MARYLAND FORM

502B

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

2019

19502B099

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.

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
▶ 2. Social Security Number   3. Relationship   Regular 4. ☐   65 or over 5. ☐
    not have health care coverage
    DOB (MM/DD/YYYY) ▶

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

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

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

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

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

COM/RAD-026

19502B199

NAME

SSN

First Name | MI | Last Name

▶ 1.

Check here ▶ ☐ 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) ▶ _____

First Name | MI | Last Name

▶ 1.

Check here ▶ ☐ 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) ▶ _____

First Name | MI | Last Name

▶ 1.

Check here ▶ ☐ 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) ▶ _____

First Name | MI | Last Name

▶ 1.

Check here ▶ ☐ 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) ▶ _____

First Name | MI | Last Name

▶ 1.

Check here ▶ ☐ 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) ▶ _____

First Name | MI | Last Name

▶ 1.

Check here ▶ ☐ 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) ▶ _____