



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	

  

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▶				
(2) Social Security number		Relationship	(4) ▶ <input type="checkbox"/> if under 19	
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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) ▶ <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 _____
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