



OR FISCAL YEAR BEGINNING 2011, ENDING

Form with fields for Social Security number, Spouse's Social Security number, Your First Name, Initial, Last Name, Spouse's First Name, Initial, Last Name, Present Address (No. and street), City or Town, State, Zip Code, Name of county and incorporated city, town or special taxing area in which you resided on the last day of the taxable period.

FILING STATUS

- 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
4. Head of household
5. Qualifying widow(er) with dependent child
6. Dependent taxpayer (Enter 0 in Exemption Box (A) - See Instruction 7)

PART-YEAR RESIDENT

See Instruction 26. If you began or ended legal residence in Maryland in 2011 place a P in the box

Dates of Maryland Residence

FROM TO. Place an M or P in this box

Other state of residence:

MILITARY: If you or your spouse has non-Maryland military income, place an M in the box. (See Instruction 26).

Enter amount here:

EXEMPTIONS

- (A) Yourself, Spouse, 65 or over, Blind
(B) 65 or over, Blind

NOTE: If you are claiming dependents, you must attach the Dependent Form 502B to this form in order to receive the applicable exemption amount.

(A) Enter No. Checked, (B) Enter No. Checked X \$1,000, (C) Enter No. Checked from line 1 of Dependent Form 502B, (D) Enter Total Exemptions (Add A, B and C) Total Amount \$

Check here if you authorize us to share your tax information with the Medical Assistance Program for help finding health insurance.

INCOME

1. Adjusted gross income from your federal return
1a. Wages, salaries and/or tips
ADDITIONS TO INCOME
2. Tax-exempt interest on state and local obligations (bonds) other than Maryland
3. State retirement pickup
4. Lump sum distributions (from worksheet in Instruction 12)
5. Other additions (Enter code letter(s) from Instruction 12)
6. Total additions to Maryland income (Add lines 2 through 5)
7. Total federal adjusted gross income and Maryland additions (Add lines 1 and 6)

SUBTRACTIONS FROM INCOME (See Instruction 13)

8. Taxable refunds, credits or offsets of state and local income taxes included in line 1 above
9. Child and dependent care expenses
10. Pension exclusion from worksheet in Instruction 13
11. Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line 1 above
12. Income received during period of nonresidence (See Instruction 26)
13. Subtractions from attached Form 502SU (See Instruction 13)
14. Two-income subtraction from worksheet in Instruction 13
15. Total subtractions from Maryland income (Add lines 8 through 14)
16. Maryland adjusted gross income (Subtract line 15 from line 7)

DEDUCTION METHOD See Instruction 16 (All taxpayers must select one method and check the appropriate box)

STANDARD DEDUCTION METHOD (Enter amount on line 17)

ITEMIZED DEDUCTION METHOD (Complete lines 17a and 17b)

Total federal itemized deductions (from line 29, federal Schedule A)
State and local income taxes included in federal Schedule A, line 5
Subtract line 17b from line 17a and enter amount on line 17.

17. Deduction amount (Part-year residents see Instruction 26 (l and m))
18. Net income (Subtract line 17 from line 16)
19. Exemption amount from Exemptions area above (See Instruction 10)
20. Taxable net income (Subtract line 19 from line 18)



NAME _____ SSN _____

MARYLAND TAX COMPUTATION

Table with 28 rows for Maryland Tax Computation, including lines 21-28. Columns for Dollars and Cents.

LOCAL TAX COMPUTATION

Table with 15 rows for Local Tax Computation, including lines 29-45. Columns for Dollars and Cents.

Table with 4 rows for Total Amount Due, including lines 46-49. Includes 'REFUND' label and 'IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN'.

DIRECT DEPOSIT OF REFUND (See Instruction 22) Please be sure the account information is correct. For Splitting Direct Deposit, see Form 588. In order to comply with banking rules, please, check [] here if this refund will go to an account outside the United States. If checked, see Instruction 22.

For the direct deposit option, complete the following information clearly and legibly. 50a. Type of account: [] Checking [] Savings

50b. Routing Number (9-digit) [] 50c. Account number []

Daytime telephone no. [] Home telephone no. [] CODE NUMBERS (3 digits per box) 049 []

Check here [] if you authorize your preparer to discuss this return with us. Check [] here if you authorize your paid preparer not to file electronically. Make checks payable 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.)

Your signature _____ Date _____ Preparer's SSN or PTIN (required by law) _____ Signature of preparer other than taxpayer _____ Spouse's signature _____ Date _____ Address and telephone number of preparer _____



Print Using
Blue or Black Ink Only

Social Security number		Spouse's Social Security number	
Your first name	Initial	Last name	
Spouse's first name	Initial	Last name	

Total

1. The total number of boxes checked below for Regular dependents (6) and dependents 65 or over (7). Enter this number on line (C) of Form 502, 505 or 515, Exemptions area

If claiming business income and refundable earned income credit, please identify Federal employer identification number, Combined Registration Number, or License Number of the business.

Dependents

(1) First name		M.I.	▶ Last name	
▶				
(2) Social Security number		Relationship	(4) ▶ <input type="checkbox"/>	if under 19
(5) Has medical insurance? Yes ▶ <input type="checkbox"/> No ▶ <input type="checkbox"/> (For Form 502, resident taxpayers only)		(6) <input type="checkbox"/>	Regular	(7) <input type="checkbox"/> 65 or Over

(1) First name		M.I.	▶ Last name	
▶				
(2) Social Security number		Relationship	(4) ▶ <input type="checkbox"/>	if under 19
(5) Has medical insurance? Yes ▶ <input type="checkbox"/> No ▶ <input type="checkbox"/> (For Form 502, resident taxpayers only)		(6) <input type="checkbox"/>	Regular	(7) <input type="checkbox"/> 65 or Over

(1) First name		M.I.	▶ Last name	
▶				
(2) Social Security number		Relationship	(4) ▶ <input type="checkbox"/>	if under 19
(5) Has medical insurance? Yes ▶ <input type="checkbox"/> No ▶ <input type="checkbox"/> (For Form 502, resident taxpayers only)		(6) <input type="checkbox"/>	Regular	(7) <input type="checkbox"/> 65 or Over

(1) First name		M.I.	▶ Last name	
▶				
(2) Social Security number		Relationship	(4) ▶ <input type="checkbox"/>	if under 19
(5) Has medical insurance? Yes ▶ <input type="checkbox"/> No ▶ <input type="checkbox"/> (For Form 502, resident taxpayers only)		(6) <input type="checkbox"/>	Regular	(7) <input type="checkbox"/> 65 or Over