

MARYLAND FORM 505X

NONRESIDENT AMENDED TAX RETURN



19505X099

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 []

Maryland County []

City, Town or Taxing Area []

Current Mailing Address (PO Box, number, street and apt. no) []

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

STOP You must use Form 502X if you are changing to Resident status.

IF THIS IS BEING FILED TO CLAIM A NET OPERATING LOSS, CHECK THE APPROPRIATE BOX: [] CARRYBACK (farming loss only) [] CARRY FORWARD

Check here if you are: [] 65 or over [] Blind Check here if your spouse is: [] 65 or over [] Blind

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 13.

Is this address different from the address on your original return? [] YES [] NO
Enter your state of legal residence [] . Enter the local jurisdiction of which you are a resident [] .
Are you a resident of a local jurisdiction which imposes an income or earnings tax on Maryland residents? [] YES [] NO
Enter dates you resided in Maryland [] - [] .
Any changes from the original filing must be explained in Part III of this form.
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? [] YES [] NO
Has your original federal return been changed or corrected by the Internal Revenue Service? [] 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 [] [] Dependent taxpayer
Spouse's Social Security No. []

IMPORTANT NOTE: Read the instructions and complete page 3 first.

A. As originally reported or as previously adjusted (See instructions.) B. Net change - increase or (-) decrease explain on page 4. C. Corrected amount.

Table with 5 rows and 4 columns: Line number, Description, A, B, C. Rows include Federal adjusted gross income, Additions to income, Total (Add lines 1 and 2.), Subtractions from income, and Total Maryland adjusted gross income.

MARYLAND FORM 505X

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2019 Page 2

19505X199

Last Name [] SSN []

6. CHECK ONLY ONE METHOD (See Instruction 5.)

[] STANDARD DEDUCTION METHOD

[] ITEMIZED DEDUCTION METHOD Enter

total MD itemized deductions from Part II, on page 3 6.

7. Net income (Subtract line 6 from line 5.) 7.

8. Exemption amount (See Instruction 5.) 8.

9. Taxable net income (Subtract line 8 from line 7.) 9.

10. Maryland tax from line 16 of revised Form 505NR 10.

11. Special Nonresident tax from line 17 of revised Form 505NR. 11.

12. Total Maryland tax (Add lines 10 and 11.) 12.

12a. Credits:

Poverty Level Credit []

Personal Credit []

Business Credit X X X X X X X X X X

Enter total credits 12a.

12b. Maryland tax after credits (Subtract line 12a from line 12.) If less than 0, enter 0 12b.

13. Contribution: 13a. []

13b. []

13c. []

13d. []

Enter total contributions (See Instruction 8.) 13.

14. Total Maryland income tax and contribution (Add lines 12b and 13.) 14.

15. Total Maryland tax withheld. 15.

16. Estimated tax payments and payments made with Form PV and Form MW506NRS 16.

17. Nonresident tax paid by pass-through entities 17.

18. Refundable income tax credits (Attach Form 502CR and/or 502S.) 18.

19. Total payments and credits (Add lines 15 through 18.) 19.

20. Balance due (If line 14 is more than line 19, subtract line 19 from line 14.) 20.

21. Overpayment (If line 14 is less than line 19, subtract line 14 from line 19.) 21.

22. Tax paid with original return, plus additional tax paid after it was filed (Do not include any interest or penalty.) 22.

23. Prior overpayment (Total all refunds previously issued.) 23.

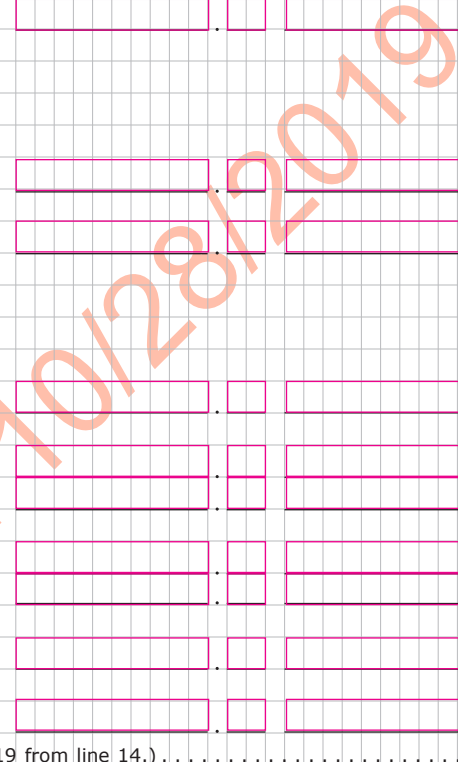
24. REFUND (If line 20 is less than line 22, subtract line 20 from line 22) (If line 23 is less than line 21, subtract line 23 from line 21.) (Add line 21 to line 22.) (See Instruction 10.) REFUND 24.

25. BALANCE DUE (If line 20 is more than line 22, subtract line 22 from line 20.) (Add line 20 to line 23.) (If line 21 is less than line 23, subtract line 21 from line 23.) (See Instruction 10.) 25.

26. Interest and/or penalty charges on tax due and/or from Form 502UP (See Instruction 11.) 26.

27. TOTAL AMOUNT DUE (Add line 25 and line 26.) PAY IN FULL WITH THIS RETURN 27.

A. As originally reported or as previously adjusted (See instructions.) B. Net change - increase or (-) decrease explain on page 4. C. Corrected amount.



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**MARYLAND
FORM
505X**

**NONRESIDENT
AMENDED TAX
RETURN**



2019
Page 3

19505X299

Name SSN

I. INCOME AND ADJUSTMENTS TO INCOME: You must complete the following using the amounts from your federal income tax return including any supporting schedules. 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.

INCOME AND ADJUSTMENTS INFORMATION

(See Instruction 4.) (Use a minus sign (-) to indicate a loss.)

A. Federal income or loss (-) as corrected
B. Maryland income or loss (-) as corrected
C. Non-Maryland income or loss (-) as corrected

| | A. | B. | C. |
|---|----------------------|----------------------|----------------------|
| 1. Wages, salaries, tips, etc. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2. Taxable interest income | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3. Dividend income | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 4. Taxable refunds, credits or offsets of state and local income taxes | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 5. Alimony received | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 6. Business income or loss | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 7. Capital gain or loss | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 8. Other gains or losses (from federal Form 4797) | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 9. Taxable amount of pensions, IRA distributions, and annuities | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 10. Rents, royalties, partnerships, estates, trusts, etc. (Circle appropriate item.) | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 11. Farm income or loss | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 12. Unemployment compensation | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 13. Taxable amount of Social Security and Tier 1 Railroad Retirement benefits | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 14. Other income (including lottery or other gambling winnings) | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 15. Total income (Add lines 1 through 14.) | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 16. Total adjustments to income from federal return (IRA, alimony, etc.) | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 17. Adjusted gross income (Subtract line 16 from 15.) (Carry the amount from line 17, column A, to page 1, line 1, column C.) | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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.

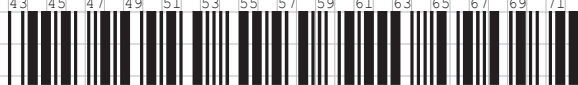
A. As originally reported or as previously adjusted
B. Net increase or decrease (-)
C. Corrected amount

| | A. | B. | C. |
|--|----------------------|----------------------|----------------------|
| 1. Medical and dental expense | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2. Taxes | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3. Interest | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 4. Contributions | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 5. Casualty or theft losses | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 6. Miscellaneous | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 7. Enter total itemized deductions from federal Schedule A | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 8. Enter state and local income taxes included on line 2 or from worksheet (See Instruction 4.) | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 9. Net deductions (Subtract line 8 from line 7.) | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 10. AGI factor (See instruction 14 of the nonresident instructions.) | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 11. Total Maryland deductions (Multiply line 9 by line 10.) (Enter on page 2, in each appropriate column of line 6.) | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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2019
Page 4

Name SSN

III. EXPLANATION OF CHANGES TO INCOME, DEDUCTIONS AND CREDITS: Enter the line number from page 1 and 2 for each item you are changing and give the reason for each change. Attach any required supporting forms and schedules for items changed.

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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.

Your signature Date Spouse's signature Date

Printed name of the Preparer/Firm's name Street address of preparer or Firm's address

Signature of preparer other than taxpayer **(Required by Law)** City, State, ZIP Code + 4

Telephone number of preparer Preparer's PTIN **(Required by Law)**

Make checks payable to and mail to:

**Comptroller of Maryland
Revenue Administration Division
110 Carroll Street
Annapolis, Maryland 21411-0001**

**It is recommended that you include your Social Security
Number on check in blue or black ink.**