



165020049

OR FISCAL YEAR BEGINNING _____ 2016, ENDING _____

Your Social Security Number

Spouse's Social Security Number

Your First Name

Initial

Your Last Name

Spouse's First Name

Initial

Spouse's Last Name

Current Mailing Address Line 1 (Street No. and Street Name or PO Box)

Current Mailing Address Line 2 (Apt No., Suite No., Floor No.)

City or Town

State

ZIP Code

REQUIRED: Physical address as of December 31, 2016 or last day of the taxable year for fiscal year taxpayers.
See Instruction 6. Part-year residents see Instruction 26.

4 Digit Political Subdivision Code (See Instruction 6)

Maryland Political Subdivision (See Instruction 6)

Physical Street Address Line 1 (Street No. and Street Name) (No PO Box)

Physical Street Address Line 2 (Apt No., Suite No., Floor No.) (No PO Box)

City

MD
State

ZIP Code

Maryland County

FILING STATUS

CHECK ONE BOX ▶

See Instruction 1 if you are required to file.

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.)

**PART-YEAR
RESIDENT**

See Instruction 26.

Dates of Maryland Residence (MM DD YYYY) FROM _____ TO _____ Other state of residence: _____

If you began or ended legal residence in Maryland in 2016 place a **P** in the box. ▶ ☐

MILITARY: If you or your spouse has **non-Maryland** military income, place an **M** in the box. ▶ ☐

Enter **Military Income** amount here: _____

EXEMPTIONS

See Instruction 10. Check appropriate box(es).

NOTE: If you are claiming dependents, you must attach the Dependents' Information Form 502B to this form to receive the applicable exemption amount.

A. ☐ Yourself ☐ Spouse Enter number checked ☐ See Instruction 10 A. \$ _____

B. ▶ ☐ 65 or over ▶ ☐ 65 or over

▶ ☐ Blind ▶ ☐ Blind Enter number checked ☐ X \$1,000. B. \$ _____

C. Enter number from line 3 of Dependent Form 502B ☐ See Instruction 10 C. \$ _____

D. Enter Total Exemptions (Add A, B and C.) ▶ ☐ Total Amount D. \$ _____



165020149

NAME _____ SSN _____

INCOME

See Instruction 11.

1. Adjusted gross income from your federal return ► 1. _____
- 1a. Wages, salaries and/or tips ► 1a. _____
- 1b. Earned income ► 1b. _____
- 1c. Capital Gain or (loss) ► 1c. _____
- 1d. Taxable Pension, IRA, Annuities ► 1d. _____
(Attach Form 502R.)
- 1e. Place a "Y" in this box if the amount of your investment income is more than \$3,400. ► ☐

**ADDITIONS
TO INCOME**

See Instruction 12.

2. Tax-exempt interest on state and local obligations (bonds) other than Maryland ► 2. _____
3. State retirement pickup. ► 3. _____
4. Lump sum distributions (from worksheet in Instruction 12.) ► 4. _____
5. Other additions (Enter code letter(s) from Instruction 12.) ► _____ ► 5. _____
6. Total additions to Maryland income (Add lines 2 through 5.) ► 6. _____
7. Total federal adjusted gross income and Maryland additions (Add lines 1 and 6.) ► 7. _____

**SUBTRACTIONS
FROM INCOME**

See Instruction 13.

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

**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.)
- 17a. Total federal itemized deductions (from line 29, federal Schedule A) ► 17a. _____
- 17b. State and local income taxes (See Instruction 14.) ► 17b. _____
- Subtract line 17b from line 17a and enter amount on line 17.
17. Deduction amount (Part-year residents see Instruction 26 (l and m).) ► 17. _____

**MARYLAND
TAX
COMPUTATION**

18. Net income (Subtract line 17 from line 16.) ► 18. _____
19. Exemption amount from Exemptions area (See Instruction 10.) ► 19. _____
20. Taxable net income (Subtract line 19 from line 18.) ► 20. _____
21. **Maryland tax** (from Tax Table or Computation Worksheet Schedules I or II) ► 21. _____
22. Earned income credit (½ of federal earned income credit. See Instruction 18.) ► 22. _____
23. Poverty level credit (See Instruction 18.) ► 23. _____
24. Other income tax credits for individuals from Part K, line 11 of Form 502CR
(Attach Form 502CR.) ► 24. _____
25. Business tax credits **You must file this form electronically to claim business tax credits on Form 500CR.**
26. Total credits (Add lines 22 through 25.) ► 26. _____
27. Maryland tax after credits (Subtract line 26 from line 21.) If less than 0, enter 0. ► 27. _____

**LOCAL TAX
COMPUTATION**

28. Local tax (See Instruction 19 for tax rates and worksheet.) **Multiply line 20 by
your local tax rate .0 _____ or use the Local Tax Worksheet** ► 28. _____
29. Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.) ► 29. _____
30. Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19.) ► 30. _____
31. Local tax credit from Part L, line 1 of Form 502CR (Attach Form 502CR.) ► 31. _____
32. Total credits (Add lines 29 through 31.) ► 32. _____
33. **Local tax** after credits (Subtract line 32 from line 28.) If less than 0, enter 0. ► 33. _____
34. Total Maryland and local tax (Add lines 27 and 33.) ► 34. _____
35. Contribution to Chesapeake Bay and Endangered Species Fund (See Instruction 20.) ► 35. _____
36. Contribution to Developmental Disabilities Services and Support Fund (See Instruction 20.) ► 36. _____
37. Contribution to Maryland Cancer Fund (See Instruction 20.) ► 37. _____
38. Contribution to Fair Campaign Financing Fund (See Instruction 20.) ► 38. _____



165020249

NAME _____	SSN _____	
	39. Total Maryland income tax, local income tax and contributions (Add lines 34 through 38.)	39. _____
	40. Total Maryland and local tax withheld (Enter total from your W-2 and 1099 forms if MD tax is withheld and attach.)	40. _____
	41. 2016 estimated tax payments, amount applied from 2015 return, payment made with an extension request, and Form MW506NRS	41. _____
	42. Refundable earned income credit (from worksheet in Instruction 21)	42. _____
	43. Refundable income tax credits from Part M, line 6 of Form 502CR (Attach Form 502CR. See Instruction 21.)	43. _____
	44. Total payments and credits (Add lines 40 through 43.)	44. _____
	45. Balance due (If line 39 is more than line 44, subtract line 44 from line 39. See Instruction 22.)	45. _____
	46. Overpayment (If line 39 is less than line 44, subtract line 39 from line 44.)	46. _____
REFUND	47. Amount of overpayment TO BE APPLIED TO 2017 ESTIMATED TAX	47. _____
	48. Amount of overpayment TO BE REFUNDED TO YOU (Subtract line 47 from line 46.) See line 51	REFUND 48. _____
	49. Interest charges from Form 502UP _____ or for late filing _____ (See Instruction 22.) Total.	49. _____
AMOUNT DUE	50. TOTAL AMOUNT DUE (Add lines 45 and 49.)	50. _____
	IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN. INCLUDE FORM IND PV.	50. _____

DIRECT DEPOSIT OF REFUND (See Instruction 22.) Be sure the account information is correct. **For Splitting Direct Deposit**, see Form 588. If this refund will go to an account outside of the United States, then to comply with banking rules, place a "Y" in this box ☐ and see Instruction 22. For the direct deposit option, complete the following information clearly and legibly.

51a.Type of account: ☐ Checking ☐ Savings

51b.Routing Number (9-digits) **51c.** Account Number

☐ Daytime telephone no. ☐ Home telephone no. ☐ CODE NUMBERS (3 digits per line)

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. Check here ☐ if you agree to receive your 1099G Income Tax Refund statement electronically. (See Instruction 24.)

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.

Your signature _____ Date _____	Signature of preparer other than taxpayer _____ Street address of preparer _____ City, State, ZIP _____ Telephone number of preparer <input type="text"/>	Preparer's PTIN (required by law) <input type="text"/>
Spouse's signature _____ Date _____		

**For returns filed without payments,
mail your completed return to:**

Comptroller of Maryland
Revenue Administration Division
110 Carroll Street
Annapolis, MD 21411-0001

**For returns filed with payments, attach check or money order to Form IND PV.
Make checks payable to Comptroller of Maryland. Do not attach Form IND PV
or check/money order to Form 502. Place Form IND PV with attached check/
money order on top of Form 502 and mail to:**

Comptroller of Maryland
Payment Processing
PO Box 8888
Annapolis, MD 21401-8888