



195050049

OR FISCAL YEAR BEGINNING _____ 2019, ENDING _____

Print Using Blue or Black Ink Only

Social Security Number _____ Spouse's Social Security Number _____

First Name _____ MI _____

Last Name _____

Spouse's First Name _____ MI _____

Spouse's Last Name _____

Current Mailing Address Line 1 (Street No. and Street Name or PO Box) _____

Maryland County _____

Current Mailing Address Line 2 (Apt No., Suite No., Floor No.) _____

City, Town or Taxing Area _____

Name of county and incorporated city, town or special taxing area in which you were employed on the last day of the taxable period if you earned wages in Maryland. (See Instruction 6.)

City or Town _____ State _____ ZIP Code + 4 _____

FILING STATUS See Instruction 1 to determine if you are required to file.

**CHECK
ONE
BOX**
▶

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's SSN ▶

4. ☐ Head of household
5. ☐ Qualifying widow(er) with dependent child
6. ☐ Dependent taxpayer (Enter 0 in Exemption Box (A) - See Instruction 8.)

RESIDENCE INFORMATION See Instruction 9.

Enter 2-letter state code for your state of legal residence. ▶ _____

If PA resident, enter both County _____ and City, Borough or Township _____

Were you a resident of another state for the entire year of 2019? If no, attach explanation.

☐ Yes ☐ No

Are you or your spouse a member of the military?

☐ Yes ☐ No

Did you file a Maryland income tax return for 2018? ☐ Yes ☐ No If "Yes," was it a ☐ Resident or a ☐ Nonresident return?

Dates you resided in Maryland for 2019. If none, enter "NONE": **FROM** _____ **TO** _____ (MMDDYYYY).

▶ ☐ Check here for Maryland taxes withheld in error. (See Instruction 4.)

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 in order to receive the applicable exemption amount.

A. ☐ Yourself ☐ Spouse Enter number checked ☐ See Instruction 10 **A. \$** _____ . ____

B. ▶ ☐ 65 or over ▶ ☐ 65 or over

▶ ☐ Blind ▶ ☐ Blind Enter number checked ☐ X \$1,000 **B. \$** _____ . ____

C. Enter number from line 3 of Dependent Form 502B ☐ See Instruction 10 **C. \$** _____ . ____

D. Enter Total Exemptions (Add A, B and C.) ▶ ☐ **Total Amount** **D. \$** _____ . ____



195050149

Name _____ SSN _____

INCOME AND ADJUSTMENTS INFORMATION

(See Instruction 11.)

**(1) FEDERAL INCOME
(LOSS)**

**(2) MARYLAND INCOME
(LOSS)**

**(3) NON-MARYLAND
INCOME (LOSS)**

1. Wages, salaries, tips, etc.	1. _____	_____	_____
2. Taxable interest income	2. _____	_____	_____
3. Dividend income	3. _____	_____	_____
4. Taxable refunds, credits or offsets of state and local income taxes	4. _____	_____	_____
5. Alimony received	5. _____	_____	_____
6. Business income or (loss)	6. _____	_____	_____
7. Capital gain or (loss)	7. _____	_____	_____
8. Other gains or (losses) (from federal Form 4797)	8. _____	_____	_____
9. Taxable amount of pensions, IRA distributions, and annuities.	9. _____	_____	_____
10. Rents, royalties, partnerships, estates, trusts, etc. (Circle appropriate item.)	10. _____	_____	_____
11. Farm income or (loss)	11. _____	_____	_____
12. Unemployment compensation (insurance)	12. _____	_____	_____
13. Taxable amount of Social Security and Tier 1 Railroad Retirement benefits	13. _____	_____	_____
14. Other income (including lottery or other gambling winnings)	14. _____	_____	_____
15. Total income (Add lines 1 through 14.)	15. _____	_____	_____
16. Total adjustments to income from federal return (IRA, alimony, etc.)	16. _____	_____	_____
17. Adjusted gross income (Subtract line 16 from line 15.) ▶ 17.	_____	_____	_____

ADDITIONS TO INCOME (See Instruction 12.)

18. Non-Maryland loss and adjustments.	18. _____
19. Other (Enter code letter(s) from Instruction 12.) ▶ _____	19. _____
20. Total additions (Add lines 18 and 19.) ▶ 20.	_____
21. Total federal adjusted gross income and Maryland additions (Add lines 17 (Column 1) and 20.)	21. _____

SUBTRACTIONS FROM INCOME (See Instruction 13.)

22. Taxable Military Income of Nonresident ▶ 22.	_____
23. Other (Enter code letter(s) from Instruction 13.) ▶ _____	23. _____
24. Total subtractions (Add lines 22 and 23.) ▶ 24.	_____
25. Maryland adjusted gross income before subtraction of non-Maryland income. (Subtract line 24 from line 21.)	25. _____

DEDUCTION METHOD See Instruction 15. (All taxpayers must select one method and check the appropriate box.)

26. a. STANDARD DEDUCTION METHOD (Enter amount on line 26a.)	▶ ☐	▶ 26a. _____
ITEMIZED DEDUCTION METHOD (Complete lines 26b, c and d.)	▶ ☐	
b. Total federal itemized deductions (from line 17, federal Schedule A) ▶ 26b.	_____	
c. State and local income taxes (See Instruction 16.) ▶ 26c.	_____	
d. Net itemized deductions (Subtract line 26c from line 26b.) 26d.	_____	
e. Deduction amount (Multiply lines 26a or 26d by the AGI factor.) 26e.	_____ (from worksheet in Instruction 14).	▶ 26. _____
27. Net income (Subtract line 26 from line 25.)	27.	_____
28. Total exemption amount (from EXEMPTIONS area, page 1) See Instruction 10	28.	_____
29. Enter your AGI factor (from worksheet in Instruction 14)	29.	_____
30. Maryland exemption allowance (Multiply line 28 by line 29.)	30.	_____
31. Taxable net income (Subtract line 30 from line 27.) Figure tax on Form 505NR.	31.	_____

MARYLAND TAX COMPUTATION – COMPLETE FORM 505NR BEFORE CONTINUING.

32. a. Maryland tax from line 16 of Form 505NR (Attach Form 505NR.)	32a.	_____
b. Special nonresident tax from line 17 of Form 505NR (Attach Form 505NR.)	32b.	_____
c. Total Maryland tax (Add lines 32a and 32b.)	32c.	_____
33. Poverty level credit from worksheet in Instruction 20. ▶ 33.	_____	



195050249

Name _____ SSN _____

- 34.** Other income tax credits for individuals from Part AA, line 13 of Form 502CR (Attach Form 502CR.) **34.** _____
- 35.** Business tax credits **You must file this form electronically to claim business tax credits on Form 500CR**
- 36.** Total credits (Add lines 33 through 35.) **36.** _____
- 37.** Maryland tax after credits (Subtract line 36 from line 32c.) If less than 0, enter 0. **37.** _____
- 38.** Contribution to Chesapeake Bay and Endangered Species Fund (See Instruction 21.) **▶ 38.** _____
- 39.** Contribution to Developmental Disabilities Services and Support Fund (See Instruction 21.) **▶ 39.** _____
- 40.** Contribution to Maryland Cancer Fund (See Instruction 21.) **▶ 40.** _____
- 41.** Contribution to Fair Campaign Financing Fund (See Instruction 21.) **▶ 41.** _____
- 42. Total Maryland income tax and contributions** (Add lines 37 through 41.) **42.** _____
- 43.** Total Maryland tax withheld (Enter total from **your W-2 and 1099 forms and attach if MD tax is withheld.**) **▶ 43.** _____
- 44.** 2019 estimated tax payments, amount applied from 2018 return, payments made with an extension request and **Form MW506NRS** **▶ 44.** _____
- 45.** Nonresident tax paid by pass-through entities (**Attach Maryland Schedule K-1 (510)**) **▶ 45.** _____
- 46.** Refundable income tax credits from Part CC, line 7 of Form 502CR (**Attach Form 502CR.** See Instruction 22.) . . **46.** _____
- 47.** Total payments and credits (Add lines 43 through 46.) **47.** _____
- 48.** Balance due (If line 42 is more than line 47, subtract line 47 from line 42.) **▶ 48.** _____
- 49.** Overpayment (If line 42 is less than line 47, subtract line 42 from line 47.) **▶ 49.** _____
- 50.** Amount of overpayment **TO BE APPLIED TO 2020 ESTIMATED TAX.** **▶ 50.** _____
- 51.** Amount of overpayment **TO BE REFUNDED TO YOU** (Subtract line 50 from line 49.) See line 54 . . **REFUND ▶ 51.** _____
- 52.** Interest charges from Form 502UP _____ or for late filing _____ (See Instruction 23.) **Total ▶ 52.** _____
- Check here** ☐ **if you are attaching Form 502UP.**
- 53. TOTAL AMOUNT DUE** (Add line 48 and line 52.) **IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN.**

Include Form PV. **53.** _____

DIRECT DEPOSIT OF REFUND (See Instruction 23.) 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 23.

54. For the direct deposit option, complete the following information, clearly and legibly: **54a.** Type of account: ☐ Checking ☐ Savings

54b. Routing number (9-digit) **▶** _____ **54c.** Account number **▶** _____

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 25). 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

Signature of Preparer other than taxpayer (**Required by Law**) Street address of Preparer/Firm

Printed name of the Preparer/Firm's name City, State, ZIP Code + 4

Telephone number of Preparer **▶** Preparer's PTIN (**Required by law**)

▶ _____
CODE NUMBERS (3 digits per line)

**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 505. Place Form PV with attached check/money order on
TOP of Form 505 and mail to:**

Comptroller of Maryland
Payment Processing
PO Box 8888
Annapolis, MD 21401-8888