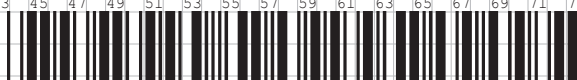


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**MARYLAND
FORM
502B**

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



18502B099

2018

▶ 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		DEPENDENT 1
	Social Security Number	Relationship	Regular	65 or over		
▶ 2.		3.	4. ☐	5. ☐		

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

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

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

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

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

MARYLAND
FORM
502B

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



18502B199

2018
Page 2

NAME SSN

▶ 1.		MI	▶			DEPENDENT 7
2.		3.	4.	5.		

▶ 1.		MI	▶			DEPENDENT 8
2.		3.	4.	5.		

▶ 1.		MI	▶			DEPENDENT 9
2.		3.	4.	5.		

▶ 1.		MI	▶			DEPENDENT 10
2.		3.	4.	5.		

▶ 1.		MI	▶			DEPENDENT 11
2.		3.	4.	5.		

▶ 1.		MI	▶			DEPENDENT 12
2.		3.	4.	5.		