## **RESIDENT INCOME TAX RETURN**



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OR FISCAL YEAR BE	GINNING 2018, I	ENDING	
Your Social Security Nu	mber Spouse's Social Security Nur	mber	
Your First Name			
Your First Name	MI You	r Last Name	
Spouse's First Name	MI Spo	use's Last Name	
	Line 1 (Street No. and Street Name or PO B	Box)	
		State ZIP Code + 4	_
REQUIRED: Ma	ryland Physical address as of December 6. Part-year residents see Instru	per 31, 2018 or last day of the ta	xable year for fiscal year taxpayers.
Maryland Physical .	Address Line 2 (Apt No., Suite No., Floor No.) (No.		
Maryland Physical A		MD	
FILING STATUS CHECK ONE BOX ► See Instruction 1 if you are required to file.	Single (If you can be claimed or return, use Filing Status 6.)  Married filing joint return or sp  Married filing separately, Spou	State ZIP Code +4  on another person's tax  4  ouse had no income  6	Qualifying widow(er) with dependent cl
DADT-VEAD	Dates of Maryland Residence (MM DD If you began or ended legal residence in N	YYYY) FROM TO Maryland in 2018 place a P in the box. In-Maryland military income, place a	Other state of residence:  n M in the box
EXEMPTIONS	A. Yourself Spouse	Enter number checked S	ee Instruction 10 <b>A. \$</b>
See Instruction 10. Check appropriate box(es).	<b>B.</b> ▶ 65 or over ▶ 65 or over		
NOTE: If you are claiming dependents, you must attach the Dependents'	▶ Blind ▶ Blind	Enter number checked X s	\$1,000
Information Form 502B to this form to receive the applicable exemption amount	C. Enter number from line 3 of Depende		ee Instruction 10 C.\$
exemption amount.	D. Enter Total Exemptions (Add A, B a	and C.)	otal AmountD. \$

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NAME		SSN	
	1.	Adjusted gross income from your federal return	
<b>INCOME</b> See Instruction 11.	1a.	Wages, salaries and/or tips ▶ 1a	
		Earned <b>income</b> ▶ 1b	
	1c.	Capital Gain or (loss) ▶ 1c	
	1d.	Taxable Pensions, IRAs, Annuities (Attach Form 502R.) ▶ 1d	
	1e.	Place a "Y" in this box if the amount of your investment income is more than \$3,500	
ADDITIONS	2.	3,,	
TO INCOME	1	State retirement pickup	
See Instruction 12.	4.	Lump sum distributions (from worksheet in Instruction 12.) ▶ 4.	
		Other additions (Enter code letter(s) from Instruction 12.)   5.	
	1	Total additions to Maryland income (Add lines 2 through 5.) ▶ 6.	
		Total federal adjusted gross income and Maryland additions (Add lines 1 and 6.)	
SUBTRACTIONS		Taxable refunds, credits or offsets of state and local income taxes included in line 1 ▶ 8.	
FROM INCOME	9.	Child and dependent care expenses	
See Instruction 13.		Pension exclusion from worksheet (13A) Yourself ▶ Spouse ▶ ▶ 10a.	
		Pension exclusion from worksheet (13E) Yourself ▶ Spouse ▶ ▶ 10b.	
		Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line 1 ▶ 11.	
	1	Income received during period of nonresidence (See Instruction 26.) ▶ 12.	
		Subtractions from attached Form 502SU	
		Total subtractions from Maryland income (Add lines 8 through 14.) ▶ 15.	
		Maryland adjusted gross income (Subtract line 15 from line 7.)	
		taxpayers must select one method and check the appropriate box.	
DEDUCTION	~	STANDARD DEDUCTION METHOD (Enter amount on line 17.)	
METHOD	<b>•</b>	ITEMIZED DEDUCTION METHOD (Complete lines 17a and 17b.)	
See Instruction 16.		<b>17a.</b> Total federal itemized deductions (from line 17, federal Schedule A) . ▶ 17a	
		<b>17b.</b> 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 (I and m).) ▶ 17.	
	18.	Net income (Subtract line 17 from line 16.)	
		Exemption amount from Exemptions area (See Instruction 10.)	
		Taxable net income (Subtract line 19 from line 18.)	
		Maryland tax (from Tax Table or Computation Worksheet Schedules I or II)	
MARYLAND	22.	Earned income credit (EIC) (See Instruction 18.) ▶ 22.	
TAX	23.	Poverty level credit (See Instruction 18.)	
COMPUTATION	1	Other income tax credits for individuals from Part AA, line 12 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.)	
	27.	Maryland tax after credits (Subtract line 26 from line 21.) If less than 0, enter 0 27.	
LOCAL TAX	28.	Local tax (See Instruction 19 for tax rates and worksheet.) Multiply line 20 by	
COMPUTATION		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.) 29.	·
		Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19.) 30.	
	1	Local tax credit from Part BB, line 1 of Form 502CR (Attach Form 502CR.)	
	1	Total credits (Add lines 29 through 31.)	
	_	<b>Local tax</b> after credits (Subtract line 32 from line 28.) If less than 0, enter 0	
	34.	, ,	
CONTRIBUTIONS	. I	Contribution to Chesapeake Bay and Endangered Species Fund	
See Instruction 20.	36.	Contribution to Developmental Disabilities Services and Support Fund > 36.	
		Contribution to Maryland Cancer Fund	
	38.	Contribution to Fair Campaign Financing Fund	
	J 39.	<b>Total Maryland income tax, local income tax and contributions</b> (Add lines 34 through 38.) . 39.	

## FORM **502**

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NAME		SSN		
	40. Total Maryland and local ta	x withheld (Enter to	tal from your W-2 and 1099 forms and attach	
	if MD tax is withheld.)		▶40	
	<b>41.</b> 2018 estimated tax payments	nts, amount applied	from 2017 return, payment made	
	with an extension request,	and Form MW506	NRS 41	
	42. Refundable earned income	credit (from worksh	eet in Instruction 21) ▶ 42	
	<b>43.</b> Refundable income tax cred	dits from Part CC, lir	ne 6 of Form 502CR	
	(Attach Form 502CR. See	e Instruction 21.)	43.	
	44. Total payments and credits	(Add lines 40 throu	gh 43.)	
	<b>45.</b> Balance due (If line 39 is m	nore than line 44, su	btract line 44 from line 39.	
	See Instruction 22.)		▶45	•
	<b>46.</b> Overpayment (If line 39 is	less than line 44, su	btract line 39 from line 44.) ▶ 46.	
	47. Amount of overpayment	TO BE APPLIED T	O 2019 ESTIMATED TAX ► 47	
REFUND	<b>48.</b> Amount of overpayment <b>TC</b>			
	(Subtract line 47 from line	(Subtract line 47 from line 46.) See line 51		
			or for late filing	
	(See Instruction 22.) Total			•
AMOUNT DI	JE 50. TOTAL AMOUNT DUE (Ad	d lines 45 and 49.)		
	IF \$1 OR MORE, PAY IN	FULL WITH THIS F	RETURN. INCLUDE FORM PV 50.	
<b>51a.</b> Type of	· 	option, complete the	following information clearly and legibly.  51c. Account Number ▶	
<b></b> 9				
Daytime tel	ephone no. Home telephone	2 00	CODE NUMBERS (3 digits per lin	
- Daytime ten	Tiome telephone	. 1101	CODE NOT DE NO (3 digita per ill	
Instruction 2 Under penalt the best of m	4.) ies of perjury, I declare that I hav	you agree to rece e examined this r correct and comp	eive your 1099G Income Tax Refund statement electronically (See eturn, including accompanying schedules and statements and to lete. If prepared by a person other than taxpayer, the declaration	е
V		D-t-		
Your signature		Date	Signature of preparer other than taxpayer	
Spouse's signatu	ire	Date	Street address of preparer	
			City, State, ZIP Code + 4	—
			<b>&gt;</b>	
			Telephone number of preparer Preparer's PTIN (required by law)	
	or returns filed without payments, ail your completed return to:	checks payable	d with payments, attach check or money order to Form PV. Make to Comptroller of Maryland. Do not attach Form PV or check/Form 502. Place Form PV with attached check/money order on 2 and mail to:	
	Comptroller of Maryland	Comptroller of	Maryland	
Revenue Administration Division 110 Carroll Street Annapolis, MD 21411-0001 Payment Processing PO Box 8888 Annapolis, MD 21401-8888			ssing	
			21401-8888	