WARNING- PDF VIEWER AND/OR BROWSER INCOMPATIBILITY

If you are seeing this message it is because the viewer (e.g. MAC PDF Preview) or browser (e.g. Google Chrome) you are using to open this form is not compatible with some of the advanced features enabled on this form.

To solve this problem, please:

1. Download the file to your desktop / hard drive (right click the web link and "save")
2. Open with Adobe Reader*
3. Fill in the form Save/open as many times as needed until completion.
4. Print completed form(s)

*Currently, Adobe Reader is the only application whose PDF form filling and 2D barcode generation capabilities are compatible with the features enabled on this form.
You can download it free at:

http://www.adobe.com/go/getreader/

If you prefer to have this form mailed to you, you may contact Taxpayer Service at 410-260-7980 from Central Maryland or at 1-800-MD-TAXES from elsewhere. Assistance is available Monday – Friday, 8:30 am – 4:30 pm; or you may email your request to taxforms@comp.state.md.us.

Thank you.

195020150

NAME _____ SSN _____

MARYLAND HEALTH CARE COVERAGE
See Instruction 3.

Check here ▶ ☐ If you do not have health care coverage DOB (mm/dd/yyyy) ▶ _____

Check here ▶ ☐ If your spouse does not have health care coverage DOB (mm/dd/yyyy) ▶ _____

Check here ▶ ☐ I authorize the Comptroller of Maryland to share information from this tax return with the Maryland Health Benefit Exchange for the purpose of determining pre-eligibility for no-cost or low-cost health care coverage.

E-mail address ▶ _____

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 Pensions, IRAs, Annuities (**Attach Form 502R.**) ▶ 1d. _____ . ___
1e. Place a "Y" in this box if the amount of your investment income is more than $3,600 . . . ▶ ☐

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. _____ . ___
10a. Pension exclusion from worksheet (13A) . . . **Yourself** ▶ ☐ **Spouse** ▶ ☐ . . ▶ 10a. _____ . ___
10b. Pension exclusion from worksheet (13E) . . . **Yourself** ▶ ☐ **Spouse** ▶ ☐ . . ▶ 10b. _____ . ___
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 17, 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. _____ . ___

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. _____ . ___

NAME _____ SSN _____

MARYLAND TAX COMPUTATION

21. **Maryland tax** (from Tax Table or Computation Worksheet Schedules I or II) . . . . . 21. _____ . ___

22. Earned income credit (EIC)(See Instruction 18.). . . . . ▶ 22. _____ . ___

☐ Check this box if you are claiming the Maryland Earned Income Credit, but do not qualify for the federal Earned Income Credit.

23. Poverty level credit (See Instruction 18.). . . . . ▶ 23. _____ . ___

24. Other income tax credits for individuals from Part AA, line 13 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 BB, 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. _____ . ___

CONTRIBUTIONS

See Instruction 20.

35. Contribution to Chesapeake Bay and Endangered Species Fund . . . . . ▶ 35. _____ . ___

36. Contribution to Developmental Disabilities Services and Support Fund . . . . . ▶ 36. _____ . ___

37. Contribution to Maryland Cancer Fund. . . . . ▶ 37. _____ . ___

38. Contribution to Fair Campaign Financing Fund . . . . . ▶ 38. _____ . ___

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 and attach if MD tax is withheld.). . . . . ▶ 40. _____ . ___

41. 2019 estimated tax payments, amount applied from 2018 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 CC, line 7 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 2020 ESTIMATED TAX** ▶ 47. _____ . ___

48. Amount of overpayment **TO BE REFUNDED TO YOU** (Subtract line 47 from line 46.) See line 51 . . . . . **REFUND** ▶ 48. _____ . ___

49. Check here ☐ if you are attaching Form 502UP. Enter interest charges from line 18 of Form 502UP _____ or for late filing _____ . . . . . ▶ 49. _____ . ___

AMOUNT DUE

50. **TOTAL AMOUNT DUE** (Add lines 45 and 49.) **IF $1 OR MORE, PAY IN FULL WITH THIS RETURN. INCLUDE FORM PV.** . . . . . 50. _____ . ___

NAME _____ SSN _____

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 Spouse's signature Date

_____ _____

Printed name of the Preparer / or Firm's name Street address of preparer or Firm's address

_____ _____

Signature of preparer other than taxpayer **(Required by Law)** City, State, ZIP Code + 4

_____ ▶ _____

Telephone number of preparer Preparer's PTIN **(Required by Law)**

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

MARYLAND FORM **502B**

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

2019

19502B050

Print Using Blue or Black Ink Only

▶ 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 ______

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 ______ Check here ▶ ☐ if this dependent does not have health care coverage
▶ 2. Social Security Number ______ 3. Relationship ______ 4. Regular ☐ 5. 65 or over ☐ DOB (MM/DD/YYYY) ▶ ______

▶ 1. First Name ______ MI ___ ▶ Last Name ______ Check here ▶ ☐ if this dependent does not have health care coverage
▶ 2. Social Security Number ______ 3. Relationship ______ 4. Regular ☐ 5. 65 or over ☐ DOB (MM/DD/YYYY) ▶ ______

▶ 1. First Name ______ MI ___ ▶ Last Name ______ Check here ▶ ☐ if this dependent does not have health care coverage
▶ 2. Social Security Number ______ 3. Relationship ______ 4. Regular ☐ 5. 65 or over ☐ DOB (MM/DD/YYYY) ▶ ______

▶ 1. First Name ______ MI ___ ▶ Last Name ______ Check here ▶ ☐ if this dependent does not have health care coverage
▶ 2. Social Security Number ______ 3. Relationship ______ 4. Regular ☐ 5. 65 or over ☐ DOB (MM/DD/YYYY) ▶ ______

▶ 1. First Name ______ MI ___ ▶ Last Name ______ Check here ▶ ☐ if this dependent does not have health care coverage
▶ 2. Social Security Number ______ 3. Relationship ______ 4. Regular ☐ 5. 65 or over ☐ DOB (MM/DD/YYYY) ▶ ______

▶ 1. First Name ______ MI ___ ▶ Last Name ______ Check here ▶ ☐ if this dependent does not have health care coverage
▶ 2. Social Security Number ______ 3. Relationship ______ 4. Regular ☐ 5. 65 or over ☐ DOB (MM/DD/YYYY) ▶ ______

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

NAME ____________________ SSN ____________________

▶ 1. First Name ______ MI __ ▶ Last Name ______
▶ 2. Social Security Number ______ 3. Relationship ______ 4. Regular ☐ 5. 65 or over ☐
Check here ▶ ☐ if this dependent does not have health care coverage
DOB (MM/DD/YYYY) ▶ ______

▶ 1. First Name ______ MI __ ▶ Last Name ______
▶ 2. Social Security Number ______ 3. Relationship ______ 4. Regular ☐ 5. 65 or over ☐
Check here ▶ ☐ if this dependent does not have health care coverage
DOB (MM/DD/YYYY) ▶ ______

▶ 1. First Name ______ MI __ ▶ Last Name ______
▶ 2. Social Security Number ______ 3. Relationship ______ 4. Regular ☐ 5. 65 or over ☐
Check here ▶ ☐ if this dependent does not have health care coverage
DOB (MM/DD/YYYY) ▶ ______

▶ 1. First Name ______ MI __ ▶ Last Name ______
▶ 2. Social Security Number ______ 3. Relationship ______ 4. Regular ☐ 5. 65 or over ☐
Check here ▶ ☐ if this dependent does not have health care coverage
DOB (MM/DD/YYYY) ▶ ______

▶ 1. First Name ______ MI __ ▶ Last Name ______
▶ 2. Social Security Number ______ 3. Relationship ______ 4. Regular ☐ 5. 65 or over ☐
Check here ▶ ☐ if this dependent does not have health care coverage
DOB (MM/DD/YYYY) ▶ ______

▶ 1. First Name ______ MI __ ▶ Last Name ______
▶ 2. Social Security Number ______ 3. Relationship ______ 4. Regular ☐ 5. 65 or over ☐
Check here ▶ ☐ if this dependent does not have health care coverage
DOB (MM/DD/YYYY) ▶ ______