502

RESIDENT



2011

			OR FISCAL YEAR BEG	INNING	2011, ENDING													
	Social Secu	rity numbe	r		Spouse's Social Security number]										
k Only	Your First N	Name		Last Name	łame													
ck In	Spouse's Fir	rst Name		Initial	l Last Name													
or Bla	Spouse's First Name Initial Last Name																	
Blue	Present Address (No. and street)																	
Print Using Blue or Black Ink Only	City or Town State						Zip Code											
1	Name of county and incorporated city, town or special taxing area in which you resided on the last day of the taxable period. (See Instruction 6)					ounty	City, Town, or	Taxing Area										
FIL	ING S	TATUS	1. Sin	ale (If v	ou can be	claimed	on another	nerson's ta	se Filina S	tatus 6)	4. He	ad of housel	hold				_	
if yo	1. Single (If you can be claimed on another person's tax return, use See Instruction 1 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 2. Married filling joint return or spouse had no income 3. Married filling separately 5. Spouse's Social Security num												alifying wido	. ,	-	nt child emption Box (A) - Se	e Instruction 7)	
_	PART-	YFΔR	RESIDENT	IIIcu III	iiiy schaid		PTIONS	Spouse's S		ourself		0. 🗀 00	pondont tax		pouse	inpuon box (A) OC	c monucuon 7)	_
1	PART-YEAR RESIDENT See Instruction 26 If you began or ended legal residence in Maryland in 2011 place a P in the box (A) See Instruction 10 (B)									or over	▶ □ BI	lind			5 or over	▶ ☐ Blind		
	-	Maryla	nd Residence			-	-		ents, you	must attac	ch the Deper	ndent Forn	n 502B 1	to this fo	rm in order to re	ceive the		
	MO DAY YEAR applicable exemption amount.																	
			P	M or P	(A) Enter No. Checked See Instruction 10 \$ (B) Enter No.					Enter No. C	er No. Checked x \$1,000 \$							
1	TO _			in this l	box	(C) Enter No. Checked from							,				-	_
(Other sta	ite of re	sidence:			1 of Depend n 502B		See	Instructio	n 10 \$		Enter Total) (Add A, B a			Total Amount	\$		
			or your spouse has non-Mar VI in the box. (See Instruction	nilitary	1011	11 00 <u>2</u> D			moddodo			(raa rij b t	ana 0,1.1		rotal ranount		_	
	Enter amo		,			Check here if you authorize us to share your tax information with the Medical Assistance Program for help fin						help findin	g health insurance.	▶□]			
		INCON																_
	1	1.													—			
	1a. Wages, salaries and/or tips (See Instruction 11)														_			
_	+		DITIONS TO INCOME (See Instruction 12) Tax-exempt interest on state and local obligations (bonds) other than Maryland												- 1			
		2. 3.	State retirement pickup			-			-						3		i	_
		3. 4.													4			_
	Place	5.	Lump sum distributions (nom worksheet in mistrocition 12)													_		
C	HECK or	6. Total additions to Maryland income (Add lines 2 through 5)																
	IONEY	7.	Total additions to manyiana income (not lines 2 through 5)															
on	RDER top of	SUBTE	TOTAL TECHNIC AND INCOME (See Instruction 13)															
	ur W-2 ge and	8.	Taxable refunds, credit				ocal income	taxes inclu	uded in line	e 1 above.				▶	8			
	tax	9.	Child and dependent ca	enses									▶	9 _				
	tements and	10.	Pension exclusion from	works	heet in In:	struction	13							▶	10		_	_
	ITACH HERE	11.	Taxable Social Security	and RI	R benefits	(Tier I, II	and supple	emental) ind	cluded in li	ne 1 abov	e			▶				—
	th ONE	12.	Income received during											▶	12		_	_
Si	taple.	13.	Subtractions from attac	hed Fo	rm 502Sl	J (See Ins	struction 13)							13		_	_
		14.	Two-income subtraction	n from	workshee	t in Instri	uction 13 .							▶	14		-	_
		15.	Total subtractions from	Maryla	and incom	e (Add Iir	nes 8 throu	gh 14)						▶	15		-	—
		16.	Maryland adjusted gros														—	
	+	DEDUC	TION METHOD See Inst	ruction	16 (All t													
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)																		
											▼							
							,				,			17b.			•	
		Subtract line 17b from line 17a and enter amount on line 17.										17		· .				
		17.													- 🗔 –		-	—
		18.	Net income (Subtract lin			,											-	
		19.	Exemption amount from Exemptions area above (See Instruction 10)														-	—
20. Taxable net income (Subtract line 19 from line 18)													20					



RESIDENT INCOME TAX RETURN



	NAME SSN		
	YLAND TAX COMPUTATION	Dollars	Cents
21.	Amount from line 20 (taxable net income) GO TO TAX TABLE in the Resident Booklet. Enter the tax on line 22	21	+-
22.	Maryland tax (from Tax Table or Computation Worksheet Schedules I or II).	22	+-
23.	Earned income credit ('/2 of federal earned income credit. See Instruction 18).	23	-
24.	Poverty level credit (See Instruction 18)	24	╬
25.	Other income tax credits for individuals from Part G, line 8 of Form 502CR (Attach Form 502CR)	25	+-
26.	Business tax credits (Attach Form 500CR)	26	+-
27.	Total credits (Add lines 23 through 26)	27	╄
28.	Maryland tax after credits (Subtract line 27 from line 22) If less than 0, enter 0.	28	
LOC	AL TAX COMPUTATION		
29.	Local tax (See Instruction 19 for tax rates and worksheet.) Multiply line 21 by your local tax rate or		
	use the Local Tax Worksheet	29	+-
30.	Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19)	30	+-
31.	Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19)	31	+-
32.	Total credits (Add lines 30 and 31)	32	+-
33.	Local tax after credits (Subtract line 32 from line 29) If less than 0, enter 0	33	
34.	Total Maryland and local tax (Add lines 28 and 33)	34	
35.	Contribution to Chesapeake Bay and Endangered Species Fund (See Instruction 20)	35	
36.	Contribution to Developmental Disabilities Waiting List Equity Fund (See Instruction 20).	36	
37.	Contribution to Maryland Cancer Fund (See Instruction 20)	37	
38.	Total Maryland income tax, local income tax and contributions (Add lines 34 through 37)	38	
39.	Total Maryland and local tax withheld (Enter total from and attach your W-2 and 1099 forms if MD tax is withheld)	39	┺
40.	2011 estimated tax payments, amount applied from 2010 return, payment made with an extension request, and Form MW506NRS	40	┺
41.	Refundable earned income credit (from worksheet in Instruction 21)	41	┺
42.	Refundable income tax credits from Part H, line 6 of Form 502CR (Attach Form 502CR. See Instruction 21)	42	┺
43.	Total payments and credits (Add lines 39 through 42)	43	
44.	Balance due (If line 38 is more than line 43, subtract line 43 from line 38)	44	
45.	Overpayment (If line 38 is less than line 43, subtract line 38 from line 43)	45	
	Amount of overpayment TO BE APPLIED TO 2012 ESTIMATED TAX		
46.	Amount of overpayment TO BE REFUNDED TO YOU (Subtract line 46 from line 45) See line 50	47	
41. 1Ω	Interest charges from Form 502UP or for late filling (See Instruction 22) Total	48	i
48. 49.	TOTAL AMOUNT DUE (Add lines 44 and 48)	49	+
	CT DEPOSIT OF REFUND (See Instruction 22) Please be sure the account information is correct. For Splitting Direct Deposit, see For		
	der to comply with banking rules, please, check mere if this refund will go to an account outside the United States. If checked, see		
For t	he direct deposit option, complete the following information clearly and legibly. 50a. Type of account: 🕨 🗌 Checking 🔲 Sa	avings	
50b.	Routing Number 50c. Account number		
	(9-digit)		
\ _		49	
	ytime telephone no. Home telephone no. here if you authorize your paid preparer not to file electronically.	CODE NUMBERS (3 digits per box Make checks payable and mail t	
Check	here if you agree to receive your 1099G Income Tax Refund statement electronically. Under penalties of perjury, I declare that I have examined	Comptroller of Maryland, Revenue Administration Division	on
	turn, including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct and complete. If prepared by a nother than taxpayer, the declaration is based on all information of which the preparer has any knowledge.	Carroll Street, Annapolis, Maryland (It is recommended that you includ	21411-0001 e your
		Social Security number on chec	
Your s	gnature Date Preparer's SSN or PTIN (required by law) Signature	of preparer other than taxpayer	
Snous	S's signature Date Address and telephone number of preparer		·····
opous	Date Address and telephone number of preparer		



Maryland Dependents' Information (Attach to Form 502)



Only	Social Security number		Spouse's Social Secur	rity number					
Print Using or Black Ink Only	Your first name	Initial	Last name						
Prin Blue or Bl	Spouse's first name	Initial	Last name						
_									
	al The total number of boxes checke of Form 502, 505 or 515, Exempti							or on line (C)	_
	aiming business income and refurnbined Registration Number, or Li								_
— Dep	pendents								
(1) First name			M.I.	Last name				
<u></u>) Social Security number			Relationship		(4)	if under 19		
(5) Has medical insurance? Yes	No 🏿	► [(For Form	n 502, resident taxpayers on	ly)	(6)	Regular	(7) 65 or Over	
(1)) First name			M.I.	► Last name				
<u></u>	0.0010.001			B.L.C.		(A) b	☐ '/t40		
) Social Security number			Relationship		(4)	if under 19		
(5) Has medical insurance? Yes	No	For Forn	n 502, resident taxpayers on	ly)	(6)	Regular	(7) 65 or Over	
) First name			M.I.	► Last name				
Ì	•								
(2) Social Security number			Relationship		(4)	if under 19		
(5) Has medical insurance? Yes	No 🏿	(For Form	n 502, resident taxpayers on	ly)	(6)	Regular	(7) 65 or Over	
_									
(1) First name			M.I.	Last name				
) Social Security number			Relationship		(4)	if under 19		
	_	١				(4) 		(T)	
(5) Has medical insurance? Yes	No	(For Forn	n 502, resident taxpayers on	ly)	(6)	Regular	(7) 65 or Over	
) First name			M.I.	► Last name				
'	, i not namo				Last name				
(2) Social Security number			Relationship		(4)	if under 19		
(5) Has medical insurance? Yes	No 🏿	► [(For Form	n 502, resident taxpayers on	ly)	(6)	Regular	(7) 65 or Over	