502B

Maryland Dependents' Information



(Attach to Form 502, 505 or 515)

| Only | Social Security number | | Spouse's Social Secu | Thy number | | | | | | | | |
|--|---|----------|----------------------|---------------------------------|-------------|--------------------------|----------------|--|--|--|--|--|
| k Ink | Your first name | initial | Last name | | 1 | | | | | | | |
| or Black Ink Only | Spouse's first name | nitial | Last name | | _ | | | | | | | |
| Blue | Spouse's first name | illitiai | Last name | | | | | | | | | |
| | | | | | | | | | | | | |
| | Total The total number of hoves checked below for Regular dependents (6) and dependents 65 or over (7). Enter this number on line (C) | | | | | | | | | | | |
| | 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 cla | f 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) lif under 19 | | | | | | |
| (5) | Has medical insurance? Yes ▶ | No 🌗 | ► (For For | m 502, resident taxpayers only |) | (6) Regular | (7) 65 or Over | | | | | |
| | | | | | | | | | | | | |
| (1) | First name | | | M.I. | ► Last name | | | | | | | |
| • | | | | | | | | | | | | |
| (2) | Social Security number | | | Relationship | | (4) I if under 19 | | | | | | |
| (5) | Has medical insurance? Yes ▶ | No 🌗 | (For Form | n 502, resident taxpayers only |) | (6) Regular | (7) 65 or Over | | | | | |
| | | | | | | | | | | | | |
| (1) | First name | | | M.I. | ► Last name | | | | | | | |
| (.) | | | | | | | | | | | | |
| (2) | Social Security number | | | Relationship | | (4) if under 19 | | | | | | |
| (5) | Has medical insurance? Yes ▶ | No 🖿 | (For For | m 502, resident taxpayers only | ١ | (6) Regular | (7) 65 or Over | | | | | |
| (3) | Tias medicai insulance: Tes | INO p | (1011011 | 11 302, resident taxpayers only |) | (0) Inegulai | (7) 03 OF OVER | | | | | |
| _ | | | | | | | _ | | | | | |
| (1) | First name | | | M.I. | Last name | | | | | | | |
| (0) | Carial Carreits was the | | | Deletienskie | | (A) \ | | | | | | |
| (2) | Social Security number | | | Relationship | | (4) if under 19 | | | | | | |
| (5) | Has medical insurance? Yes ▶ | No 🌗 | (For For | m 502, resident taxpayers only |) | (6) Regular | (7) 65 or Over | | | | | |
| | | | | | | | | | | | | |
| (1) | First name | | | M.I. | ► Last name | | | | | | | |
| • | | | | | | | | | | | | |
| (2) | Social Security number | | | Relationship | | (4) lif under 19 | | | | | | |
| (5) | Has medical insurance? Yes ▶ | No 🌗 | ► (For Form | m 502, resident taxpayers only |) | (6) Regular | (7) 65 or Over | | | | | |



Maryland Dependents' Information (Attach to Form 502, 505 or 515)



NAME ______ SSN _____

| Dependents | | | | |
|---|--------------------------------|-------------|-------------------|----------------|
| | | | | |
| (1) First name | M.I. | ► Last name | | |
| | | | | |
| (2) Social Security number | Relationship | | (4) if under 19 | |
| | | | | |
| (5) Has medical insurance? Yes ▶ No ▶ (For Fo | orm 502, resident taxpayers or | nly) | (6) Regular | (7) 65 or Over |
| | | | | |
| | | | | |
| (1) First name | M.I. | ► Last name | | |
| ▶ | | | _ | |
| (2) Social Security number | Relationship | | (4) lif under 19 | |
| (5) Has medical insurance? Yes ▶ No ▶ (For Fo | orm 502, resident taxpayers or | nly) | (6) Regular | (7) 65 or Over |
| | | | | |
| | | | | |
| (1) First name | M.I. | ► Last name | | |
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| (2) Social Security number | Relationship | | (4) if under 19 | |
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| (5) Has medical insurance? Yes ▶ No ▶ (For Fo | orm 502, resident taxpayers or | nly) | (6) Regular | (7) 65 or Over |
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| (1) First name | M.I. | ► Last name | | |
| ▶ | | | | |
| (2) Social Security number | Relationship | | (4) lif under 19 | |
| (5) Has medical insurance? Yes ▶ No ▶ (For Fo | orm 502, resident taxpayers or | nly) | (6) Regular | (7) 65 or Over |
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| | | | | |
| (1) First name | M.I. | ► Last name | | |
| (1) | | | | |
| (2) Social Security number | Dalationahin | | (4) if under 19 | |
| (2) Social Security Humber | Relationship | | (4) lif under 19 | |
| (5) Has medical insurance? Yes ▶ No ▶ (For Fo | orm 502, resident taxpayers or | nly) | (6) Regular | (7) 65 or Over |
| | | | | |
| | | | | |
| (1) First name | M.I. | ► Last name | | |
| ▶ | | | | |
| (2) Social Security number | Relationship | | (4) if under 19 | |
| | | | | |
| (5) Has medical insurance? Yes ▶ No ▶ (For Fo | orm 502, resident taxpayers or | nly) | (6) Regular | (7) 65 or Over |