

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65
66
67
68
69
70
71
72
73
74
75
76
77
78
79
80
81
82
83
84
85

**MARYLAND
FORM
502X**

AMENDED TAX RETURN



19502X099

2019

OR FISCAL YEAR BEGINNING [] 2019, ENDING []

[]
Your Social Security Number Spouse's Social Security Number

[] []
Your First Name MI

[]
Your Last Name

[] []
Spouse's First Name MI

[]
Spouse's Last Name

[] []
Current Mailing Address Line 1 (Street No. and Street Name or PO Box) Maryland County

[] []
Current Mailing Address Line 2 (Apt No., Suite No., Floor No.) City, Town or Taxing Area

[] [] []
City or Town State ZIP Code + 4

Name of county and incorporated city, town or special taxing area in which you resided on the last day of the taxable period. (Baltimore City residents leave Maryland County line blank.)

Check here if **you** are: Check here if **your spouse** is: **IF THIS IS BEING FILED TO CLAIM A NET OPERATING LOSS, CHECK THE APPROPRIATE BOX:** [] **CARRY BACK (farming loss only)**
[] 65 or over [] Blind [] 65 or over [] Blind [] **CARRY FORWARD**
IMPORTANT NOTE: Read the instructions and complete page 3 first. Attach copies of the federal loss year return and Form 1045, Schedules A and B. See Instruction 15.

Is this address different from the address on your original return? [] YES [] NO
Check: [] Full-year resident [] Part-year resident or [] Nonresident (See Instruction 14.)
If part-year resident or nonresident, enter dates you resided in Maryland [] - []. Any changes from the original filing must be explained in Part III on page 4 of this form. **Submit copy of tax return filed with the other state.**
Did you request an extension of time to file the original return? [] YES [] NO
If yes, enter the date the return was filed []
Is an amended federal return being filed? **If yes, submit copy.** [] YES [] NO
Has your original federal return been changed or corrected by the Internal Revenue Service? **If yes, submit copy of the IRS notice.** [] YES [] NO

CHANGE OF FILING STATUS

Original	Amended		Original	Amended	
[]	[]	Single	[]	[]	Head of household
[]	[]	Married filing joint return or spouse had no income	[]	[]	Qualifying widow(er) with dependent child
[]	[]	Married filing separately [] Spouse's Social Security No.	[]	[]	Dependent taxpayer

MARYLAND FORM 502X

AMENDED TAX RETURN



2019

Page 2

19502X199

LAST NAME [] SSN []

Table with 3 main columns: A. As originally reported or as previously adjusted (See instructions.), B. Net change - increase or (decrease) - explain on page 4., C. Corrected amount. Rows include: 1. Federal adjusted gross income, 2. Additions to income, 3. Total (Add lines 1 and 2.), 4. Subtractions from income, 5. Total Maryland adjusted gross income, 6. CHECK ONLY ONE METHOD (See Instruction 5.), 7. Net income, 8. Exemption amount, 9. Taxable net income, 10. Maryland tax, 10a. Credits, 10b. Maryland tax after credits, 11. Local income tax, 11a. Local credits, 11b. Local tax after credits, 12. Total Maryland and local income tax, 13. Contribution, 14. Total Maryland income tax, local income tax and contribution, 15. Total Maryland tax withheld, 16. Estimated tax payment, extension and payments made with Form MW506NRS, 17. Refundable earned income credit, 18. Nonresident tax paid by pass-through entities, 19. Refundable income tax credits, 20. Total payments and credits.

MARYLAND FORM 502X

AMENDED TAX RETURN



2019

Page 3

19502X299

LAST NAME [] SSN []

Table with 2 columns: Description (lines 21-28) and Amount. Includes items like Balance due, Overpayment, Tax paid, and Total Amount Due.

I. INCOME AND ADJUSTMENTS TO INCOME: You must complete the following using the amounts from your federal income tax return. If there are no changes to the amounts claimed on your original Maryland return, check here [] and complete Column A and line 17 of Column C.

A. As originally reported or as previously adjusted B. Net increase or (decrease). C. Corrected amount.

INCOME AND ADJUSTMENTS INFORMATION (See Instruction 4.)

Table with 3 columns: Description (lines 1-17), Column A, Column B, and Column C. Includes items like Wages, Taxable interest income, Dividend income, etc.

MARYLAND FORM 502X

AMENDED TAX RETURN



19502X399

2019

Page 4

LAST NAME [] SSN []

II. ITEMIZED DEDUCTIONS: If you itemized deductions on your Maryland return, you must complete the following. If there are no changes to the amounts claimed on your original Maryland return, check here [] and complete Column A and line 11 of Column C.

Table with 3 columns: A. As originally reported or as previously adjusted, B. Net increase or (decrease), C. Corrected amount. Rows include Medical and dental expenses, Taxes, Interest, Contributions, Casualty or theft losses, Miscellaneous, Total Maryland deductions, etc.

III. EXPLANATION OF CHANGES TO INCOME, DEDUCTIONS AND CREDITS: Enter the line number from page 2 for each item you are changing and give the reason for each change. Attach any required supporting forms and schedules for items changed.

Empty table for explanation of changes to income, deductions and credits.

Check here [] if you authorize your preparer to discuss this return with us.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

Signature and contact information section including fields for Your signature, Spouse's signature, Date, Signature of preparer other than taxpayer, Printed name of the Preparer/Firm's name, Street address of Preparer/Firm, City, State, ZIP + 4, Telephone number of preparer, and Preparer's PTIN (Required by Law).

Make checks payable and mail to: Comptroller of Maryland Revenue Administration Division 110 Carroll Street Annapolis, Maryland 21411-0001

Write your Social Security number on your check in blue or black ink.