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

2018

Your Social Security Number Spouse's Social Security Number Ink Only MI Your First Name Black Your Last Name Blue Spouse's First Name MI Spouse's Last Name Summary 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 Dependents (If a dependent listed below is age 65 or over, check both 4 and 5.) ΜI First Name Last Name **1**. **DEPENDENT 1** Social Security Number Relationship Regular 65 or over 2. 4. __ 5. __ First Name ΜI Last Name **▶** 1. **DEPENDENT 2** Relationship 65 or over Social Security Number Regular 4. _ **2**. 3. 5. First Name ΜI Last Name **1**. **DEPENDENT 3** Social Security Number Relationship Regular 65 or over **2**. 4. 3. First Name ΜI Last Name **1**. **DEPENDENT 4** Social Security Number 65 or over Relationship Regular **2**. 4. __ 5. __ First Name ΜI Last Name **1**. **DEPENDENT 5** Social Security Number Relationship 65 or over Regular **2**. ΜI Last Name First Name **▶** 1. **DEPENDENT 6** Social Security Number Relationship Regular 65 or over **2**. 4. __ 5. __

MARYLAND FORM **502B**

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



2018Page 2

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