

# MARYLAND FORM 502

## RESIDENT INCOME TAX RETURN



2018  
 \$

185020099

OR FISCAL YEAR BEGINNING [ ] 2018, ENDING [ ]

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 [ ]

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

Current Mailing Address Line 2 (Apt No., Suite No., Floor No.) [ ] City or Town [ ] State [ ] ZIP Code + 4 [ ]

**REQUIRED:** Maryland Physical address as of December 31, 2018 or last day of the taxable year for fiscal year taxpayers.  
**See Instruction 6. Part-year residents see Instruction 26.**

4 Digit Political Subdivision Code (See Instruction 6) [ ] Maryland Political Subdivision (See Instruction 6) [ ]

Maryland Physical Address Line 1 (Street No. and Street Name) (No PO Box) [ ]

Maryland Physical Address Line 2 (Apt No., Suite No., Floor No.) (No PO Box) [ ]

City [ ] MD [ ] State [ ] ZIP Code + 4 [ ] Maryland County [ ]

### FILING STATUS

#### CHECK ONE BOX ▶

See Instruction 1 if you are required to file.

- ☐ Single (If you can be claimed on another person's tax return, use Filing Status 6.)
- ☐ Married filing joint return or spouse had no income
- ☐ Married filing separately, Spouse SSN ▶ [ ]
- ☐ Head of household
- ☐ Qualifying widow(er) with dependent child
- ☐ Dependent taxpayer (Enter 0 in Exemption Box (A) - See Instruction 7.)

### PART-YEAR RESIDENT

See Instruction 26.

**Dates of Maryland Residence (MM DD YYYY) FROM [ ] TO [ ]**

Other state of residence: [ ]

If you began or ended legal residence in Maryland in 2018 place a **P** in the box. . . . . ▶ [ ]

**MILITARY:** If you or your spouse has **non-Maryland** military income, place an **M** in the box. . . . . ▶ [ ]

Enter **Military Income** amount here: [ ]

### 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 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. \$** [ ]

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**MARYLAND  
FORM  
502**

**RESIDENT INCOME  
TAX RETURN**



185020199

**2018**  
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NAME  SSN

<b>INCOME</b> See Instruction 11.	1. Adjusted gross income from your federal return . . . . . ▶ 1.	<input type="text"/>	<input type="text"/>
	1a. Wages, salaries and/or tips. . . . . ▶ 1a.	<input type="text"/>	<input type="text"/>
	1b. Earned income. . . . . ▶ 1b.	<input type="text"/>	<input type="text"/>
	1c. Capital Gain or (loss) . . . . . ▶ 1c.	<input type="text"/>	<input type="text"/>
	1d. Taxable Pensions, IRAs, Annuities ( <b>Attach Form 502R.</b> ) ▶ 1d.	<input type="text"/>	<input type="text"/>
	1e. Place a "Y" in this box if the amount of your investment income is more than \$3,500. . . ▶	<input type="text"/>	<input type="text"/>

<b>ADDITIONS TO INCOME</b> See Instruction 12.	2. Tax-exempt interest on state and local obligations (bonds) other than Maryland . . . . . ▶ 2.	<input type="text"/>	<input type="text"/>
	3. State retirement pickup. . . . . ▶ 3.	<input type="text"/>	<input type="text"/>
	4. Lump sum distributions (from worksheet in Instruction 12.) . . . . . ▶ 4.	<input type="text"/>	<input type="text"/>
	5. Other additions (Enter code letter(s) from Instruction 12.) ▶ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . . . . . ▶ 5.	<input type="text"/>	<input type="text"/>
	6. Total additions to Maryland income (Add lines 2 through 5.) . . . . . ▶ 6.	<input type="text"/>	<input type="text"/>
	7. Total federal adjusted gross income and Maryland additions (Add lines 1 and 6.) . . . . . ▶ 7.	<input type="text"/>	<input type="text"/>

<b>SUBTRACTIONS FROM INCOME</b> See Instruction 13.	8. Taxable refunds, credits or offsets of state and local income taxes included in line 1 . . . . . ▶ 8.	<input type="text"/>	<input type="text"/>
	9. Child and dependent care expenses . . . . . ▶ 9.	<input type="text"/>	<input type="text"/>
	10a. Pension exclusion from worksheet (13A) . . . . . Yourself ▶ <input type="text"/> Spouse ▶ <input type="text"/> . . . . . ▶ 10a.	<input type="text"/>	<input type="text"/>
	10b. Pension exclusion from worksheet (13E) . . . . . Yourself ▶ <input type="text"/> Spouse ▶ <input type="text"/> . . . . . ▶ 10b.	<input type="text"/>	<input type="text"/>
	11. Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line 1 . . . . ▶ 11.	<input type="text"/>	<input type="text"/>
	12. Income received during period of nonresidence (See Instruction 26.) . . . . . ▶ 12.	<input type="text"/>	<input type="text"/>
	13. Subtractions from attached Form 502SU . . . . . ▶ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . . . . . ▶ 13.	<input type="text"/>	<input type="text"/>
	14. Two-income subtraction from worksheet in Instruction 13. . . . . ▶ 14.	<input type="text"/>	<input type="text"/>
	15. Total subtractions from Maryland income (Add lines 8 through 14.) . . . . . ▶ 15.	<input type="text"/>	<input type="text"/>
	16. Maryland adjusted gross income (Subtract line 15 from line 7.) . . . . . ▶ 16.	<input type="text"/>	<input type="text"/>

<b>DEDUCTION METHOD</b> See Instruction 16.	<b>All taxpayers must select one method and check the appropriate box.</b>		
	<input type="checkbox"/> <b>STANDARD DEDUCTION METHOD</b> (Enter amount on line 17.)		
	<input type="checkbox"/> <b>ITEMIZED DEDUCTION METHOD</b> (Complete lines 17a and 17b.)		
	17a. Total federal itemized deductions (from line 17, federal Schedule A) . . . . . ▶ 17a.	<input type="text"/>	<input type="text"/>
	17b. State and local income taxes (See Instruction 14.) . . . . . ▶ 17b.	<input type="text"/>	<input type="text"/>
	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.	<input type="text"/>	<input type="text"/>

	18. Net income (Subtract line 17 from line 16.) . . . . . ▶ 18.	<input type="text"/>	<input type="text"/>
	19. Exemption amount from Exemptions area (See Instruction 10.) . . . . . ▶ 19.	<input type="text"/>	<input type="text"/>
	20. Taxable net income (Subtract line 19 from line 18.) . . . . . ▶ 20.	<input type="text"/>	<input type="text"/>

<b>MARYLAND TAX COMPUTATION</b>	21. <b>Maryland tax</b> (from Tax Table or Computation Worksheet Schedules I or II) . . . . . ▶ 21.	<input type="text"/>	<input type="text"/>
	22. Earned income credit (EIC)(See Instruction 18.) . . . . . ▶ 22.	<input type="text"/>	<input type="text"/>
	23. Poverty level credit (See Instruction 18.) . . . . . ▶ 23.	<input type="text"/>	<input type="text"/>
	24. Other income tax credits for individuals from Part AA, line 12 of Form 502CR ( <b>Attach Form 502CR.</b> ) ▶ 24.	<input type="text"/>	<input type="text"/>
	25. Business tax credits . . . . . <b>You must file this form electronically to claim business tax credits on Form 500CR.</b>	<input type="text"/>	<input type="text"/>
	26. Total credits (Add lines 22 through 25.) . . . . . ▶ 26.	<input type="text"/>	<input type="text"/>
	27. Maryland tax after credits (Subtract line 26 from line 21.) If less than 0, enter 0. . . . . ▶ 27.	<input type="text"/>	<input type="text"/>

<b>LOCAL TAX COMPUTATION</b>	28. Local tax (See Instruction 19 for tax rates and worksheet.) <b>Multiply line 20 by</b> <b>your local tax rate</b> .0 <input type="text"/> or use the Local Tax Worksheet . . . . . ▶ 28.	<input type="text"/>	<input type="text"/>
	29. Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.) . . ▶ 29.	<input type="text"/>	<input type="text"/>
	30. Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19.) . . . . ▶ 30.	<input type="text"/>	<input type="text"/>
	31. Local tax credit from Part BB, line 1 of Form 502CR ( <b>Attach Form 502CR.</b> ) . . . . . ▶ 31.	<input type="text"/>	<input type="text"/>
	32. Total credits (Add lines 29 through 31.) . . . . . ▶ 32.	<input type="text"/>	<input type="text"/>
	33. <b>Local tax</b> after credits (Subtract line 32 from line 28.) If less than 0, enter 0 . . . . . ▶ 33.	<input type="text"/>	<input type="text"/>
	34. Total Maryland and local tax (Add lines 27 and 33.) . . . . . ▶ 34.	<input type="text"/>	<input type="text"/>

<b>CONTRIBUTIONS</b> See Instruction 20.	35. Contribution to Chesapeake Bay and Endangered Species Fund . . . . . ▶ 35.	<input type="text"/>	<input type="text"/>
	36. Contribution to Developmental Disabilities Services and Support Fund . . . . . ▶ 36.	<input type="text"/>	<input type="text"/>
	37. Contribution to Maryland Cancer Fund. . . . . ▶ 37.	<input type="text"/>	<input type="text"/>
	38. Contribution to Fair Campaign Financing Fund . . . . . ▶ 38.	<input type="text"/>	<input type="text"/>
	39. <b>Total Maryland income tax, local income tax and contributions</b> (Add lines 34 through 38.) . ▶ 39.	<input type="text"/>	<input type="text"/>

# **MARYLAND** **FORM** **502**

## **RESIDENT INCOME** **TAX RETURN**



185020299

**2018**  
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NAME  SSN

- 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.** 2018 estimated tax payments, amount applied from 2017 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 6 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.**

**47. Amount of overpayment TO BE APPLIED TO 2019 ESTIMATED TAX** **47.**

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

**49. Interest charges from Form 502UP**   **or for late filing**    
 (See Instruction 22.) Total. . . . . **49.**

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

**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

Signature of preparer other than taxpayer

Spouse's signature

Date

Street address of preparer

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