MARYLAND FORM **502B**

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



2017

our First Name			 Initial			
our First Name		,	iniciai			
our Last Name						
oouse's First Name			 Initial			
oouse's Last Name						
ummary						
. Enter the total nu	umber checke	d below fo	r Regular depend	dents (4)		▶1
			•	. ,		▶ 2
. Total dependent						of the 3
Exemptions area	1 of Form 502,	, 505 or 51	15.)			
ependents (If a c	dependent list	ed below i	is age 65 or over	, please check	both 4 and 5.)	
First Name ▶ 1.		Initial	Last Name			
Social Security N	umber	Relationship		Regular	65 or over	DEPENDENT 1
> 2	3.			4	5	
		Initial	Last Name			
First Name		Initial	Luse Hume			
1 .	umher	▶		Regular		DEPENDENT 2
	umber 3.	Relationship		Regular	65 or over	DEPENDENT 2
Social Security N 2.		Relationship		_		DEPENDENT 2
Social Security N		▶	Last Name	_		
Social Security N 2. First Name Social Security N	umber 3.	Relationship Initial Relationship		4	5	DEPENDENT 2 DEPENDENT 3
Social Security N 2. First Name	3.	Relationship Initial Relationship		4	5	
Social Security N 2. First Name Social Security N 2. First Name	umber 3.	Relationship Initial Relationship		4	5	
Social Security N 2. First Name 1. Social Security N 2. First Name 1.	3.	Relationship Initial Relationship Initial	Last Name Last Name	4 Regular 4	5	
Social Security N 2. First Name Social Security N 2. First Name	3. umber 3.	Relationship Initial Relationship Initial Relationship	Last Name Last Name	Regular 4	5	DEPENDENT 3
Social Security N 2. First Name 1. Social Security N 2. First Name 1. Social Security N 2.	3. umber 3.	Relationship Initial Relationship Initial Relationship	Last Name Last Name	Regular 4	5	DEPENDENT 3
Social Security N 2. First Name 1. Social Security N 2. First Name Social Security N 2. First Name	umber 3.	Relationship Initial Relationship Initial Relationship	Last Name Last Name	Regular 4	5	DEPENDENT 3 DEPENDENT 4
Social Security N 2. First Name 1. Social Security N 2. First Name 1. Social Security N 2. First Name 1. Social Security N 2. First Name Social Security N Social Security N	3. umber 3. umber 3.	Relationship Initial Relationship Initial Relationship Initial Relationship	Last Name Last Name Last Name	Regular 4 Regular 4 Regular	5	DEPENDENT 3
Social Security N 2. First Name 1. Social Security N 2. First Name 1. Social Security N 2. First Name 1. First Name 1. First Name	3. umber 3. umber 3.	Relationship Initial Relationship Initial Relationship Initial Relationship	Last Name Last Name	Regular 4 Regular 4 Regular	5	DEPENDENT 3 DEPENDENT 4
Social Security N 2. First Name 1. Social Security N 2. First Name 1. Social Security N 2. First Name 1. First Name 2. First Name First Name First Name	3. umber 3. umber 3.	Relationship Initial Relationship Initial Relationship Relationship Initial	Last Name Last Name Last Name	Regular 4 Regular 4 Regular	5	DEPENDENT 3 DEPENDENT 4
Social Security N 2. First Name 1. Social Security N 2. First Name 1. Social Security N 2. First Name 1. Social Security N 2. First Name 2.	3. umber 3. umber 3.	Relationship Initial Relationship Initial Relationship Relationship Initial	Last Name Last Name Last Name	Regular 4 Regular 4 Regular 4	5	DEPENDENT 3 DEPENDENT 4

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2017Page 2

NAME				SSN			
▶ 1.	First Name		Initial	Last Name			
	Social Security Number				Regular	65 or over	DEPENDENT 7
▶ 2.		3.			4	5	
▶ 1.	First Name						
	Social Security Number		Relationship		Regular	65 or over	DEPENDENT 8
▶ 1.	First Name		Initial				
	Social Security Number		Relationship		Regular	65 or over	DEPENDENT 9
▶ 1.	First Name		Initial				
ľ	Social Security Number		Relationship		Regular	65 or over	DEPENDENT 10
▶ 2.		3.			4	5	
▶ 1.	First Name		Initial	Last Name			
	Social Security Number		– — Relationship		Regular	65 or over	DEPENDENT 11
▶ 2.		3.			4	5	
. 1	First Name		Initial				
1.	Social Security Number		Relationship		Regular	 65 or over	DEPENDENT 12
▶ 2.						5	