MARYLAND FORM 502X

AMENDED TAX RETURN



8	OR FISCAL YEAR BEGINNING	2019, ENDING						8
9								9
10								10
11	Your Social Security Number	Spouse's Social Security Number	r					11
12	100. 5000. 5000.10, 110.100.							12
13								13
	Your First Name	MI						
14	Your First Name	IVII						14
15								15
16								16
17	Your Last Name							17
18								18
19								19
20	Spouse's First Name	MI						20
21								21
22								22
23	Spouse's Last Name							23
24								24
25								25
26	Current Mailing Address Line 1 (Street	No. and Street Name or PO Box)			Maryland County			26
27								27
28								28
29	Current Mailing Address Line 2 (Apt No	o., Suite No., Floor No.)			City, Town or Taxing Area			29
30					Name of county and incorporated city resided on the last day of the taxable Maryland County line blank.)	y, town or special taxing area period. (Baltimore City resid	in which you lents leave	30
31					Dialyland County line Dank.			31
32	City or Town		State ZI	P Code + 4				32
33								33
34	Check here if you are:	Check here if your spouse is:	IF TH	S IS BEING FILE	ED TO CLAIM A NET OPE	RATING LOSS,	CHECK	34
35	Check here if you are.	Check here if your spouse is.		PPROPRIATE BO		farming loss o		35
36	65 or over Plind	65 or over Blind			CARRY FORWA			36
37	65 or over Blind	65 or over Blind	IMPOR	RTANT NOTE: Re	ad the instructions and o		3 first.	37
38					ederal loss year return a			
39				B. See Instructi		,		39
40	T- N			D. 500 15t. dot	0.1.201	VEC	NO	40
41	Is this address different from the					YES	NO	41
	Check: Full-year resident	Part-year resident or		ent (See Instruction			C-11-	
42	If part-year resident or nonreside			<u> </u>		rom the original	filing must	
43	be explained in Part III on page		tax return	filed with the of	ther state.			43
44	Did you request an extension of t					YES	NO	44
45	If yes, enter the date the return							45
46	Is an amended federal return bei					YES	NO	46
47	Has your original federal return b	een changed or corrected by the	ne Internal R	evenue Service? I	f yes, submit copy			47
48	of the IRS notice.					YES	NO	48
49	CHANGE OF FILING STATUS							49
50	Original Amended			Original Amen	ded			50
51				Jingina. Amen				51
52	Single				Head of household			52
53	Married fili	ing joint return or spouse had no	income		Qualifying widow(er) w	vith dependent cl	nild	53
54	Married fil	ling separately			Dependent taxpayer			54
55		Spouse's Social Secu	irity No.					55
56								56
57								57
58								58
59								59
60								60
61								61
62								62
02								

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8	LAST	NAME SSN			8
9			A. As originally reported or	B. Net change – increase	C. Corrected amount.
10			as previously adjusted	or (decrease) -	1
11			(See instructions.)	explain on page 4.	1
12	1.	Federal adjusted gross income1.			1
13		Additions to income			1
14		Total (Add lines 1 and 2.)			1
15		Subtractions from income			1
16		Total Maryland adjusted gross income (Subtract line 4 from			1
17	J.	line 3.)			1
18	6	CHECK ONLY ONE METHOD (See Instruction 5.)			1
19	0.	STANDARD DEDUCTION METHOD			
20		Enter 15% (See Instruction 5 for limits.)			
21		ITEMIZED DEDUCTION METHOD			
22					
23		Enter total MD itemized deductions from Part II,			
		on page 4			
24		Net income (Subtract line 6 from line 5.)			2
25		Exemption amount (See Instruction 5.)			2
26		Taxable net income (Subtract line 8 from line 7.) 9.			
27		Maryland tax (from Tax Table or Computation Worksheet).10.			2
28	10a.	Credits: Earned Income Credit			2
29		Poverty Level Credit			2
30		Personal Credit			3
31		Business Credit XXXXXXXX			3
32		Enter total credits10a.			3
33	10b.	Maryland tax after credits (Subtract line 10a from			3
34		line 10.) If less than 0, enter 0			3
35	11.	Local income tax (Use rate applicable for year of return.)			3
36		Multiply line 9 by . (See Instruction 7.)11.			3
37	11a.	Local credits: Earned Income Credit			3
38		Poverty Level Credit			3
39		Personal Credit			3
40		Enter total credits			4
41	11b.	Local tax after credits (Subtract line 11a from line 11.)			4
42		If less than 0, enter 011b.			4
43	12.	Total Maryland and local income tax			4
44		(Add lines 10b and 11b.)			4
45	13.	Contribution:			4
46		А. В.			4
47		C. D.			4
48		Enter total contributions (See Instruction 8.)13.			4
49	14.	Total Maryland income tax, local income tax and			4
50		contribution (Add lines 12 and 13.)			5
51	15.	Total Maryland tax withheld			5
52	16.	Estimated tax payment, extension and payments made with			5
53		Form MW506NRS			5
54	17.	Refundable earned income credit			5
55		Nonresident tax paid by pass-through entities			5
56		Refundable income tax credits			5
57		(Attach Form 502CR and/or 502S.)			5
58	20	Total payments and credits (Add lines 15 through 19.) 20.			5
59	20.	rocal payments and creates (rad lines 15 tillough 15.) 20.			5
60					
61					
62					

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8	LAST	NAME SSN	8
9	21.	Balance due (if line 14 is more than line 20)	9
10		Overpayment (if line 14 is less than line 20)	10
11		Tax paid with original return, plus additional tax paid after it was filed (Do not include any interest or penalty.) 23.	11
12		Prior overpayment (Total all refunds previously issued.)	12
13		REFUND (If line 21 is less than 23, subtract line 21 from 23.) (If line 24 is less than 22,	13
14	25.		14
15	26	subtract line 24 from 22.) (Add lines 22 and 23.) (See Instruction 10.)	15
16	26.	BALANCE DUE (If line 21 is more than 23, subtract line 23 from 21.) (Add line 21 to 24.)	1.6
		(If line 22 is less than 24, subtract line 22 from 24.) (See Instruction 10.)	17
17		Interest and/or penalty charges on tax due and/or from Form 502UP (See Instruction 11.)	1.0
18	28.	TOTAL AMOUNT DUE (Add line 26 and line 27.)	18
19			19
20		NCOME AND ADJUSTMENTS TO INCOME: You must complete the following using the amounts from your federal income tax return. If there	20
21	ar	e no changes to the amounts claimed on your original Maryland return, check here and complete Column A and line 17 of Column C.	21
22		A. As originally reported or B. Net increase or C. Corrected amount.	22
23		as previously adjusted (decrease).	23
24	INC	OME AND ADJUSTMENTS INFORMATION (See Instruction 4.)	24
25	1.	Wages, salaries, tips, etc	25
26	2.	Taxable interest income	26
27	3.	Dividend income	27
28	4.	Taxable refunds, credits or offsets of state and local	28
29		income taxes	29
30	5.	Alimony received	30
31	6.	Business income or (loss)	31
32	7.	Capital gain or (loss)	32
33	8.	Other gains or (losses) (from federal Form 4797) 8.	33
34		Taxable amount of pensions, IRA distributions,	34
35		and annuities	35
36	10.	Rents, royalties, partnerships, estates, trusts, etc.	36
37		(Circle appropriate item.)	37
38	11		38
39		Farm income or (loss)	39
		Unemployment compensation	40
40	13.	Taxable amount of Social Security and	41
41		Tier 1 Railroad Retirement benefits	-
42	14.	Other income (including lottery or other	42
43		gambling winnings)14.	43
4 4		Total income (Add lines 1 through 14.)	44
45	16.	Total adjustments to income from federal return	4.5
46		(IRA, alimony, etc.)	46
47	17.	Adjusted gross income (Subtract line 16 from 15.)	47
48		(Enter on page 2, in each appropriate column of line 1.) . 17.	48
49			49
50			50
51			51
52			52
53			53
54			54
55			55
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92			92

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AMENDED TAX RETURN



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LAST NAME	SSI	V				8
II. ITEMIZED DEDUCTIONS: If	ou itemized deduction	s on your	Maryland return, you must co	omplete the following.	If there are no changes to	the ⁹
amounts claimed on your origin	nal Maryland return, ch	eck here	and complete Column A a	and line 11 of Column (D	10
			A. As originally reported or	B. Net increase or	C. Corrected amount.	11
			as previously adjusted	(decrease).		12
1. Medical and dental expenses		1.				13
2. Taxes						14
3. Interest						15
4. Contributions		4.				16
5. Casualty or theft losses		5.				17
6. Miscellaneous						18
7. Enter total itemized deduction	ns from federal Schedu	le A 7.				19
8. Enter state and local income	taxes included on line	2				20
or from worksheet (See Instr	uction 4.)	8.				21
9. Net deductions (Subtract line	8 from line 7.)	9.				22
10. Less deductions during period						23
(See Instructions 13 & 14.).						24
11. Total Maryland deductions (S	ubtract line 10 from lir	ne 9.)				25
(Enter on page 2, in each ap	propriate column of lin	e 6.) . 11.				26
						27
and give the reason for each of					or each item you are chang	ging ₂₈
	, , , , , , , , , , , , , , , , , , , ,					29
						30
						31
						32
						33
						34
						35
						36
						37
Check here if you authorize	your preparer to dis	cuss this	return with us.			38
Under penalties of perjury, I de						
best of my knowledge and belie			ete. If prepared by a perso	on other than taxpay	er, the declaration is ba	
on all information of which the	preparer has any kn	owieage.				41
						42
						43
						44
Your signature	Di	ate	Signature of preparer oth	er than taxpayer		45
						46
				(F) 1		47
Spouse's signature	Di	ate	Printed name of the Prepa	arer/Firm's name		48
						49
Make sheeks payable and mail	+ 0.					50
Make checks payable and mail	to:		Street address of Prepare	er/Firm		51
Comptroller of Maryland Revenue Administration Div	ision					52
110 Carroll Street	isioii					53
Annapolis, Maryland 21411-	0001		City, State, ZIP + 4			54
						55
Write your Social Security n blue or black ink.	umber on your ch	eck in				56
Dide Of DidCK IIIK.			Telephone number of pre	parer	Preparer's PTIN (Required by La	1
						58
						59