<br>Dependent tax<br><b>f Maryland Res</b><br>ate of residence:   | , Floor No.) (No Po<br>can be claimed<br>bint return or<br>eparately, Sp<br>hold<br>bw(er) with de<br>payer (Enter (<br>idence (MM   | D Box)<br>MD<br>State<br>d on anothe<br>spouse had<br>ouse SSN<br>ependent ch<br>0 in Exempt<br>DD YYYY)  | ild<br>FROM  | tax returr<br>) - See Ir   | n, use Fi  | ling St   | atus 6.     |         |          |                                       |     |
| Maryland Physical A<br>City<br>City<br>City<br>City<br>CHECK ONE<br>SOX<br>Gee Instruction<br>. If you are<br>equired to file.<br>CART-YEAR<br>RESIDENT<br>See Instruction  | Address Line  | 2 (Apt No., Suite No.<br>Single (If you of<br>Married filing jo<br>Married filing s<br>Head of housel<br>Qualifying wido<br>Dependent tax<br><b>f Maryland Res</b><br>ate of residence:<br>egan or ended les   | , Floor No.) (No Po<br>can be claimed<br>bint return or<br>eparately, Sp<br>hold<br>bw(er) with de<br>payer (Enter (<br>idence (MM<br>gal residence  | D Box)<br>MD<br>State<br>d on anothe<br>spouse had<br>ouse SSN<br>ependent ch<br>0 in Exempt<br>DD YYYY)<br>in Marylanc   | ild<br>in 2019 pla   | tax returr<br>) - See Ir<br>ace a <b>P</b> ir                            | n, use Finstruction  | on 7.)  |             |         |          |                                       |     |
| Maryland Physical A<br>City<br>City<br>City<br>City<br>CHECK ONE<br>SOX<br>Gee Instruction<br>. If you are<br>equired to file.<br>CART-YEAR<br>RESIDENT<br>See Instruction  | Address Line  | 2 (Apt No., Suite No.<br>Single (If you o<br>Married filing jo<br>Married filing s<br>Head of housel<br>Qualifying wido<br>Dependent tax<br><b>f Maryland Res</b><br>ate of residence:<br>egan or ended leg<br><b>RY:</b> If you or you  | , Floor No.) (No Po<br>can be claimed<br>bint return or<br>eparately, Sp<br>hold<br>bw(er) with de<br>payer (Enter of<br>idence (MM<br>gal residence<br>ur spouse has  | D Box)<br>MD<br>State<br>d on anothe<br>spouse had<br>ouse SSN<br>ependent ch<br>0 in Exempt<br>DD YYYY)<br>in Marylanc<br>non-Mary   | ild<br>in 2019 pla   | tax returr<br>) - See Ir<br>ace a <b>P</b> ir                            | n, use Finstruction  | on 7.)  |             |         |          |                                       |     |
| Maryland Physical A<br>City<br>City<br>City<br>City<br>CHECK ONE<br>SOX<br>Gee Instruction<br>. If you are<br>equired to file.<br>CART-YEAR<br>RESIDENT<br>See Instruction  | Address Line  | 2 (Apt No., Suite No.<br>Single (If you of<br>Married filing jo<br>Married filing s<br>Head of housel<br>Qualifying wido<br>Dependent tax<br><b>f Maryland Res</b><br>ate of residence:<br>egan or ended les   | , Floor No.) (No Po<br>can be claimed<br>bint return or<br>eparately, Sp<br>hold<br>bw(er) with de<br>payer (Enter of<br>idence (MM<br>gal residence<br>ur spouse has  | D Box)<br>MD<br>State<br>d on anothe<br>spouse had<br>ouse SSN<br>ependent ch<br>0 in Exempt<br>DD YYYY)<br>in Marylanc<br>non-Mary   | ild<br>in 2019 pla   | tax returr<br>) - See Ir<br>ace a <b>P</b> ir                            | n, use Finstruction  | on 7.)  |             |         |          |                                       |     |
| Maryland Physical A<br>City<br>City<br>City<br>City<br>City<br>City<br>City<br>City   | Address Line  | 2 (Apt No., Suite No.<br>Single (If you of<br>Married filing jo<br>Married filing s<br>Head of housel<br>Qualifying wido<br>Dependent tax<br><b>f Maryland Res</b><br>ate of residence:<br>egan or ended leo<br><b>RY:</b> If you or you<br><b>litary Income</b> a   | , Floor No.) (No Pro-<br>can be claimer<br>oint return or<br>eparately, Sp<br>hold<br>ow(er) with de<br>payer (Enter of<br>idence (MM<br>gal residence<br>ur spouse has<br>amount here:  | D Box)<br>MD<br>State<br>d on anothe<br>spouse had<br>ouse SSN<br>ependent ch<br>0 in Exempt<br>DD YYYY)<br>in Marylanc<br>non-Mary   | ild<br>ild<br>ild<br>in Box (A)<br>FROM                          | tax returr<br>) - See Ir<br>ace a <b>P</b> ir<br>ry income               | n, use Fi  | ling St<br>on 7.)<br>x<br>an <b>M</b> i                             | <br>n the b |         |          |                                       |     |
| Maryland Physical A<br>City<br>City<br>City<br>City<br>City<br>City<br>CHECK ONE<br>Sox ►<br>Gee Instruction<br>City ou are<br>equired to file.<br>CART-YEAR<br>RESIDENT<br>See Instruction<br>City ou are<br>equired to file.  | Address Line  | 2 (Apt No., Suite No.<br>Single (If you o<br>Married filing jo<br>Married filing s<br>Head of housel<br>Qualifying wido<br>Dependent tax<br><b>f Maryland Res</b><br>ate of residence:<br>egan or ended leg<br><b>RY:</b> If you or you  | , Floor No.) (No Po<br>can be claimed<br>bint return or<br>eparately, Sp<br>hold<br>bw(er) with de<br>payer (Enter of<br>idence (MM<br>gal residence<br>ur spouse has  | D Box)<br>MD<br>State<br>d on anothe<br>spouse had<br>ouse SSN<br>ependent ch<br>0 in Exempt<br>DD YYYY)<br>in Marylanc<br>non-Mary   | ild<br>in 2019 pla   | tax returr<br>) - See Ir<br>ace a <b>P</b> ir<br>ry income               | n, use Finstruction  | ling St<br>on 7.)<br>x<br>an <b>M</b> i                             | <br>n the b |         |          |                                       |     |
| Maryland Physical A<br>City<br>City<br>City<br>City<br>City<br>City<br>City<br>City   | Address Line  | 2 (Apt No., Suite No.<br>Single (If you of<br>Married filing jo<br>Married filing s<br>Head of housel<br>Qualifying wido<br>Dependent tax<br>f Maryland Res<br>ate of residence:<br>egan or ended leg<br>RY: If you or you<br>litary Income a  | , Floor No.) (No Pe<br>can be claimed<br>bint return or<br>eparately, Sp<br>hold<br>bw(er) with de<br>payer (Enter (<br>idence (MM<br>gal residence<br>ur spouse has<br>amount here:<br>Spouse   | D Box)<br>MD<br>State<br>d on anothe<br>spouse had<br>ouse SSN<br>ependent ch<br>0 in Exempt<br>DD YYYY)<br>in Marylanc<br>non-Mary   | ild<br>ild<br>ild<br>in Box (A)<br>FROM                          | tax returr<br>) - See Ir<br>ace a <b>P</b> ir<br>ry income               | n, use Fi  | ling St<br>on 7.)<br>x<br>an <b>M</b> i                             | <br>n the b |         |          |                                       |     |
| Maryland Physical A<br>City<br>City<br>City<br>City<br>City<br>City<br>City<br>City   | Address Line  | 2 (Apt No., Suite No.<br>Single (If you of<br>Married filing jo<br>Married filing s<br>Head of housel<br>Qualifying wido<br>Dependent tax<br><b>f Maryland Res</b><br>ate of residence:<br>egan or ended leo<br><b>RY:</b> If you or you<br><b>litary Income</b> a   | , Floor No.) (No Pro-<br>can be claimer<br>oint return or<br>eparately, Sp<br>hold<br>ow(er) with de<br>payer (Enter of<br>idence (MM<br>gal residence<br>ur spouse has<br>amount here:  | D Box)<br>MD<br>State<br>d on anothe<br>spouse had<br>ouse SSN<br>ependent ch<br>0 in Exempt<br>DD YYYY)<br>in Marylanc<br>non-Mary   | ild<br>ild<br>ild<br>in Box (A)<br>FROM                          | tax returr<br>) - See Ir<br>ace a <b>P</b> ir<br>ry income               | n, use Fi  | ling St<br>on 7.)<br>x<br>an <b>M</b> i                             | <br>n the b |         |          |                                       |     |
| Maryland Physical A<br>City<br>City<br>City<br>City<br>City<br>City<br>CHECK ONE<br>See Instruction<br>If you are<br>equired to file.<br>CART-YEAR<br>RESIDENT<br>See Instruction<br>26.<br>City<br>CHECK ONE<br>See Instruction<br>City<br>CHECK ONE<br>See Instruction<br>City<br>City<br>City<br>City<br>City<br>City<br>City<br>City  | Address Line  | 2 (Apt No., Suite No.<br>Single (If you of<br>Married filing jo<br>Married filing s<br>Head of housel<br>Qualifying wido<br>Dependent tax<br>f Maryland Res<br>ate of residence:<br>egan or ended leg<br>RY: If you or you<br>litary Income a  | , Floor No.) (No Pe<br>can be claimed<br>bint return or<br>eparately, Sp<br>hold<br>bw(er) with de<br>payer (Enter (<br>idence (MM<br>gal residence<br>ur spouse has<br>amount here:<br>Spouse   | D Box)<br>MD<br>State<br>d on anothe<br>spouse had<br>ouse SSN D<br>ependent ch<br>0 in Exempt<br>DD YYYY)<br>in Marylanc<br>non-Mary   | ild<br>ild<br>ild<br>in 2019 pla<br>in 2019 pla<br>iland militan | tax returr<br>) - See Ir<br>ace a <b>P</b> ir<br>ry income               | n, use Finstruction<br>TO<br>the bo<br>e, place  | n 7.)<br>x<br>an <b>M</b> i   |             |         |          |                                       |     |
| Maryland Physical A<br>City<br>City<br>City<br>City<br>City<br>City<br>CHECK ONE<br>Soc ►<br>CHECK ONE<br>C | Address Line  | 2 (Apt No., Suite No.<br>Single (If you of<br>Married filing jo<br>Married filing s<br>Head of housel<br>Qualifying wido<br>Dependent tax<br>f Maryland Res<br>ate of residence:<br>egan or ended leg<br>RY: If you or you<br>litary Income a  | , Floor No.) (No Pe<br>can be claimed<br>bint return or<br>eparately, Sp<br>hold<br>bw(er) with de<br>payer (Enter (<br>idence (MM<br>gal residence<br>ur spouse has<br>amount here:<br>Spouse   | D Box)<br>MD<br>State<br>d on anothe<br>spouse had<br>ouse SSN D<br>ependent ch<br>0 in Exempt<br>DD YYYY)<br>in Marylanc<br>non-Mary   | ild<br>ild<br>ild<br>in Box (A)<br>FROM                          | tax returr<br>) - See Ir<br>ace a <b>P</b> ir<br>ry income               | n, use Fi  | n 7.)<br>x<br>an <b>M</b> i   |             |         |          |                                       |     |
| Maryland Physical A<br>City<br>FILING<br>STATUS<br>CHECK ONE<br>BOX ►<br>See Instruction<br>L if you are<br>required to file.<br>PART-YEAR<br>RESIDENT<br>See Instruction<br>26.<br>EXEMPTIONS<br>See Instruction 10.<br>Check appropriate<br>box(es). NOTE: If<br>you are claiming<br>lependents, you<br>must attach the<br>Dependents'  | Address Line  1. 2. 3. 4. 5. 6. Dates of Other sta If you be MILITAI Enter Mi A. ▶ B. ▶                           | 2 (Apt No., Suite No.<br>Single (If you of<br>Married filing jo<br>Married filing s<br>Head of housel<br>Qualifying wido<br>Dependent tax<br>f Maryland Res<br>ate of residence:<br>egan or ended lee<br>RY: If you or you<br>litary Income a<br>Yourself  | , Floor No.) (No Po<br>can be claimed<br>bint return or<br>eparately, Sp<br>hold<br>bw(er) with de<br>payer (Enter of<br>idence (MM<br>gal residence<br>ur spouse has<br>amount here:<br>Spouse<br>65 or over                              | D Box)<br>MD<br>State<br>d on anothe<br>spouse had<br>ouse SSN D<br>ependent ch<br>0 in Exempt<br>DD YYYY)<br>in Marylanc<br>non-Mary   | ild<br>ild<br>ild<br>in 2019 pla<br>in 2019 pla<br>iland militan | tax return<br>) - See Ir<br>ace a <b>P</b> ir<br>ry income<br>Se         | n, use Finstruction<br>TO<br>n the bo<br>e, place<br>ee Instruction<br>1,000                   | ling St<br>on 7.)<br>an <b>M</b> i                                  |             |         |          |                                       |     |
| Maryland Physical A<br>City<br>City<br>FILING<br>STATUS<br>CHECK ONE<br>Sox ►<br>See Instruction<br>L if you are<br>required to file.<br>PART-YEAR<br>RESIDENT<br>See Instruction<br>26.<br>EXEMPTIONS<br>See Instruction 10.<br>Check appropriate<br>lox(es). NOTE: If<br>you are claiming<br>lependents, you<br>nust attach the<br>Dependents'<br>information<br>Sorm 502B to this  | Address Line  1. 2. 3. 4. 5. 6. Dates of Other sta If you be MILITAI Enter Mi A. ▶ . B. ▶                         | 2 (Apt No., Suite No.<br>Single (If you of<br>Married filing jo<br>Married filing s<br>Head of housel<br>Qualifying wido<br>Dependent tax<br>f Maryland Res<br>ate of residence:<br>egan or ended lee<br>RY: If you or you<br>litary Income a<br>Yourself  | , Floor No.) (No Pro-<br>can be claimer<br>oint return or<br>eparately, Sp<br>hold<br>ow(er) with de<br>payer (Enter of<br>idence (MM<br>gal residence<br>ur spouse has<br>amount here:<br>Spouse<br>65 or over<br>Blind                   | D Box)<br>MD<br>State<br>d on anothe<br>spouse had<br>ouse SSN<br>ependent ch<br>0 in Exempt<br>DD YYYY)<br>in Marylanc<br>non-Mary<br>Enter nun<br>Enter nun                 | ild<br>ild<br>ild<br>ion Box (A)<br>FROM                         | tax return<br>) - See Ir<br>ace a <b>P</b> ir<br>ry income<br>Se         | n, use Finstruction<br>TO<br>the bo<br>e, place  | ling St<br>on 7.)<br>an <b>M</b> i                                  |             |         |          |                                       |     |
| Maryland Physical A<br>City<br>FILING<br>STATUS<br>CHECK ONE<br>BOX ►<br>See Instruction<br>L if you are<br>required to file.<br>PART-YEAR<br>RESIDENT<br>See Instruction<br>26.<br>EXEMPTIONS<br>See Instruction 10.<br>Check appropriate<br>pox(es). NOTE: If<br>rou are claiming<br>lependents; you<br>nust attach the<br>Dependents'<br>information<br>form 502B to this<br>orm to receive  | Address Line  1. 2. 3. 4. 5. 6. Dates of Other sta If you be MILITAI Enter Mi A. ▶ . B. ▶                         | 2 (Apt No., Suite No.<br>Single (If you of<br>Married filing in<br>Married filing s<br>Head of house<br>Qualifying wido<br>Dependent tax<br><b>f Maryland Res</b><br>ate of residence:<br>egan or ended lee<br><b>RY:</b> If you or you<br><b>litary Income</b> a<br><b>Yourself</b><br>65 or over ▶   | , Floor No.) (No Pro-<br>can be claimer<br>oint return or<br>eparately, Sp<br>hold<br>ow(er) with de<br>payer (Enter of<br>idence (MM<br>gal residence<br>ur spouse has<br>amount here:<br>Spouse<br>65 or over<br>Blind                   | D Box)<br>MD<br>State<br>d on anothe<br>spouse had<br>ouse SSN<br>ependent ch<br>0 in Exempt<br>DD YYYY)<br>in Marylanc<br>non-Mary<br>Enter nun<br>Enter nun                 | ild<br>ild<br>ild<br>ion Box (A)<br>FROM                         | tax return<br>) - See Ir<br>ace a <b>P</b> ir<br>ry income<br>Se         | n, use Finstruction<br>TO<br>n the bo<br>e, place<br>ee Instruction<br>1,000                   | ling St<br>on 7.)<br>an <b>M</b> i                                  |             |         |          |                                       |     |
| Maryland Physical A<br>City<br>FILING<br>STATUS<br>CHECK ONE<br>BOX ►<br>See Instruction<br>1 if you are<br>required to file.<br>PART-YEAR<br>RESIDENT<br>See Instruction<br>26.<br>EXEMPTIONS<br>See Instruction 10.<br>Check appropriate<br>pox(es). NOTE: If<br>you are claiming<br>lependents, you<br>nust attach the<br>Dependents'<br>Information<br>Form 502B to this<br>orm to receive<br>he applicable   | Address Line  | 2 (Apt No., Suite No.<br>Single (If you of<br>Married filing in<br>Married filing s<br>Head of house<br>Qualifying wido<br>Dependent tax<br><b>f Maryland Res</b><br>ate of residence:<br>egan or ended lee<br><b>RY:</b> If you or you<br><b>litary Income</b> a<br><b>Yourself</b><br>65 or over ▶   | , Floor No.) (No Pro-<br>can be claimer<br>point return or<br>eparately, Sp<br>hold<br>bw(er) with de<br>payer (Enter (<br>idence (MM<br>gal residence<br>ur spouse has<br>amount here:<br>Spouse<br>65 or over<br>Blind<br>3 of Dependen  | D Box)<br>MD<br>State<br>d on anothe<br>spouse had<br>ouse SSN<br>ependent ch<br>0 in Exempt<br>DD YYYY)<br>in Marylance<br>non-Mary<br>Enter num<br>Enter num<br>t Form 502B | ild<br>ild<br>ild<br>ion Box (A)<br>FROM                         | tax return<br>) - See Ir<br>ace a <b>P</b> ir<br>ry income<br>Se<br>X \$ | n, use Finstruction<br>TO<br>n the bo<br>e, place<br>ee Instruction<br>1,000                   | ling St<br>on 7.)<br>x<br>an <b>M</b> i<br>ction 10                 |             |         |          |                                       |     |
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| Maryland Physical A<br>City<br>FILING<br>STATUS<br>CHECK ONE<br>BOX ►<br>See Instruction<br>1 if you are<br>required to file.<br>PART-YEAR<br>RESIDENT<br>See Instruction<br>26.<br>EXEMPTIONS<br>See Instruction 10.<br>Check appropriate<br>pox(es). NOTE: If<br>you are claiming<br>dependents, you<br>must attach the<br>Dependents'<br>Information<br>Form 502B to this<br>form to receive<br>the applicable   | Address Line  | Single (If you of<br>Married filing jo<br>Married filing s<br>Head of housel<br>Qualifying wido<br>Dependent tax<br><b>f Maryland Res</b><br>ate of residence:<br>egan or ended leg<br><b>RY:</b> If you or you<br><b>litary Income</b> a<br><b>Yourself</b><br>65 or over ►   | , Floor No.) (No Pro-<br>can be claimer<br>point return or<br>eparately, Sp<br>hold<br>bw(er) with de<br>payer (Enter (<br>idence (MM<br>gal residence<br>ur spouse has<br>amount here:<br>Spouse<br>65 or over<br>Blind<br>3 of Dependen  | D Box)<br>MD<br>State<br>d on anothe<br>spouse had<br>ouse SSN<br>ependent ch<br>0 in Exempt<br>DD YYYY)<br>in Marylance<br>non-Mary<br>Enter num<br>Enter num<br>t Form 502B | ild<br>ild<br>ild<br>ion Box (A)<br>FROM                         | tax return<br>) - See Ir<br>ace a <b>P</b> ir<br>ry income<br>Se<br>X \$ | n, use Finstruction<br>TO<br>n the bo<br>e, place<br>ee Instruction<br>1,000<br>ee Instruction | ling St<br>on 7.)<br>x<br>an <b>M</b> i<br>ction 10                 |             |         |          |                                       |     |
| Maryland Physical A<br>City<br>FILING<br>STATUS<br>CHECK ONE<br>BOX ►<br>See Instruction<br>1 if you are<br>required to file.<br>PART-YEAR<br>RESIDENT  | Address Line  | Single (If you of<br>Married filing jo<br>Married filing s<br>Head of housel<br>Qualifying wido<br>Dependent tax<br><b>f Maryland Res</b><br>ate of residence:<br>egan or ended leg<br><b>RY:</b> If you or you<br><b>litary Income</b> a<br><b>Yourself</b><br>65 or over ►   | , Floor No.) (No Pro-<br>can be claimer<br>point return or<br>eparately, Sp<br>hold<br>bw(er) with de<br>payer (Enter (<br>idence (MM<br>gal residence<br>ur spouse has<br>amount here:<br>Spouse<br>65 or over<br>Blind<br>3 of Dependen  | D Box)<br>MD<br>State<br>d on anothe<br>spouse had<br>ouse SSN<br>ependent ch<br>0 in Exempt<br>DD YYYY)<br>in Marylance<br>non-Mary<br>Enter num<br>Enter num<br>t Form 502B | ild<br>ild<br>ild<br>ion Box (A)<br>FROM                         | tax return<br>) - See Ir<br>ace a <b>P</b> ir<br>ry income<br>Se<br>X \$ | n, use Finstruction<br>TO<br>n the bo<br>e, place<br>ee Instruction<br>1,000<br>ee Instruction | ling St<br>on 7.)<br>x<br>an <b>M</b> i<br>ction 10                 |             |         |          |                                       |     |
| Maryland Physical A<br>City<br>FILING<br>STATUS<br>CHECK ONE<br>BOX ►<br>See Instruction<br>L if you are<br>required to file.<br>PART-YEAR<br>RESIDENT<br>See Instruction<br>26.<br>EXEMPTIONS<br>See Instruction 10.<br>Check appropriate<br>box(es). NOTE: If<br>you are claiming<br>lependents, you<br>nust attach the<br>Dependents'<br>Information<br>Form 502B to this<br>orm to receive<br>he applicable   | Address Line  | 2 (Apt No., Suite No.         Single (If you of Married filing in Married filing is Head of housel Qualifying wide Dependent tax         f Maryland Restate of residence:         egan or ended legan or ended lega | , Floor No.) (No Pro-<br>can be claimed<br>point return or<br>eparately, Sp<br>hold<br>ow(er) with de<br>payer (Enter of<br>idence (MM<br>gal residence<br>ur spouse has<br>amount here:<br>Spouse<br>65 or over<br>Blind<br>3 of Dependen | D Box)<br>MD<br>State<br>d on anothe<br>spouse had<br>ouse SSN I<br>ependent ch<br>D YYYY)<br>in Marylance<br>non-Mary<br>Enter num<br>Enter num<br>t Form 502B<br>d C.)      | ild<br>ild<br>ild<br>in Box (A)<br>FROM                          | tax return   | n, use Finstruction<br>TO<br>the bo<br>e, place<br>ee Instruction<br>1,000<br>ee Instruction   | ling St<br>on 7.)<br>x<br>an <b>M</b> i<br>ction 10<br><br>ction 10 |             |         |          |                                       |     |

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|----------|-------------------------------|-------------------|---------------|---------------------------------------|---|-------------|--|---|-----------|
| 4        | MARY                          | LAND              | RESID         | ENT INCOME                            | 35 41 45 45 47 4                                  | 5 51 5      |  | 2019                                    | 51. 02 0. |
| 5        | FO                            |                   | TAX R         | ETURN                                 |   |             |  | Page 2                                  | 5         |
| 6        | 50                            | )2                |               |                                       |   |             |  |   | 6         |
| 7        |                               |                   |               |                                       |   |             | 193020199  |   | 7         |
| 8        | NAME                          |                   |               |                                       | SSN   |             |  |   | 8         |
| 9        |                               | 1                 |               |                                       |   |             |  |   | 9         |
| 10       | MARYLAND                      | Check he          | re 🕨 📃        | If you do not have he                 | ealth care coverage                               |             | DOB (mm/dd/yyyy) ►   |   | 10        |
| 11       | HEALTH CARE                   |                   |               |                                       |   |             |  |   | 11        |
| 12       | COVERAGE                      | Check he          | re 🕨 🗌        | If your spouse does r                 | not have health care co                           | overage     | DOB (mm/dd/yyyy) ►   |   | 12        |
| 13       | See Instruction 3.            |                   |               |                                       |   | or cit a ge |  |   | 13        |
| 14       |                               | Check he          | re 🕨          | I authorize the Comp                  | otroller of Maryland to                           | share in    | nformation from this tax return with th                        | he                                      | 14        |
| 15       |                               |                   |               | · · · · · · · · · · · · · · · · · · · |   |             | of determining pre-eligibility for no-c                        |   | 15        |
| 16       |                               |                   |               | or low-cost health ca                 |   | Juipose     |  |   | 16        |
| 17       |                               |                   |               |                                       |   |             |  |   | 17        |
| 18       |                               | E-mail ad         |               |                                       |   |             |  |   | 18        |
| 19       |                               |                   |               | ama fram vaur fadara                  |   |             | · · · · · · · · · · · · · · · · · · ·                          |   | 19        |
| + +      |                               |                   |               |                                       |   |             | •••••••••••••••••  |   | 20        |
|          | INCOME<br>See Instruction 11. |                   |               | d/or tips                             |   | 1a.<br>1b.  |  |   | 21        |
| 21       | SCE INSCRUCTION TI.           |                   |               |                                       |   |             |  |   | 22        |
| 23       |                               |                   |               |                                       |   |             | ┿┿┿┿┽┫┣┿┫╎╎╎╎╎   |   | 23        |
| 23       |                               |                   |               |                                       | ach Form 502R.) ►                                 |             |  |   | 23        |
| 24       |                               | ie. Place         | a 'r' in th   | is box if the amoun                   | it of your investment                             | incom       | e is more than \$3,600▶  |   | 24        |
| 25       | ADDITIONS                     | <b>2.</b> Tax-ex  | vomet inter-  | et on state and less                  | abligations (bands) stb                           | or then     | Maryland ▶ 2.  |   | 25        |
| 27       | TO INCOME                     |                   |               |                                       |   |             |  |   | 27        |
| 28       | See Instruction 12.           |                   |               |                                       |   |             | · · · · · · · · · · · · · · · · · · ·                          |   | 2.8       |
| 29       |                               | 4. Lumps          | sum distribu  | cions (ironi workshee                 | t III IIIStruction 12.) .                         | ••••        |  |   | 29        |
| 30       |                               | E Othor           | odditions (E  | ator codo lottor(c) fro               | nt Instruction 12                                 |             | 5.   |   | 30        |
| 31       |                               |                   |               | nter code letter(s) fro               |   |             |  |   | 31        |
| 32       |                               |                   |               |                                       |   |             | · · · · · · · · · · · · · ► 6.                                 |   | 32        |
| 33       |                               |                   |               |                                       |   |             | 1 and 6.)7.  |   | 33        |
| 34       |                               |                   |               |                                       |   |             | uded in line 1 ▶ 8.  |   | 34        |
| 35       | SUBTRACTIONS                  | 9. Child a        | and depende   | nt care expenses                      |   | •••••       |  |   | 35        |
| 36       | FROM INCOME                   |                   |               |                                       |   |             |  |   | 36        |
| 37       | See Instruction 13.           | 10a. Pensio       | on exclusion  | from worksheet (13A                   | () Yourself                                       |             | <b>Spouse</b> ► ► 10a.   |   | 37        |
| 38       |                               |                   |               |                                       |   |             |  |   | 38        |
| 39       |                               | 10b. Pensio       | on exclusion  | from worksheet (13E)                  | ) <b>Yourself</b>                                 |             | <b>Spouse</b> ▶ ▶ 10b  |   | 39        |
|          |                               |                   |               |                                       |   |             |  |   | 40        |
| 40       |                               |                   |               |                                       |   |             | ncluded in line 1 ▶ 11.  |   | 41        |
| 42       |                               | <b>12.</b> Incom  | ne receivea a | uring period of nonre                 | sidence (See Instructio                           | on 26.).    | · · · · · · · · · · · · · ▶ 12.                                |   | 42        |
| 43       |                               |                   |               |                                       |   |             |  |   | 43        |
|          |                               |                   |               | attached Form 502SL                   |   |             |  |   | 44        |
| 44<br>45 |                               |                   |               | action from worksheet                 |   | 14          | · · · · · · · · · · · · · ▶ 14.                                | <del>┽┽┽┥┠┿┥</del>                      | 44        |
| 45       |                               |                   |               |                                       | e (Add lines 8 through                            |             |  | +++++++++++++++++++++++++++++++++++++++ | 46        |
| 40       |                               |                   | <i>,</i>      |                                       | act line 15 from line 7.)<br>Id check the appropr | ,           | · · · · · · · · · · · · · · · · · · 16.                        |   | 47        |
| 4 8      |                               | Ап сахрау         | ers must se   | aect one method an                    | is check the appropr                              | iate DO     | <b>^</b>   |   | 48        |
| 49       | DEDUCTION                     |                   | STANDADD      |                                       | <b>OD</b> (Enter amount on I                      | line 17     |  |   | 49        |
| 50       | DEDUCTION<br>METHOD           |                   | JIANDARD      | DEDUCITON METH                        |   | iiiie 1/.)  |  |   | 50        |
| 51       | See Instruction 16.           |                   |               |                                       | D (Complete lines 17a                             | and 17      | h )  |   | 51        |
| 52       |                               |                   |               | DEDUCTION METHO                       | Complete intes 17a                                |             |  |   | 52        |
| 53       |                               | 4                 | Total fadare  |                                       | (from line 17 fodewald                            | Schodul     |  | <u> </u>                                | 53        |
| 53       |                               |                   |               |                                       | (from line 17, federal S                          |             |  | <u>≠</u>                                | 54        |
| 55       |                               |                   |               |                                       | e Instruction 14.)                                |             | ▶ 17b.   |   | 55        |
| + +      |                               |                   |               |                                       | nd enter amount on line                           |             |  | <del></del>                             | 56        |
| 56<br>57 |                               | <b>17.</b> Deduc  | on amount     | (Part-year residents                  | see Instruction 26 (I ar                          | ia m).)     | · · · · · · · · · · · · · · · ▶ 17.                            | <u> </u>                                | 57        |
| 58       |                               | 10                |               |                                       | 16.)  |             |  | <del></del>                             | 58        |
| 59       |                               |                   |               | act line 17 from line 1               |   |             |  | <del>┽┽┽┽┫┠┿┫</del>                     | 59        |
| 60       |                               |                   |               |                                       | ea (See Instruction 10.                           | <u> </u>    |  | +++++                                   | 60        |
| 61       |                               | <b>20.</b> Taxabl | ne net incom  | e (Subtract line 19 fro               | וווט III וווט דע.)                                | • • • • • • |  |   | 61        |
| 62       |                               |                   |               |                                       |   |             |  |   | 62        |
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## 23 25 27 29 31 33 35 37 RESIDENT INCOME TAX RETURN





| Ponge       TAX RETURN       Image and the set of                   | 4           | MARY              | LANI | 8 20 22 24 26 28 30 32 34 36 38 40 42 44 46 48 50 52 54 56 58 60 62 64 66 68 70 72 74 73 75 PRESIDENT INCOME | 2019     |
|--|-------------|-------------------|------|--|----------|
| Image: state in the state |             | FOF               | M    |  | Page 3   |
| Note       95W         MARYLAND       21.         MARYLAND       22.         ECOMPUTATION       22.         ECOMPUTATION       23.         ECOMPUTATION       23.         ECOMPUTATION       23.         ECOMPUTATION       24.         ECOMPUTATION       23.         ECOMPUTATION       24.         ECOMPUTATION       23.         ECOMPUTATION       24.         ECOMPUTATION       24.         ECOMPUTATION       24.         ECOMPUTATION       24.         ECOMPUTATION       24.         ECOMPUTATION       25.         ECOMPUTATION       24.         ECOMPUTATION       25.         ECOMPUTATION       26.         ECOMPUTATION       26.         ECOMPUTATION       26.         ECOMPUTATION       26.         ECOMPUTATION       26.         ECOMPUTATION       27.         Solucid prover level credit (Com local Earned Income Credit (Marin Exol Earned Income Exol Earned Inco   |             | 50                | 12   |  |          |
| 21. Maryland tax (from Tax Table of Computation Worksheet Schedules I or 11)       21.         MARYLAND       22. Earned income credit (ECISee Instruction 18.)       22.         COMPUTATION       Check this box if you pre claiming the Maryland Earned Income Credit.       23.         Did on of quality for the federal Earned Income Credit.       24.         23. Powerty level credit (See Instruction 18.)       23.         24. Other Income tax credits on Individual from Part A., Im 13 of form SUCR (Attach Form 502CR, 24.         25. Budiness tax credits.       You must file this form electronically to claim business tax credits on Form 500CR         26. Total credits (Add lines 22 through 25.).       You fuelt claim business tax credits on Form 500CR         26. Local tax Cless Instruction 18.2       24.         27. Maryland tax after credits (Subtract line 26 from line 27.1.) If test than 0, enter 0.       27.         28. Local tax Cless Instruction Use?       24.         29. Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.).       20.         20. Local powert level credit (Subtract line 32 from line 28.) If less fran 0, enter 0.       31.         31. Local tax after credits (Subtract line 32 from line 28.) If less fran 0, enter 0.       33.         32. Total Maryland income tax, (Add lines 29 and 12.       24.         33. Local tax after credits (Subtract line 32.       25.         34  | 7           |                   |      | 193020239  |          |
| MARYLAND       22.       Earned income credit (EIC)(See Instruction 18.).       > 22.         COMPUTATION       Check this box (if you are claiming the Maryland Earned Income Credit.       > 23.         A       Other involution for the feature larned income Credit.       > 23.         A       Other involution for the feature larned income Credit.       > 23.         A       Other involution for the A, line 13 of Form 502CR (Attach Form 502CR) 24.       > 25.         Business tax Credits.       You must file this form electronically to claim business accredits and credit (Add lines 20 through 25.).       > 26.         Z       Accredit (Add lines 2 Othough 25.).       > 26.       > 27.         Z       Local tax (See Instruction 19 for tax rates during worksheet.) Multiply line 20 by       > 28.         LOCAL TAX       CoMPUTATION       28.       Local tax rate. 0       or use the Local Tax Worksheet.       > 28.         S       Local tax rate. 0       or use the Local Tax Worksheet.       > 30.       > 30.       > 30.         Local tax rate. 0       or use the Local Tax Worksheet.       > 30.       > 30.       > 30.       > 30.       > 30.       > 30.       > 30.       > 30.       > 30.       > 30.       > 30.       > 30.       > 30.       > 30.       > 30.       > 30.       > 30.       > 30.       > 30.  | 3 N.A       | AME               |      | S\$N S\$N  |          |
| MARYLAND<br>TAX       22.       Earned income oredit (ECC)(See Instruction 18.)  | э –         |                   | 21.  | Maryland tax (from Tax Table or Computation Worksheet Schedules I or II)                                     |          |
| a TAX<br>COMPUTATION Check this box if you are daiming the Maryland Earned Income Credit, but do not qualify for the federal Earned Income Credit, do do the qualify for the federal Earned Income Credit, do do the qualify for the federal Earned Income Credit, do do the qualify for the federal Earned Income Credit, do do the qualify for the federal Earned Income Credit, do do the qualify for the federal Earned Income Credit, do do the qualify for the federal Earned Income Credit, do do the qualify for the federal Earned Income Credit, do do the qualify for the federal Earned Income Credit, do do the qualify for the federal Earned Income Credit, do do the qualify for the federal Earned Income Credit, do do the qualify Earned Income Credit, do do the qualify Earned Income Credit, Worksheet, In Instruction 19),  | LO M        |                   |      |  |          |
| Cleck this down Yob are channed the Haryamb canned in the Informe Credit,         Image: Cleck this down Yob are channed are finded income Credit.         Image: Cleck this down Yob are channed are finded income Credit.         Image: Cleck this down Yob are channed are finded income Credit.         Image: Cleck this down Yob are channed are finded income Credit.         Image: Cleck this down Yob are channed are finded income Credit.         Image: Cleck this down Yob are channed are finded income Credit.         Image: Cleck this down Yob are channed are finded income Credit.         Image: Cleck this down Yob are channed the Cleck the Cleck this down Yob are cleck this down Yob are cleck this down Yob are cleck the Cleck this down Yob are cleck the Cleck this down Yob are cleck this down Yob are cleck the Cleck  |             |                   |      |  |          |
| 23.       Poverty level credit (See Instruction 18,)   | 12 <b>C</b> | OMPUTATION        |      | Check this box if you are claiming the Maryland Earned Income Credit,  |          |
| 23. Poverty level credit (See Instruction 18.)   | L 3         |                   |      | but do not qualify for the federal Earned Income Credit.   |          |
| 24. Other income tax credits for individuals from Part A4, line 13 of Form 502CR, (Attach Form 502CR.) 24.         25. Business tax credits  | L 4         |                   |      |  |          |
| 25. Business tax credite       You must file this form electronically to claim business tax credits on Form SDOCR.         26. Total credits (Add lines 22 through 25.).       26.         27. Marying tax after credits (Subtract line 26 from line 21.) If less than 0, enter 0.       27.         28. Local tax (See Instruction 19 for tax rates and worksheet.) Multiply line 20 by       28.         20. Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.)   | 15          |                   | 23.  | Poverty level credit (See Instruction 18.)   |          |
| 26. Total credits (Add lines 22 through 25.).       27. Maryland tax after credits (Subtract line 26 from line 21.) If less than 0, enter 0.       27.         28. Local tax (See Instruction 19 for tax rates and worksheet.) Multiply line 20 by       28.       29.         29. Local tax (See Instruction 19 for tax rates and worksheet.) Multiply line 20 by       29.       20.         29. Local asweet from Date Ba, line 1 of form SO2CR.       28.       28.       29.         30. Local poverty level credit (from Local Earned Income Credit Worksheet in Instruction 19.).       29.       20.         31. Local tax credit from Date Ba, line 1 of form SO2CR.       31.       31.       31.         32. Total credits (Add lines 29 through 31.)       32.       33.       34.       33.         33. Local tax after credits (Subtract line 32 from line 28.) The Local stax.       34.       34.       34.         34. Total Maryland and local tax (Add lines 29 and 33.)       34.       35.       Contribution to Chesapeake Bay and Endongered Species Fund.       36.       37.         35. Contribution to Developmental Disabilities Services and Support Fund.       33.       34.       34.       34.         36.       Contribution to Gar Campaon Financing Fund.       33.       39.       39.       39.         36.       Contribution to Maryland Gincer Fund.       33.       36.       34.  | 16          |                   | 24.  | Other income tax credits for individuals from Part AA, line 13 of Form 502CR (Attach Form 502CR.) 24.        |          |
| 27       Maryland tax after credits (Subtract line 26 from line 21.) If less than 0, enter 0   | 17          |                   | 25.  | Business tax credits You must file this form electronically to claim business tax credits on Form            | 1 500CR. |
| 28       Local tax (See Instruction 19 for tax rates and worksheet.) Multiply ine 20 by         COAL TAX       your local tax rate.0       or use the Local Tax Worksheet. Multiply ine 20 by         COMPUTATION       your local tax rate.0       or use the Local Tax Worksheet. In Instruction 19.)  | 18          |                   | 26.  | Total credits (Add lines 22 through 25.)   |          |
| LOCAL TAX       Job Colar (ba) (per instruction P) of bay fees and worksmeet), PurtupP inte 20 by         Your local tax rate .0       or use the Local Tax Worksheet in Instruction 19.)29,         20. Local earond income credit (from Local Expend forms 50/2CR (Attach Form 50/2CR, )11,       .28,         30. Local earond income credit (from Dical Expend forms 50/2CR (Attach Form 50/2CR, )11,       .28,         31. Local tax redits (Add lines 29 through 31, )  | 19          |                   | 27.  | Maryland tax after credits (Subtract line 26 from line 21.) If less than 0, enter 0 27.                      |          |
| COAL IAX       your local tax rate 0       or use the Local Tax Worksheet       28.         23       29.       Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.). 29.       29.         23       30.       Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.). 30.       31.         24       30.       Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.). 30.       31.         25       31.       Local tax aredit from Part 8B, line 1 of Form 502CR (Attach Form 502CR).       31.         26       32.       Total aredits (Add lines 29 through 31.).       32.         26       33.       Local tax after credits (Subtract line 32 from line 28.) If less than 0, enter 0.       33.         27       34.       Total Maryland and local tax (Add lines 27, and 33.)       34.         36.       Contribution to Chesapeake Bay and Enrangered Species Fund.       35.         37.       Contribution to Paryland frameing Fund.       33.       34.         38.       Contribution to Fair Campaign Financing Fund.       37.         39.       Total Maryland and local tax withhel (Eater total from your W-2 and 1099 forms       40.         39.       Total Maryland and local tax withhel (Eater total from your W-2 and 1099 forms       40.         40.       To   |             |                   | 28.  | Local tax (See Instruction 19 for tax rates and worksheet.) Multiply line 20 by                              |          |
| 29       Local earned income credit (from Local Farned Income Credit Worksheet in Instruction 19.). 29         29       30. Local earned income 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)  | - L         | OCAL TAX          |      | ┼┼┼┼┼┼┼┼ <mark>┍┿╅</mark> ╎┼┼╎╎╎╎╎╎╎╎╎╎╎╎╎╎╎╎╎╎╎╎  |          |
| 30. Local poverty level credit (from Local Poverty Level Credit Worksteet in Instruction 19.)  |             | OMPUTATION        |      | your local tax rate .0 or use the Local Tax Worksheet  |          |
| 31. Local tax credit from Part B8, local 1 of Form SOZCR (Attach Form SOZCR.)       31. Local tax credit from Part B8, local 1 of Form SOZCR (Attach Form SOZCR.)       32.         33. Local tax credit from Part B8, local 1 of Form SOZCR (Attach Form SOZCR.)       33. Local tax credits (Subtract line 32 from line 28.) If less finan 0, enter 0  |             |                   | 29.  |  |          |
| 31. Code is a Usebi mail bb, me is 00 mm bote (redet form longered).   32. Total aredits (Add lines 29 through 31.)   33. Local tax after credits (Subtract line 32 from line 28.) If less than 0, enter 0   34. Total Maryland and local tax (Add lines 27 and 33.)   35. Contribution to Chesapeake Bay and Endangered Species Fund.   36. See Instruction 20.   37. Contribution to Chesapeake Bay and Endangered Species Fund.   38. Contribution to Developmental Disabilities Services and Support Fund.   39. Total Maryland and local tax (Add lines 27 and 33.)   30. See Instruction 20.   31. Contribution to Chesapeake Bay and Endangered Species Fund.   33. Local tax after credits (Subtract line 32 from line 28.) If less than 0, enter 0   34. Total Maryland and local tax (Add lines 40 support Fund.   35. Contribution to Maryland Geneer Fund.   36. See Instruction 20.   37. Contribution to Maryland Geneer Fund.   38. Contribution to Maryland and local tax withheld (Epter total from your W-2 and 1099 forms)   39. Total Maryland and local tax withheld (Epter total from your W-2 and 1099 forms)   39. Total Maryland and local tax withheld (Epter total from your W-2 and 1099 forms)   39. Add tax if MD tax is withheld (Epter total from Your W-2 and 1099 forms)   39. Add tax after credits from Part CC, line 7 of Form 502CR   40. Attach Form 502CR. See Instruction 21.   41. 42. Excludable earned income credit (from worksheet in Instruction 21.   43. Refundable income tax credits from Part CC, line 7 of Form 502CR   44. Total payments and credits (Add lines 40 through 43.)   45. 46.   |             |                   | 30.  | Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19.) 30.                |          |
| 31. Local tax after credits (Subtract line 32 from line 28.) If less than 0, enter 0.       33.         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.         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 Maryland Cancer Fund.       > 37.         39. Total Maryland income tax, local income tax and contributions (Add lines 34 through 38.)       39.         39. Total Maryland and local tax withheid (Linter total from your W-2 and 1099 forms and attach if MD tax is withheid).       > 40.         40.       41.       > 40.         41.       > 41.       > 42.         42.       42.       A Refundable ancend income credit (from worksheet in Instruction 21.)       > 42.         43.       44.       42.       44.       44.         44.       44.       44.       44.       44.         45.       A Refundable ance di ncome credit (from worksheet in Instruction 21.)       43.       44.         46.       44.       44.       44.       44.         46.       44.       44  |             |                   | 31.  | Local tax credit from Part BB, line 1 of Form 502CR (Attach Form 502CR.)                                     |          |
| 33. Local tax after credits (Subtract line 32, from line 28.) If less than 0, enter 0  |             |                   | 32.  | Total credits (Add lines 29 through 31.)   |          |
| 34.       Total Maryland and local tax (Add lines 27 and 33.)       34.         35.       Contribution to Chesapeake Bay and Endangered Species Fund.       35.         36.       Contribution to Chesapeake Bay and Endangered Species Fund.       35.         36.       Contribution to Chesapeake Bay and Endangered Species Fund.       35.         36.       Contribution to Chesapeake Bay and Endangered Species Fund.       35.         37.       38.       Contribution to Maryland Cancer Fund.       37.         38.       Contribution to Fair Campaign Financing Fund.       37.         39.       Total Maryland and local tax withheld (Enter total from your W-2 and 1099 forms and attach if MD tax is withheld.).       38.         40.       Total Maryland and local tax payments, anount appled from 2018 return, payment made with an extension request, and Form MWS06NRS       41.         41.       42.       Refundable earned income textlift (from worksheet in Instruction 21)       42.         43.       Refundable income tax redits (Add lines 40 through 43.)       44.       44.         44.       Total payments and credits (Add lines 40 through 43.)       44.       44.         44.       Total payments and credits (Add lines 40 through 43.)       44.       44.         45.       Balance due (If line 39 is less than line 44, subtract line 44 from line 39.       45. <td< td=""><td></td><td></td><td></td><td></td><td></td></td<>  |             |                   |      |  |          |
| 34. Total Maryland and local tax (Add lines 27 and 33.)   35. Contribution to Chesapeake Bay and Endangered Species Fund   36. Contribution to Developmental Disabilities Services and Support Fund   37. See Instruction 20.   38. Contribution to Maryland Gancer Fund   39. Total Maryland income tax, local income tax and contributions (Add lines 34 through 38.). 39.   40. 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. 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 MWS06NRS   41. 42. Refundable earned income credit (from worksheet in Instruction 21)   42. 44. Total payments and credits from Part CC, line 7 of Form 502CR   44. Total payments and credits (Add lines 40 through 43.)   45. Balance due (If line 39 is more than line 44, subtract line 39 from line 44.)   46. Overpayment (If line 39 is less than line 44, subtract line 39 from line 44.)   47. Amount of overpayment TO BE APPLIED TO 2020 ESTIMATED TAX   48. Amount of overpayment TO BE REFUNDED TO YOU   49. Check here if you are attaching Form 502UP. Enter interest charges from line 18   49. Check here if you are attaching Form 502UP. Enter interest charges from line 18   40. of Form 502UP of Check here if you are attaching Form 502UP. Enter interest charges from line 18   41. Amount of overpayment TO BE REFUNDED TO YOU   4   |             |                   | 33.  | Local tax after credits (Subtract line 32 from line 28.) If less than 0, enter 0                             |          |
| 31.       35.       Contribution to Chesapeake Bay and Endangered Species Fund   |             |                   |      |  |          |
| 35 Contribution to Chesapeake Bay and Endangered Species Fund >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>   |             |                   | 34.  | Total Maryland and local tax (Add lines 27 and 33.)  |          |
| CONTRIBUTIONS       35. Contribution to Developmental Disabilities Services and Support Fund       > 36.         36. Contribution to Developmental Disabilities Services and Support Fund       > 37.         38. Contribution to Maryland Cancer Fund       > 37.         39. Total Maryland income tax, local income tax and contributions (Add lines 34 through 36.). 39.       > 38.         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 MVS06NRS       > 41.         42. Refundable earned income tax credits from Part CC, line 7 of Form 502CR.       > 41.         43. Refundable income tax credits from Part CC, line 7 of Form 502CR.       > 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.       > 45.         46.       Overpayment TO BE APPLIED TO 2020 ESTIMATED TAX       > 47.         47. Amount of overpayment TO BE REFUNDED TO YOU           48.            49.       Check here       if you are attaching Form 502UP. Enter interest charges from line 18.         49.       Check here       if you are attaching Form 502UP. Enter interest charges from line 18.  |             |                   |      |  |          |
| See Instruction 20       30.       Contribution to Maryland Cancer Fund.       >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>  | C (         | ONTRIBUTIONS      |      |  |          |
| 39.       Contribution to hair yand cardier rulat.       >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>  | 50          | e Instruction 20. |      |  |          |
| 39       39. Total Maryland income tax, local income tax and contributions (Add lines 34 through 38.)       39.         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 appled from 2018 return, payment made with an extension request, and Form MW506RRS       41.         42       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.       44.       44.         45.       Balance due (If line 39 is more than line 44, subtract line 44 from line 39.         46.       See Instruction 22.)       45.         46.       Overpayment (If line 39 is less than line 44, subtract line 44 from line 39.         47.       45.       Balance due (If line 39 is less than line 44, subtract line 39 from line 44.)         48.       Overpayment TO BE APPLIED TO 2020 ESTIMATED TAX       47.         49.       Gubtract line 47 from line 46.) See line 51.       48.         49.       Check here       if you are attaching Form 502UP. Enter interest charges from line 18         49.       Ortal AMOUNT DUE (Add lines 45 and 49.)       49.       49.   |             |                   |      |  |          |
| 37 39. Total Maryland income tax, local income tax and contributions (Add lines 34 through 38.). 39.   38 40. Total Maryland and local tax withheld (Enter total from your W-2 and 1099 forms and attach if MD tax is withheld.)   |             |                   | 38.  |  |          |
| 40.       Total Maryland and local tax withheld (Enter total from your W-2 and 1099 forms<br>and attach if MD tax is withheld.).       ▲ 40.         41.       2019 estimated tax payments, amount applied from 2018 return, payment made<br>with an extension request, and Form MWS06NRS       ▲ 41.         42.       Refundable earned income credit (from worksheet in Instruction 21)       ▲ 41.         42.       Refundable income tax credits from Part CC, line 7 of Form 502CR.       ▲ 41.         44.       (Attach Form 502CR. See Instruction 21)       ▲ 43.         45.       Balance due (If line 39 is more than line 44, subtract line 44 from line 39.       ▲ 45.         46.       See Instruction 22.)       ▲ 45.         47.       Amount of overpayment TO BE APPLIED TO 2020 ESTIMATED TAX       ▲ 47.         48.       Amount of overpayment TO BE REFUNDED TO YOU       ▲ 48.         44.       47.       Amount of overpayment TO BE REFUNDED TO YOU       ▲ 48.         46.       ▲ 49.       Check here       if you are attaching Form 502UP. Enter interest charges from line 18.         47.       Amount of Verpayment TUB (Add lines 45 and 49.)       ▲ 49.       ▲ 49.  |             |                   | 30   | Total Maryland income tax local income tax and contributions (Add liner 34 through 38 ) 30                   |          |
| and attach if MD tax is withheld.)   | 38 -        |                   |      |  |          |
| 41.       2019 estimated tax payments, amount applied from 2018 return, payment made         41.       42.       41.       41.       41.         42.       42.       42.       42.       42.       42.         43.       43.       Refundable earned income credit (from worksheet in Instruction 21)  | 39          |                   | 40.  |  |          |
| 411 with an extension request, and Form MWS06NRS ▶ 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   44. (Attach Form 502CR. See Instruction 21.)   45. 44.   44. Total payments and credits (Add lines 40 through 43.)   45. Balance due (If line 39 is more than line 44, subtract line 44 from line 39.   46. See Instruction 22.)   47. 45.   46. Overpayment (If line 39 is less than line 44, subtract line 39 from line 44.)   46. Overpayment (If line 39 is less than line 44, subtract line 39 from line 44.)   47. Amount of overpayment TO BE APPLIED TO 2020 ESTIMATED TAX   48. Amount of overpayment TO BE REFUNDED TO YOU   59. 49.   50. Check here   50. TOTAL AMOUNT DUE (Add lines 45 and 49.)   | 40          |                   | 41   |  |          |
| 12       42. Refundable earned income credit (from worksheet in Instruction 21)  | 41          |                   |      |  |          |
| 43. Refundable income tax credits from Part CC, line 7 of Form 502CR.   44. (Attach Form 502CR. See Instruction 21.)   45. 44. Total payments and credits (Add lines 40 through 43.)   45. Balance due (If line 39 is more than line 44, subtract line 44 from line 39.   46. See Instruction 22.)   46. See Instruction 22.)   47. 45. Balance due (If line 39 is less than line 44, subtract line 39 from line 44.)   46. See Instruction 22.)   47. 46. See Instruction 22.)   48. Amount of overpayment TO BE APPLIED TO 2020 ESTIMATED TAX   47. Amount of overpayment TO BE REFUNDED TO YOU   50. Check here   49. Check here   61. See Instruction 50.UP   62. See Instruction 50.UP   63. See Instruction 50.UP   64. See Instruction 50.UP   65. So. TOTAL AMOUNT DUE (Add lines 45 and 49.)  | 12          |                   | 42.  |  |          |
| 444       (Attach Form 502CR. See Instruction 21.)   | 43          |                   |      |  |          |
| 44. Total payments and credits (Add lines 40 through 43.)   45.   47   45.   86   46   47   46.   46.   47.   46.   47.   47.   48.   47.   48.   47.   48.   47.   48.   47.   48.   47.   48.   47.   48.   49.   49.   40.   41.   42.   43.   44.   45.   46.   47.   48.   47.   48.   48.   49.   40.   41.   42.   43.   44.   45.   46.   47.   48.   49.   49.   40.   41.   41.   42.   43.   44.   45.   46.   47.   48.   48.   49.   48.   49.   49.   49.   40.   41.   42.   43.   44.   45.   46.   47.   48.   49.   49.   49.   49.   49.   49. <td>44</td> <td></td> <td></td> <td></td> <td></td>  | 44          |                   |      |  |          |
| 116       45. Balance due (If line 39 is more than line 44, subtract line 44 from line 39.         117       45. Balance due (If line 39 is more than line 44, subtract line 39 from line 39.         118       See Instruction 22.)         119       46. Overpayment (If line 39 is less than line 44, subtract line 39 from line 44.)         119       46. Overpayment (If line 39 is less than line 44, subtract line 39 from line 44.)         119       47. Amount of overpayment TO BE APPLIED TO 2020 ESTIMATED TAX         12       48. Amount of overpayment TO BE REFUNDED TO YOU         138       KEFUND         149       (Subtract line 47 from line 46.) See line 51.         140       140         150       If you are attaching Form 502UP. Enter interest charges from line 18.         150       of Form 502UP         161       or for late filing         172       17         188       If you are attaching Form 502UP. Enter interest charges from line 18.         150       Of Form 502UP         161       or for late filing         173       If you are attaching Form 502UP. Enter interest charges from line 18.         174       If you are attaching Form 502UP. Enter interest charges from line 18.         175       of Form 502UP       or for late filing         178       If you are attaching Form   | 15          |                   | 44.  |  |          |
| 43.       See Instruction 22.)       See Instruction 22.0       See Instruction   | 46          |                   |      |  |          |
| 49 46. Overpayment (If line 39 is less than line 44, subtract line 39 from line 44.)   | 47          |                   | 45.  | Balance due (If line 39 is more than line 44, subtract line 44 from line 39.                                 |          |
| 40. Overplayment (if line 35 is less than me 44, subtlact me 55 iron mine 44).         41.         42.         43.         44.         45.         45.         45.         45.         46.         47.         48.         48.         48.         48.         49.         49.         49.         49.         49.         49.         40.         41.         42.         43.         44.         44.         45.         46.         47.         48.         48.         49.         49.         49.         49.         49.         40.         41.         42.         43.         44.         44.         45.         47.         48.         49.         49.         40.         41.         42.         4   | 48          |                   |      | See Instruction 22.)   |          |
| 47. Amount of overpayment TO BE APPLIED TO 2020 ESTIMATED TAX 47.   48. Amount of overpayment TO BE REFUNDED TO YOU   38. REFUND   49. Check here   49. Check here   61. of Form 502UP   62. or for late filing   63. Amount DUE   | 19          |                   | 46.  | Overpayment (If line 39 is less than line 44, subtract line 39 from line 44.) ▶ 46.                          |          |
| 48.       Amount of overpayment TO BE REFUNDED TO YOU         33       REFUND         54       (Subtract line 47 from line 46.) See line 51  | 50 -        |                   |      |  |          |
| 33       REFUND       (Subtract line 47 from line 46.) See line 51   |             |                   | 47.  | Amount of overpayment TO BE APPLIED TO 2020 ESTIMATED TAX ► 47.  |          |
| 54       49. Check here       if you are attaching Form 502UP. Enter interest charges from line 18         56       of Form 502UP       or for late filing         58       50. TOTAL AMOUNT DUE (Add lines 45 and 49.)  |             |                   | 48.  | Amount of overpayment TO BE REFUNDED TO YOU  |          |
| 49. Check here       if you are attaching Form 502UP. Enter interest charges from line 18         56       of Form 502UP         57       of Form 502UP         58       50. TOTAL AMOUNT DUE (Add lines 45 and 49.)   |             | EFUND             |      | (Subtract line 47 from line 46.) See line 51   |          |
| of Form 502UP or for late filing   |             |                   |      |  |          |
| of Form 502UP or for late filing   |             |                   | 49.  | Check here if you are attaching Form 502UP. Enter interest charges from line 18                              |          |
| <sup>58</sup> AMOUNT DUE 50. TOTAL AMOUNT DUE (Add lines 45 and 49.)   |             |                   |      |  |          |
| AMOUNT DUE 50. TOTAL AMOUNT DUE (Add lines 43 and 43.)   |             |                   |      |  |          |
|  |             | MOUNT DUE         | 50.  |  |          |
|  | 0 -         |                   |      | IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN. INCLUDE FORM PV 50.  | ┝┯╾┩┡╾┼╸ |

2 3 64 5 6 7 8 9

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8<sub>79</sub>80<sub>81</sub>64<sub>83</sub>

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| 1        |  | 1                 |
|----------|--|-------------------|
| 2        | 5 6 7 8 9 10 11 12 14 16 18 20 22 24 26 28 30 32 34 36 38 40 42 44 46 48 50 52 54 56 58 60 62 64 66 68 70 72 74 76 78 77 79 79 71 73 75 77 79 79   | 30 3 84           |
| 4        | MARYLAND RESIDENT INCOME 201   | 9                 |
| 5        | FORM TAX RETURN Page   | 4 5               |
| 6        | <b>502</b>   | 6                 |
| 7        |  | 7                 |
| 8        |  | 8                 |
| 9        | <b>DIRECT DEPOSIT OF REFUND</b> (See Instruction 22.) Be sure the account information is correct. <b>For Splitting Direct Deposit</b> , se 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 | e 9 (             |
| 11       |  | 11                |
| 12       |  | 12                |
| 13       | 51a. Type of account:  Checking Savings  | 13                |
| 14       |  | 14                |
| 15       | <b>51b.</b> Routing Number (9-digits) <b>51c.</b> Account Number   | 15                |
| 16       |  | 16                |
| 17       |  | 17                |
| 19       |  | 19                |
| 20       | Check here 🔄 if you authorize your preparer to discuss this return with us. Check here 🕨 🚺 if you authorize your paid preparer   | 2.0               |
| 21       | not to file electronically. Check here 🕨 🛄 if you agree to receive your 1099G Income Tax Refund statement electronically (See  | 21                |
| 22       |  | 22                |
| 23       |  | 23                |
| 24<br>25 | the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is  | 24                |
| 2.6      |  | 2.6               |
| 27       |  | 27                |
| 28       |  | 28                |
| 29       | Your signature     Date     Spouse's signature     Date  | 29                |
| 30       |  | 30                |
| 31       |  | 31                |
| 32       |  | 33                |
| 34       |  | 34                |
| 35       |  | 35                |
| 36       | Signature of preparer other than taxpayer (Required by Law) City, State, ZIP Code + 4  | 36                |
| 37       |  | 37                |
| 38       | ·····································  | 38                |
| 39<br>40 |  | 40                |
| 41       |  | 41                |
| 42       | For returns filed without payments, mail your completed return to:   | 42                |
| 43       |  | 43                |
| 44       | 110 Corroll Street   | 44                |
| 45       | Annapolis, MD 21411-0001   | 45                |
| 46<br>47 |  | 46                |
| 48       | For returns med with payments, attach check of money order to Form PV. Make checks payable to comptioner of  | 48                |
| 49       |  | 49                |
| 50       |  | 50                |
| 51       |  | 51                |
| 52       | Annanolis MD 21401-8888  | 52                |
| 53<br>54 |  | 53                |
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| 3 64 5   | 5 6 7 8 9 10 12 14 16 18 20 22 24 26 28 30 32 34 36 38 40 42 44 46 48 50 52 54 56 58 60 62 64 66 68 70 72 74 76 78 60 70 72 74 76 78 70 70 70 70 70 70 70 70 70 70 70 70 70  | 30 81 64 83 84 85 |
| 65       |  | 65                |

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