



185020050

OR FISCAL YEAR BEGINNING _____ 2018, ENDING _____

Your Social Security Number _____ Spouse's Social Security Number _____

Your First Name _____ MI _____

Your Last Name _____

Spouse's First Name _____ MI _____

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 + 4 _____

REQUIRED: Maryland Physical address as of December 31, 2018 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) _____

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

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

City _____ MD State ZIP Code + 4 _____ 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 2018 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
B. 65 or over Blind
C. Enter number from line 3 of Dependent Form 502B
D. Enter Total Exemptions (Add A, B and C.) Total Amount



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NAME _____ SSN _____

INCOME
1. Adjusted gross income from your federal return
1a. Wages, salaries and/or tips
1b. Earned income
1c. Capital Gain or (loss)
1d. Taxable Pensions, IRAs, Annuities (Attach Form 502R.)
1e. Place a "Y" in this box if the amount of your investment income is more than \$3,500.

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

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

DEDUCTION METHOD
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 17, federal Schedule A)
17b. State and local income taxes (See Instruction 14.)
Subtract line 17b from line 17a and enter amount on line 17.
17. Deduction amount (Part-year residents see Instruction 26 (l and m).)

18. Net income (Subtract line 17 from line 16.)
19. Exemption amount from Exemptions area (See Instruction 10.)
20. Taxable net income (Subtract line 19 from line 18.)

MARYLAND TAX COMPUTATION
21. Maryland tax (from Tax Table or Computation Worksheet Schedules I or II)
22. Earned income credit (EIC)(See Instruction 18.)
23. Poverty level credit (See Instruction 18.)
24. Other income tax credits for individuals from Part AA, line 12 of Form 502CR (Attach Form 502CR.)
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.)
27. Maryland tax after credits (Subtract line 26 from line 21.) If less than 0, enter 0.

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
29. Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.)
30. Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19.)
31. Local tax credit from Part BB, line 1 of Form 502CR (Attach Form 502CR.)
32. Total credits (Add lines 29 through 31.)
33. Local tax after credits (Subtract line 32 from line 28.) If less than 0, enter 0.
34. Total Maryland and local tax (Add lines 27 and 33.)

CONTRIBUTIONS
35. Contribution to Chesapeake Bay and Endangered Species Fund
36. Contribution to Developmental Disabilities Services and Support Fund
37. Contribution to Maryland Cancer Fund.
38. Contribution to Fair Campaign Financing Fund
39. Total Maryland income tax, local income tax and contributions (Add lines 34 through 38.)



185020250

NAME _____ SSN _____

Table with 2 columns: Description and Amount. Rows include 40-44 (Total Maryland and local tax withheld, 2018 estimated tax payments, Refundable earned income credit, Refundable income tax credits, Total payments and credits), 45-46 (Balance due, Overpayment), 47-49 (Amount of overpayment TO BE APPLIED TO 2019 ESTIMATED TAX, Amount of overpayment TO BE REFUNDED TO YOU, Interest charges), and 50 (TOTAL AMOUNT DUE).

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.

Signature and Date lines for taxpayer, spouse, and preparer. Address and telephone information for preparer.

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 PV. Make checks payable to Comptroller of Maryland. Do not attach Form PV or check/money order to Form 502. Place Form 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



18502B050

▶ Your Social Security Number

▶ Spouse's Social Security Number

Print Using Blue or Black Ink Only

Your First Name _____ MI _____

Your Last Name _____

Spouse's First Name _____ MI _____

Spouse's Last Name _____

Summary

- 1. Enter the total number checked below for Regular dependents (4) ▶ 1. _____
- 2. Enter the total number checked below for dependents 65 or over (5) ▶ 2. _____
- 3. Total dependent exemptions (Add lines 1 and 2 and enter the total here and on line (C) of the Exemptions area of Form 502, 505 or 515.) 3. _____

Dependents (If a dependent listed below is age 65 or over, check both 4 and 5.)

▶ 1. _____	First Name	MI	▶	_____	Last Name	DEPENDENT 1
▶ 2. _____	Social Security Number	Relationship		Regular	65 or over	
3. _____			4. ____	5. ____		

▶ 1. _____	First Name	MI	▶	_____	Last Name	DEPENDENT 2
▶ 2. _____	Social Security Number	Relationship		Regular	65 or over	
3. _____			4. ____	5. ____		

▶ 1. _____	First Name	MI	▶	_____	Last Name	DEPENDENT 3
▶ 2. _____	Social Security Number	Relationship		Regular	65 or over	
3. _____			4. ____	5. ____		

▶ 1. _____	First Name	MI	▶	_____	Last Name	DEPENDENT 4
▶ 2. _____	Social Security Number	Relationship		Regular	65 or over	
3. _____			4. ____	5. ____		

▶ 1. _____	First Name	MI	▶	_____	Last Name	DEPENDENT 5
▶ 2. _____	Social Security Number	Relationship		Regular	65 or over	
3. _____			4. ____	5. ____		

▶ 1. _____	First Name	MI	▶	_____	Last Name	DEPENDENT 6
▶ 2. _____	Social Security Number	Relationship		Regular	65 or over	
3. _____			4. ____	5. ____		



18502B150

NAME _____ SSN _____

▶ 1. First Name _____ MI _____ ▶ Last Name _____	DEPENDENT 7
Social Security Number _____ Relationship _____ Regular _____ 65 or over _____	
▶ 2. _____ 3. _____ 4. ____ 5. ____	

▶ 1. First Name _____ MI _____ ▶ Last Name _____	DEPENDENT 8
Social Security Number _____ Relationship _____ Regular _____ 65 or over _____	
▶ 2. _____ 3. _____ 4. ____ 5. ____	

▶ 1. First Name _____ MI _____ ▶ Last Name _____	DEPENDENT 9
Social Security Number _____ Relationship _____ Regular _____ 65 or over _____	
▶ 2. _____ 3. _____ 4. ____ 5. ____	

▶ 1. First Name _____ MI _____ ▶ Last Name _____	DEPENDENT 10
Social Security Number _____ Relationship _____ Regular _____ 65 or over _____	
▶ 2. _____ 3. _____ 4. ____ 5. ____	

▶ 1. First Name _____ MI _____ ▶ Last Name _____	DEPENDENT 11
Social Security Number _____ Relationship _____ Regular _____ 65 or over _____	
▶ 2. _____ 3. _____ 4. ____ 5. ____	

▶ 1. First Name _____ MI _____ ▶ Last Name _____	DEPENDENT 12
Social Security Number _____ Relationship _____ Regular _____ 65 or over _____	
▶ 2. _____ 3. _____ 4. ____ 5. ____	