

MARYLAND FORM 515

FOR NONRESIDENTS EMPLOYED IN MARYLAND WHO RESIDE IN JURISDICTIONS THAT IMPOSE A LOCAL INCOME OR EARNINGS TAX ON MARYLAND RESIDENTS TAX RETURN



195150099

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 []

Name of county and incorporated city, town or special taxing area in which you were employed on the last day of the taxable period. (See Instruction 6.) [] City or Town [] State [] ZIP Code +4 []

FILING STATUS See Instruction 1 and 2 to determine if you are required to file.

- CHECK ONE BOX 1. Single (If you can be claimed on another person's tax return, use Filing Status 6.) 2. Married filing joint return or spouse had no income 3. Married filing separately, Spouse SSN [] 4. Head of household 5. Qualifying widow(er) with dependent child 6. Dependent taxpayer (Enter 0 in Exemption Box (A) - See Instruction 7.)

RESIDENCE INFORMATION See Instruction 8.

Enter 2-letter state code for your state of legal residence. [] If you are a Pennsylvania resident, enter PA six (6) digits PSD code [] If PA resident, enter both County [] and City, Borough or Township [] Were you a resident of another state for the entire year of 2019? If no, attach explanation. [] Yes [] No Are you or your spouse a member of the military? [] Yes [] No Did you file a Maryland income tax return for 2018? [] Yes [] No If "Yes," was it a [] Resident or a [] Nonresident return? Dates you resided in Maryland for 2019. If none, enter "NONE": FROM [] TO [] (MMDDYYYY). [] Check here for Maryland taxes withheld in error. (See Instruction 4.)

EXEMPTIONS See Instruction 9. Check appropriate box(es). NOTE: If you are claiming dependents, you must attach the Dependents' Information Form 502B to this form in order to receive the applicable exemption amount.

- A. [] Yourself [] Spouse Enter number checked [] See Instruction 9 A. \$ [] B. [] 65 or over [] 65 or over C. [] Blind [] Blind Enter number checked [] X \$1,000 B. \$ [] D. Enter number from line 3 of Dependent Form 502B [] See Instruction 9 C. \$ [] E. Enter Total Exemptions (Add A, B and C.) [] Total Amount D. \$ []



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Name [] SSN []

INCOME AND ADJUSTMENTS INFORMATION (See Instruction 10.)

(1) FEDERAL INCOME (LOSS)

(2) MARYLAND WAGE INCOME

(3) NON-MARYLAND INCOME (LOSS)

Table with 4 columns: Line number, Description, (1) FEDERAL INCOME (LOSS), (2) MARYLAND WAGE INCOME, (3) NON-MARYLAND INCOME (LOSS). Rows 1-17 include items like Wages, salaries, tips, etc.; Dividend income; Taxable refunds, credits or offsets of state and local income taxes; etc.

ADDITIONS TO INCOME (See Instruction 11.)

Table with 4 columns: Line number, Description, (1) FEDERAL INCOME (LOSS), (2) MARYLAND WAGE INCOME, (3) NON-MARYLAND INCOME (LOSS). Rows 18-21 include Non-Maryland loss and adjustments; Other; Total additions; Total federal adjusted gross income and Maryland additions.

SUBTRACTIONS FROM INCOME (See Instruction 12.)

Table with 4 columns: Line number, Description, (1) FEDERAL INCOME (LOSS), (2) MARYLAND WAGE INCOME, (3) NON-MARYLAND INCOME (LOSS). Rows 22-26 include Taxable Military Income of Nonresident; Other; Total subtractions; Maryland adjusted gross income before subtraction of non-Maryland income; Amount from line 25.

DEDUCTION METHOD (All taxpayers must select one method and check the appropriate box)

Table with 4 columns: Line number, Description, (1) FEDERAL INCOME (LOSS), (2) MARYLAND WAGE INCOME, (3) NON-MARYLAND INCOME (LOSS). Rows 27-27 include Standard Deduction Method and Itemized Deduction Method.

Table with 4 columns: Line number, Description, (1) FEDERAL INCOME (LOSS), (2) MARYLAND WAGE INCOME, (3) NON-MARYLAND INCOME (LOSS). Rows 28-32 include Net income; Total exemption amount; Enter your AGI factor; Maryland exemption allowance; Taxable net income.

MARYLAND TAX COMPUTATION - Complete Form 505NR before continuing.

Table with 4 columns: Line number, Description, (1) FEDERAL INCOME (LOSS), (2) MARYLAND WAGE INCOME, (3) NON-MARYLAND INCOME (LOSS). Rows 33-36 include Maryland tax from line 16 of Form 505NR; Poverty level credit; Income tax credits from Part AA; Business tax credits.

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195150299

Name [] SSN []

37. Total credits (Add lines 34 through 36.) 37. []

38. Maryland tax after credits (Subtract line 37 from line 33.) If less than 0, enter 0. 38. []

LOCAL TAX COMPUTATION

39. Local tax from line 18 of Form 505NR. Enter local tax rate used. See Instruction 20. .0 [] 39. []

40. Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 20.) 40. []

41. Local tax after credits (Subtract line 40 from line 39.) If less than 0, enter 0 41. []

42. Total Maryland and local tax (Add lines 38 and 41.) 42. []

43. Contribution to Chesapeake Bay and Endangered Species Fund 43. []

44. Contribution to Developmental Disabilities Services and Support Fund 44. []

45. Contribution to Maryland Cancer Fund 45. []

46. Contribution to Fair Campaign Financing Fund 46. []

47. Total Maryland income tax, local income tax and contributions (Add lines 42 through 46.) 47. []

48. Total Maryland and local tax withheld (Enter total from your W-2 and 1099 forms and attach if MD and/or local tax is withheld.) 48. []

49. 2019 estimated tax payments, amount applied from 2018 return and payments made with an extension request. 49. []

50. Enter amount of Maryland tax from line 38 if Pennsylvania resident. 50. []

51. Refundable personal income tax credits from Part CC, line 7 of Form 502CR (Attach Form 502CR. See Instruction 21.) 51. []

52. Total payments and credits (Add lines 48 through 51.) 52. []

53. Balance due (If line 47 is more than line 52, subtract line 52 from line 47.) 53. []

54. Overpayment (If line 47 is less than line 52, subtract line 47 from line 52.) 54. []

55. Amount of overpayment TO BE APPLIED TO 2020 ESTIMATED TAX. 55. []

56. Amount of overpayment TO BE REFUNDED TO YOU (Subtract line 55 from line 54.) REFUND 56. []

57. Interest charges from Form 502UP [] or for late filing [] Total 57. []

58. TOTAL AMOUNT DUE (Add line 53 and line 57.) IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN 58. []

[] [] [] CODE NUMBERS (3 digits per line)

Check here [] if you authorize your preparer to discuss this return with us. Check here [] if you agree to receive your 1099G Income Tax Refund statement electronically. 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.

Daytime telephone no. [] Home telephone no. []

Your signature [] Date [] Spouse's signature [] Date []

Printed name of the preparer / or 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 []

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

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