COM/RAD-012

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INCOME TAX CREDITS FOR INDIVIDUALS

Attach to your tax return.



2019

Spouse's Social Security Number Your Social Security Number 13 BlackInk Your First Name ΜI 106 Your Last Name 哥 Print Usitic 19 ΜI Spouse's First Name 2.3 Read Instructions for Form 502CR. Note: You must complete and submit pages 1 through 4 of this form to receive credit for the items listed. PART A - TAX CREDITS FOR INCOME TAXES PAID TO OTHER STATES AND LOCALITIES If you were a part-year resident, do not claim a credit for tax paid on nonresident income you included on line 12 of the Form 502. 26 If you are claiming a credit for taxes paid to multiple states and/or localities, see instructions. 28 1. Enter your taxable net income from line 20, Form 502 (or line 10, Form 504). 29 2. Taxable net income in other state. Write on this line only the net income which is taxable in both the other state and Maryland. If you are taxed in the other state on income which is not taxable in Maryland, do not include that amount here. NOTE: When the tax in the other state is a percentage of a tax based on your total income regardless of source, you must apply the same percentage to your taxable income in the other state to 33 34 34 3. Enter the Maryland tax from line 21, Form 502 (or line 11, Form 504). This is the Maryland tax based on your 36 36 37 37 5. Tax on amount on line 3. Compute the Maryland tax that would be due on the revised taxable net income by 38 38 using the Maryland Tax Table or Computation Worksheet contained in the instructions for Forms 502 or 504. 39 39 Do not include the local income tax 6. Tentative **State** tax credit (Subtract line 5 from line 4.) If less than zero, enter zero. 41 41 7. Enter the Local tax from line 28, Form 502 (or line 18, Form 504). This is the Local tax based on your total 42 income for the year. 43 Local tax on amount on line 3. Compute the Local tax that would be due on the revised taxable net income by 43 8. 44 45 45 9. 46 46 Total state and local tax shown on tax return(s) filed with the state of (Enter 2-letter state code, code must be 48 48 entered for credit to be allowed) Enter the amount of your 2019 income tax liability (after deducting 49 49 any credits for personal exemptions) to the other state and locality in the other state (where applicable). Do not 50 enter state or locality tax withheld from your W-2 forms. It is important that a copy of the tax return that 12. Credit for income tax paid to other state and/or locality. Your credit for taxes paid to another state and/or locality is the smaller of the tax actually paid (line 11) or the reduction in Maryland tax resulting from the exclusion of 54 income in the other state and/or locality (line 10). Write the lesser of line 11 or line 10. State and Local Credits Allowed 56 13. State Credit for Income Tax Paid to other state (Lesser of line 6 or line 12). Enter on line 1, Part AA. . . 14. Local Credit for Income Tax Paid to other state (Subtract line 13 from line 12.) Enter on line 1, Part BB .. > 14. 58 58 59 59 60 61 61

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INCOME TAX CREDITS FOR INDIVIDUALS

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	NAME	SSN				8
,	PART B - CREDIT FOR CHILD AND DEPE	NDENT CARE EXPENSES				9
.0	⁰ 1. Enter your federal adjusted gross income	e from line 1 of Form 502 or lir	ne 17, column 1 of			10
1	1 Form 505 or Form 515			1		11
.2	² 2. Enter your federal Child and Dependent	Care Credit from federal Form	2441	2.		12
. 3	3 3. Enter the decimal amount from the char	t in the instructions that applie	s to the amount on line	1 3.		13
. 4	4 4. Multiply line 2 by line 3. Enter here and			4.		14
.5	PART C - QUALITY TEACHER INCENTIVE			nter the Name of Qua	lified Employer	15
6				xpayer A	Taxpayer B	16
.7	⁷ facility or qualified juvenile facility in whi			1.		17
. 8		ien you are employed and teach	2.	. 2.		18
9	Name	of Institution(s)	3	3.		19
0	5. Lines amount of taleon remide sements		4	4.		20
1	T. Subtract line 5 Horr line 2		5.	1500 00 5.	1500.00	21
2	5. Haximani ci calc		6.	1500.00 5.	1300.00	22
3	o. Enter the lesser of line 1 of line 5 fierer				 	23
4	, rotal (rad directing from the cyriol rax)	Dayers A and B) Linter Here and		7.		24
5	Oli Falt AA, line 5	VETER ELOATE		/.		25
6	TAKI B CKEDII TOK AQUACULIORE U					26
7						27
8	Enter here and on Part AA, line 4. This of PART E - LONG-TERM CARE INSURANCE			1	•	28
9						29
10	Answer the questions and see instructions be		A through E for each p	DerSon		30
1	for whom you paid long-term care insurance		T. 1.1. 1 20002		V	31
12	Question 1 - Did the insured individual have				Yes No	32
3	Question 2 - Is the credit being claimed for					33
4	Question 3 - Has credit been claimed by an				Yes No	34
15	Question 4 - Is the insured individual for wh				Yes No	35
16	If you answered YES to any of the above					36
7	Complete Columns A through D only for insur			E the lesser of the amo	unt or premium paid for	37
18		nsured who are 40 or less, as o				38
9		nsured who are over age 40, as				39
0	That the amounts in column 2 and their the	total off life 5 (total) and on Pa	irt AA, iiile 5.			40
1	Column A		olumn C	Column D	Column E	41
2	Name of Qualifying Insured Age	A	tionship to Amoun axpayer	t of Premium Paid	Credit Amount	42
3				1.		43
4	4 2.			. 2.	•	44
5						45
_	6 4.			. 3.		46
	7 5.			TOTAL 5.		47
	8 PART F - CREDIT FOR PRESERVATION A	ND CONSERVATION FASEN	IENTS		 	48
					Taynayay B	140
_	9 PTF members may not use the Form 502CP	to claim this credit		axpaver A	l axbaver B	49
	9 PTE members may not use the Form 502CR			axpayer A	Taxpayer B	49
0	1. Enter the portion of the total current-year	ar conveyance amount, and an	/		тахрауег в	49
0	 Enter the portion of the total current-year carryover from prior year(s), attributable 	ar conveyance amount, and and to each taxpayer	/	axpayer A	Taxpayer B	49 50 51
i0 i1 i2	 Enter the portion of the total current-year carryover from prior year(s), attributable Enter the amount of any payment receiv 	ar conveyance amount, and and to each taxpayered for the easement by each	1.	1.	laxpayer B	49 50 51 52
i0 i1 i2	 Enter the portion of the total current-year carryover from prior year(s), attributable Enter the amount of any payment receiv taxpayer during 2019 	er conveyance amount, and and to to each taxpayered for the easement by each	2.	1.	laxpayer B	49 50 51 52 53
i0 i1 i2 i3	1. Enter the portion of the total current-year carryover from prior year(s), attributable 2. Enter the amount of any payment receiv taxpayer during 2019	ar conveyance amount, and and to each taxpayered for the easement by each		1.	Taxpayer B	49 50 51 52 53 54
i0 i1 i2 i3 i4	1. Enter the portion of the total current-year carryover from prior year(s), attributable 2. Enter the amount of any payment receiv taxpayer during 2019	ar conveyance amount, and and to each taxpayered for the easement by each	,	. 1.	Taxpayer B	49 50 51 52 53 54
i0 i1 i2 i3 i4 i5	1. Enter the portion of the total current-year carryover from prior year(s), attributable 2. Enter the amount of any payment receiv taxpayer during 2019	ar conveyance amount, and and to e to each taxpayer ed for the easement by each	,	1.	I axpayer B	49 50 51 52 53 54 55 56
i0 i1 i2 i3 i4 i5 i6	1. Enter the portion of the total current-year carryover from prior year(s), attributable 2. Enter the amount of any payment receiv taxpayer during 2019	er conveyance amount, and and to each taxpayer ed for the easement by each	,	. 1. 2. 3.	Taxpayer B	49 50 51 52 53 54 55 56 57
i0 i1 i2 i3 i4 i5 i6 i7	1. Enter the portion of the total current-year carryover from prior year(s), attributable 2. Enter the amount of any payment receiv taxpayer during 2019 4. Subtract line 2 from line 1 5. 4. Enter the amount from line 21 of Form 5 6 Form 515; line 13 of Form 504 or \$5,00 7 5. Enter the lesser of line 3 or 4 here. (If y see Instruction 14.)	ar conveyance amount, and and to each taxpayer ed for the easement by each	,	. 1. 2. 3. 4. 5.	I axpayer B	49 50 51 52 53 54 55 56 57 58
i0 i1 i2 i3 i4 i5 i6 i7 i8	1. Enter the portion of the total current-year 1 carryover from prior year(s), attributable 2 2. Enter the amount of any payment receiv 1 taxpayer during 2019 3 Subtract line 2 from line 1 5 4. Enter the amount from line 21 of Form 5 6 Form 515; line 13 of Form 504 or \$5,00 7 5. Enter the lesser of line 3 or 4 here. (If y see Instruction 14.) 8 Government of the total current-year 1 carryover from prior year(s), attributable 2 carryover from prior y	ar conveyance amount, and and to each taxpayer	7	1. 2. 3. 4. 5 6.	laxpayer B	49 50 51 52 53 54 55 56 57 58 59
i0 i1 i2 i3 i4 i5 i6 i7 i8 i9	1. Enter the portion of the total current-year 1 carryover from prior year(s), attributable 2 2. Enter the amount of any payment receiv 1 taxpayer during 2019 3 Subtract line 2 from line 1 5 4. Enter the amount from line 21 of Form 5 6 Form 515; line 13 of Form 504 or \$5,00 7 5. Enter the lesser of line 3 or 4 here. (If y see Instruction 14.) 8 See Instruction 14.)	ar conveyance amount, and and to each taxpayer	7	. 1. 2. 3. 4. 5.	Taxpayer B	49 50 51 52 53 54 55 56 57 58 59 60
i0 i1 i2 i3 i4 i5 i6 i7 i8 i9 i0	1. Enter the portion of the total current-year carryover from prior year(s), attributable 2. Enter the amount of any payment receiv taxpayer during 2019	ar conveyance amount, and and to each taxpayer	7	1. 2. 3. 4. 5 6.	Taxpayer B	49 50 51 52 53 54 55 56 57 58 59 60 61
i0 i1 i2 i3 i4 i5 i6 i7 i8 i9	1. Enter the portion of the total current-year carryover from prior year(s), attributable 2. Enter the amount of any payment receiv taxpayer during 2019	ar conveyance amount, and and to each taxpayer	7	1. 2. 3. 4. 5 6.	Taxpayer B	49 50 51 52 53 54 55 56 57 58 59 60

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NAME SSN PART G - VENISON DONATION - FEED THE HUNGRY ORGANIZATIONS TAX CREDIT Enter the amount up to \$50 per deer of qualified expenses to butcher and process an antierless deer for human consumption. Enter here and on Part AA, line 7. This credit is limited. See Instructions. Number of antierless deer donated 13 14 PART H - COMMUNITY INVESTMENT TAX CREDIT ** must attach required certification 15 This credit is limited to individual taxpayers who have elected not to claim this credit on Form 500CR. If you have an Excess Carryover on Form 500CR attributable to any credit other than the Community Investment Tax Credit (CITC), you are not eligible to claim the CITC on Form 502CR. You must use Form 500CR. Also, PTE members may not elect to use Form 502CR to claim the CITC. 18 2. 19 3. 21 Enter the amount from line 3 or \$250,000, whichever is less. . 5. PART I - ENDOW MARYLAND TAX CREDIT **must attach required certification This credit is limited to individual taxpayers who have elected not to claim this credit on Form 500CR. 26 2. 3. 28 . . . 4. 4. Note: Line 2 of Part I requires an addition to income. See Instruction 12. 31 PART J - PRECEPTORS IN AREAS WITH HEALTH CARE WORKFORCE SHORTAGES TAX CREDIT ** must attach required certification Physician Preceptorship Tax Credit: Enter amount certified by Maryland Department of Health 34 34 (See Instructions) Nurse Practitioner Preceptorship Tax Credit: Enter amount certified by Maryland Department of Health 36 36 (See Instructions) 38 PART K - INDEPENDENT LIVING TAX CREDIT ** must attach required certification 39 39 Credit (certified by the Maryland Department of Housing and Community Development) Enter here and on Part AA, line 11. 41 41 PART L - ENDOWMENTS OF MARYLAND HISTORICALLY BLACK COLLEGES AND UNIVERSITIES TAX CREDIT ** must attach required certification Credit (certified by the Maryland Comptroller Office). Enter here and on Part AA line 12... PART AA - INCOME TAX CREDIT SUMMARY 4.5 1. Enter the amount from Part A, line 13 (If more than one state, see Instructions.) Enter the amount from Part C, line 7 3. 48 48 4. 49 5. 6. 7. 8. 9. Enter the amount from Part J, line 3 56 12. Total (Add lines 1 through 12.) Enter this amount on line 24 of Form 502; line 14 of Form 504; 58 line 34 of Form 505 or line 35 of Form 515 . 59 59 61 61

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INCOME TAX CREDITS FOR INDIVIDUALS

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14	1.	Student Loa																				14
	2.	Heritage St										S). A	ttach c	ertifica								
15	3.	Refundable	Business In	come Tax	Credit	(See Ir	nstruct	ions fo	r Form	5000	CR.)				You						ically to	
16																			incor	ne ta	x credit.	
17	4.	IRC Section																				17
18	5.	Flow-throug	h Nonreside	ent PTE ta	x (See	Instruc	tions f	or requ	uired a	ttach	ments	i.) .					🟲 5					18
19	6.	Refundable	credit for C	Child and	Depend	lent Ca	re Exp	enses.	(See	Instr	uction	ıs.).					• 6					19
20	7.	Total. (Add	lines 1 thro	ugh 6.) E	nter thi	s amou	int on	line 43	of Fo	m 50)2, lin	e 46	of For	m 505								20
21		or line 51 o	f Form 515.														7	'				21
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