SPECIFICATION VERSION 01 - 09152020

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|----------|------------------|---|------------|--------------------------------|----------|--|
| | | BARCODE 1 - FORM 502 | | | | Incomplete required fields do not highlight red |
| LINE # | | DESCRIPTION | FIELD SIZE | FIELD TYPE | REQUIRED | COMMENTS, ACCEPTABLE VALUES, EDITS |
| 1 | Header | Header Version Number | 2 | Alpha-Numeric | | "11" |
| 2 | Header Header | Developer Code | 4 | Numeric | | NACTP Vendor Code |
| 3 | Header Header | Jurisdiction Code Description | 2 | Alpha Numeric | | MD 502 |
| 4 | Header | Specification Version | 3 | Numeric | | 902 - |
| 6 | Header | Software Form Version | 2 | Numeric | | 00-99 |
| 7 | A | Primary Social Security Number | 0 | Numeric | X | ~ ** |
| , | Α | Secondary Social Security Number | 9 | Numeric | ^ | |
| 9 | B | Primary Last Name | 20 | Alpha | х | |
| 10 | В | Primary First Name | 15 | Alpha | X | |
| 11 | В | Primary Middle Initial | 1 | Alpha | | |
| 12 | В | Spouse Last Name | 20 | Alpha | | |
| 13 | В | Spouse First Name | 15 | Alpha | | |
| 14 | В | Spouse Middle Initial | 1 | Alpha | | |
| 15 | В | Street Address 1 | 30 | Alpha-Numeric | X | |
| 16 | В | Street Address 2 | 30 | Alpha-Numeric | | |
| 17 | В | City | 20 | Alpha-Numeric | X | |
| 18 | В | State | 2 | Alpha | X | |
| 19 | В | cip | 10 | Alpha-Numeric | X | 5 + 4 US ZIp code, or up to 10 character foreign ZIP |
| 20 | C - | Physical Street Address - 4 Digit Political Subdivision Code | 4 | Numeric Alpha-Numeric | X | Must be 4 digits |
| 21 | c | Maryland Political Subdivision Physical Street Address Line 1 | 30 | Alpha-Numeric Alpha-Numeric | X | |
| 23 | c | Physical Street Address Line 1 Physical Street Address Line 2 | 30 | Alpha-Numeric Alpha-Numeric | х | |
| 24 | c | Physical Street Address - City | 20 | Alpha-Numeric | x | |
| 25 | c | Physical Street Address - State | 2 | Alpha | x | Must be "MD" - no other states accepted |
| 26 | С | Physical Street Address - Zip | 10 | Numeric | X | 5+4 US Zip Code - digits only - Add space |
| 27 | С | Physical Street Address - Maryland County | 20 | Alpha | x | Maryland County - If Baltimore City, leave blank |
| 28 | D | Filing Status - Single | 1 | Numeric | x | Blank or "1". "1" = box is marked, Blank = box is not marked |
| 29 | D | Filing Status - Married Joint | 1 | Numeric | Х | Blank or "2". "2" = box is marked, Blank = box is not marked |
| 30 | D | Filing Status - Married Separate | 1 | Numeric | X | Blank or "3". "3" = box is marked, Blank = box is not marked |
| 31 | D | Filing Status - Head of Household | 1 | Numeric | Х | Blank or "4". "4" = box is marked, Blank = box is not marked |
| 32 | D | Filing Status - Qualifying widow(er) with dependent child | 1 | Numeric | X | Blank or "5". "5" = box is marked, Blank = box is not marked |
| 33 | D | Filing Status - Dependent Taxpayer | 1 | Numeric | X | Blank or "6". "6" = box is marked, Blank = box is not marked |
| 34 | D | Married Filing Separate - Spouse SSN | 9 | Numeric | XX | Required if FS = 3 |
| 35 | E | Residency Part-year or Military | 2 | Alpha | | P, M, D, PM or Blank. P = Part year, M = Military, PM = part year and military, D = different tax periods, and Blank = box is not marked |
| | _ | | | | | military, 0 = dimerent tax periods, and blank = box is not marked Blank or "Y". "Y" = box is marked, Blank = box is not marked |
| 36 | | Exemptions - You are 65 or over Exemptions - You are Blind | 1 | Alpha Alpha | | Blank or "Y". "Y" = box is marked, Blank = box is not marked Blank or "Y". "Y" = box is marked. Blank = box is not marked |
| 37 | F | Exemptions - You are simo Exemptions - Spouse is 65 or over | 1 | Alpha | | Blank or "Y". "Y" = box is marked, Blank = box is not marked Blank or "Y". "Y" = box is marked, Blank = box is not marked |
| 30 | F | Exemptions - Spouse is 05 of over | 1 | Alpha | | Blank or ". " — box is maked, blank = box is not maked Blank or "", "" = box is maked, Blank = box is not maked |
| 40 | F | Exemptions - Dependents | 2 | Numeric | | D - 99 or Blank |
| 41 | F | Exemptions - Total | 2 | Numeric | X | 0 - 99 or Blank |
| 42 | G | You do not have health care coverage | 1 | Alpha | | Blank or "V". "Y" = box is marked. Blank = box is not marked |
| 43 | G | Yourself DOB | 10 | A-N | | Alpha-Numeric |
| 44 | G | Spouse does not have health care coverage | 1 | Alpha | | Blank or "Y". "Y" = box is marked, Blank = box is not marked |
| 45 | G | Spouse DOB | 10 | A-N | | Alpha-Numeric |
| 46 | G | Authorize Health Benefit Exchange | 1 | Alpha | | Blank or "Y". "Y" = box is marked, Blank = box is not marked |
| 47 | G | E-mail address | 17 | A-N | | Alpha-Numeric |
| 48 | 1 | Adjusted Gross Income from Federal Return | 12 | Numeric | | Whole dollars only |
| 49 | 18 | Wages, Salaries & Tips | 12 | Numeric | | Whole dollars only |
| 50 51 | 10 | Earned Income Capital Gain or (loss) | 12 | Numeric Numeric | | Whole dollars only Whole dollars only |
| 52 | | Taxable Pension, IRA, Annuities | 12 | Numeric | | whole dollars only Whole dollars only |
| 53 | 1e | Investment income greater than \$3,650 | 1 | Alpha | | Blank or "Y". "Y" = box is marked, Blank = box is not marked |
| 54 | 2 | Tax Exempt Interest | 12 | Numeric | | Whole dollars only |
| 55 | 3 | State Retirement Plan | 12 | Numeric | | Whole dollars only |
| 56 | 4 | Lump Sum Distributions | 12 | Numeric | | Whole dollars only |
| 57 | 5 | Other Additions Code Letter | 2 | Alpha | | Code can be 1 or 2 letters. Single letter codes must be in the first position |
| 58 | 5 | Other Additions Code Letter | 2 | Alpha | | Code can be 1 or 2 letters. Single letter codes must be in the first position |
| 59 | 5 | Other Additions Code Letter | 2 | Alpha | | Code can be 1 or 2 letters. Single letter codes must be in the first position |
| 60 | 5 | Other Additions Code Letter | 2 | Alpha | | Code can be 1 or 2 letters. Single letter codes must be in the first position |
| 61 | 5a | Total of Other Additions | 12 | Numeric | | Whole dollars only |
| 62 | 6 | Total Additions to Maryland Income | 12 | Numeric | | Whole dollars only |
| 63 | 8 | Refunds, Credits & Offsets included in Line 1 | 12 | Numeric | | Whole dollars only |
| 64 | 100 | Child and dependent care expenses Yourself Checkbox | 12 | Numeric Numeric | | Whole dollars only Blank or "Y". "Y" = box is marked, Blank = box is not marked |
| 66 | 100 | Yourself Checkbox Spouse Checkbox | 1 | Numeric Numeric | | Blank or "Y". "Y" = box is marked, Blank = box is not marked Blank or "S". "S" = box is marked, Blank = box is not marked |
| 67 | 10a 10a | Spouse Checkbox Pension Exclusion (Worksheet 13A) | 17 | Numeric Numeric | | Blank or '5'. '5' = Dox is marked, Blank = Dox is not marked Whole Dollars only |
| 60 | 10h | Pension Exclusion (Worksneet 13A) Yourself Checkbox | 1 | Numeric Numeric | | Windle Dolliars only Blank or "Y". "Y" = box is marked, Blank = box is not marked |
| 60 | 10b | Yourself Checkbox Soouse Checkbox | 1 | Numeric Numeric | | Blank or "Y". "Y" = box is marked, Blank = box is not marked Blank or "S". "S" = box is marked. Blank = box is not marked |
| 70 | 10b | Pension Exclusion (Worksheet 13E) | 12 | Numeric | | Whole Dollars only |
| 71 | 11 | Taxable Social Security and Rail Road benefits | 12 | Numeric | | Whole dollars only |
| 72 | 12 | Income Received During Period of Nonresidence | 12 | Numeric | | Whole dollars only |
| 73 | 13 | Other Subtractions Code Letter | 2 | Alpha | | Code can be 1 or 2 letters. Single letter codes must be in first position |
| 74 | 13 | Other Subtractions Code Letter | 2 | Alpha | | Code can be 1 or 2 letters. Single letter codes must be in first position |
| 75 | 13 | Other Subtractions Code Letter | 2 | Alpha | | Code can be 1 or 2 letters. Single letter codes must be in first position |
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| 76 | 13 | Other Subtractions Code Letter Total of Other Subtractions | 2 | Alpha Numeric | | Code can be 1 or 2 letters. Single letter codes must be in first position |
| 77 | 13a | | 12 | | | Whole dollars only |
| 78 | 14 | Two-income Subtraction Total Subtractions to Maryland Income | 12 | Numeric Numeric | | Whole dollars only Whole dollars only |
| 79 | 15 | | 12 | | | |
| 80 | 17 | Deduction Method -Standard | 1 | Alpha | X | Check box, Blank or "S". "S" = box is marked, Blank = box is not marked |
| 81 | 17 | Deduction Method - Itemized | 1 | Alpha | Х | Check box, Blank or "I". "I" = box is marked, Blank = box is not marked |
| 82 | 17a | Total Federal Itemized Deductions (from federal Schedule A) | 12 | Numeric | | Whole dollars only |
| 83 | 17b | State and Local Income Taxes | 12 | Numeric | | Whole dollars only |
| 84 | 17 | Deduction Amount | 12 | Numeric | | Whole dollars only |
| 85 | 22 | Earned Income Credit | 12 | Numeric | | Whole dollars only |
| 86 | 22a | Do not qualify Federal Earned Income Credit Checkbox | 1 | Numeric | | Blank or "Y". "Y" = box is marked, Blank = box is not marked |
| 87 | 23 | Poverty Level Credit | 12 | Numeric | | Whole dollars only |
| 88 | 35 | Contribution to Chesapeake Bay/Endangered Species | 12 | Numeric | | Whole dollars only |
| 89 | 36 | Contribution to Developmental Disabilities Services and Support Fund | 12 | Numeric | | Whole dollars only |
| 90 | 37 | Contribution to Maryland Cancer Fund | 12 | Numeric | | Whole dollars only |
| 91 | 38 | Contribution to Fair Campaign Financing Fund | 12 | Numeric | | Whole dollars only |
| 92 | 40 | Total Maryland and Local Tax Withheld | 12 | Numeric | | Whole dollars only |
| 93 | 41 | Estimated Tax paid, applied from prior year return and Amt paid with Ext. Request | 12 | Numeric | | Whole dollars only |
| 94 | 42 | Refundable Earned Income Credit | 12 | Numeric | | Whole dollars only |
| 95 | 45 | Balance Due | 12 | Numeric | | Whole dollars only |
| 96 | 46 | Overpayment | 12 | Numeric | | Whole dollars only |
| 97 | 47 | Amount of Overpayment to be applied as estimated tax | 12 | Numeric | | Whole do <mark>llars</mark> only |
| 98 | 48 | Amount of Overpayment to be refunded - dollars | 12 | Numeric | 4 | Whole dollars only |
| 99 | 48 | Amount of Overpayment to be refunded - cents | 2 | Numeric | | Cents |
| 100 | 49 | Form 502UP Attached | 1 | Alpha | | Blank or "Y". "Y" = box is marked, Blank = box is not marked |
| 101 | 498 | Total Interest Charges | 12 | Numeric | 4 1 | Whole <mark>dol</mark> lars only |
| 102 | н | Foreign Account Indicator | 1 | Alpha | | Blank or "Y". "Y" = box is marked, Blank = box is not marked |
| L | Н | Domestic Account Indicator | 1 | Alpha | | Blank or "Y". "y" = box is marked, Blank = box is not marked |
| 103 | 518 | Checking Account | 1 | Alpha | | Blank or "C". "C" = box is marked, Blank = box is not marked |
| 104 | 51a | Savings Account | 1 | Alpha | | Blank or "5". "5" = box is marked, Blank = box is not marked |
| 105 | 51b | Routing Number | 9 | Numeric | | Must be nine numbers |
| 106 | 51c | Account Number | 17 | A-N | | Alpha-Numeric |
| | 51d | Name(s) as it appears on the bank account | 36 | Alpha | | |
| 107 | | Daytime Phone Number | 10 | Numeric | | No parenthesis, hyphens or spaces |
| 108 | J | Code number | 9 | Numeric | | up to 3, 3 digit code #'s in positions 1-3, 4-6 & 7-9 |
| 109 | К | Opt out of ef. Check box for authorizing your paid preparer not to file electronically | 1 | Alpha | | Blank or "Y". "Y" = box is marked, Blank = box is not marked |
| 110 | L | Opt in to elect to receive 1099G info electronically | 1 | Alpha | | Blank or "Y". "Y" = box is marked, Blank = box is not marked |
| 111 | М | Preparer's PTIN | 9 | Alpha/Numeric | | 6 - 9 digits |
| | N | Trailer | *EOD* <cr></cr> | Fixed | | END OF BARCODE 1 |
| | | | | | _ | |
| | | | | | | |
| | | BARCODE 2 - FORM 502-B | | | | |
| LINE # | EIEI D | BARCODE 2 - FORM 502-B | EIEI D SIZE | SIELD TYPE | | COMMENTS ACCORDING VALUES ENTS |
| LINE # | FIELD | DESCRIPTION | FIELD SIZE | FIELD TYPE | | COMMENTS, ACCEPTABLE VALUES, EDITS |
| LINE # | Header | DESCRIPTION Header Version Number | FIELD SIZE | Alpha-Numeric | | "T1" |
| LINE # 1 2 | | DESCRIPTION Header Version Number Developer Code | FIELD SIZE 2 4 | Alpha-Numeric Numeric | | |
| LINE # 1 2 3 | Header | DESCRIPTION Header Version Number | FIELD SIZE 2 4 2 | Alpha-Numeric | | "T1" |
| LINE # 1 2 3 4 | Header Header | DESCRIPTION Header Version Number Developer Code | FIELD SIZE 2 4 2 3 | Alpha-Numeric Numeric | | "T1" |
| LINE # 1 2 3 4 5 | Header Header Header Header | DESCRIPTION Header Version Number Developer Code Jurisdiction Code Description | FIELD SIZE 2 4 2 3 | Alpha-Numeric Numeric Alpha Numeric | | "T1" NACTP Vendor Code MD |
| LINE # 1 2 3 4 5 | Header Header Header Header Header | DESCRIPTION Header Version Number Developer Code Jurisdiction Code Description Specification Version | FIELD SIZE 2 4 2 3 2 | Alpha-Numeric Numeric Alpha Numeric Numeric | | "T1" NACTP Vendor Code MD 5028 |
| LINE # 1 2 3 4 5 | Header Header Header Header Header Header | DESCRIPTION Header Version Number Developer Code Jurisdiction Code Description Specification Version Software Form Version | FIELD SIZE 2 4 2 3 2 2 | Alpha-Numeric Numeric Alpha Numeric Numeric Numeric | | "T1" NACTP Vendor Code MD 5028 1 00-99 |
| LINE # 1 2 3 4 5 6 103 | Header Header Header Header Header Header Summary | DESCRIPTION Header Version Number Developer Code Jurisdiction Code Description Specification Version Software Form Version Total Regular Dependents | FIELD SIZE 2 4 2 3 2 2 2 | Alpha-Numeric Numeric Alpha Numeric Numeric Numeric Numeric | | T1" NACTP Vendor Code MD 502B 1 00-99 00-99 |
| LINE # 1 2 3 4 5 6 103 104 | Header Header Header Header Header Header | DESCRIPTION Header Version Number Developer Code Jurisdiction Code Description Specification Version Software Form Version | FIELD SIZE 2 4 2 3 2 2 2 2 | Alpha-Numeric Numeric Alpha Numeric Numeric Numeric | | "T1" NACTP Vendor Code MD 5028 1 00-99 |
| LINE # 1 2 3 4 5 6 103 104 105 | Header Header Header Header Header Header Summary | DESCRIPTION Header Version Number Developer Code Jurisdiction Code Description Specification Version Software Form Version Total Regular Dependents | FIELD SIZE 2 4 2 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | Alpha-Numeric Numeric Alpha Numeric Numeric Numeric Numeric | | T1" NACTP Vendor Code MD 502B 1 00-99 00-99 |
| LINE # 1 2 3 4 4 5 6 103 104 105 106 | Header Header Header Header Header Header Summary Header | DESCRIPTION Header Version Number Developer Code Jurisdiction Code Description Specification Version Software Form Version Total Regular Dependents Total Dependents over 65 | FIELD SIZE 2 4 2 3 2 2 2 2 2 9 | Alpha-Numeric Numeric Alpha Numeric Numeric Numeric Numeric Numeric Numeric Numeric Numeric | xx | **T1** NACTP Vendor Code MD 5028 1 00-99 00-99 |
| LINE # 1 2 3 4 4 5 6 103 104 105 106 107 | Header Header Header Header Header Header Summary Summary 1st Dep 1st Dep | DESCRIPTION Header Version Number Developer Code Jurisdiction Code Description Specification Version Software Form Version Total Regular Dependents Total Dependents over 65 Dependent's Last Hame Dependent's SSN | FIELD SIZE 2 4 4 2 3 2 2 2 2 7 1 1 | Alpha-Numeric Numeric Alpha Numeric Numeric Numeric Numeric Numeric Numeric Numeric Alpha | | "T1" NACTP Vendor Code MD Soz8 1 00-99 00-99 1ast Name of Dependent required if line above has data |
| 105 106 107 | Header Header Header Header Header Header Summary 1st Dep 1st Dep | DESCRIPTION Header Version Number Developer Code Jurisdiction Code Description Specification Version Software Form Version Total Regular Dependents Total Dependents over 65 Dependent's Last Name Dependent's SSN Dependent does not have health care coverage | 2 4 2 2 3 3 2 2 2 2 2 2 9 9 1 | Alpha-Numeric Numeric Alpha Numeric Alpha Numeric Alpha | xx | "T1" NACTP Vendor Code MD 502B 1 00-99 00-99 Uast Name of Dependent required if line above has data Blank or "V". "Y" = box is marked, Blank = box is not marked |
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| 1 | | 7th Dep | Dependent's Last Name | 20 | Alpha | | Last Name of Dependent |
| 17 17 17 18 19 19 19 19 19 19 19 | | | | 9 | Numeric | XX | |
| Sth Dep Dependent's Last Name 20 Alpha Jast Name of Dependent | | 7th Dep | Dependent does not have health care coverage | 1 | Alpha | XX | Blank or "Y". "Y" = box is marked, Blank = box is not marked |
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| 156 | 134 | 8th Dep | Dependent's SSN | 9 | Numeric | XX | required if line above has data |
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| 9th Dep Dependent Jobs Norwall Control of the Health Care coverage 1 Alpha xx Blank or "Y". "Y" = box is marked, Blank = box is not marked 140 9th Dep Dependent DOB 10 A-N X Alpha 1 Last Name 120 Alpha 1 Last Name 141 Alpha 141 Alpha 141 Alpha 142 Alpha 142 Alpha 142 Alpha 143 Alpha 144 Alpha 14 | 137 | 9th Dep | Dependent's Last Name | 20 | Alpha | | Last Name of Dependent |
| Separation Dependent DOB Dependent DOB Dependent Sust Name 20 Alpha Last Name of Dependent | 138 | 9th Dep | Dependent's SSN | 9 | Numeric | XX | required if line above has data |
| 141 10th Dep Dependent's Last Name of Dependent 142 10th Dep Dependent SSN 9 Numeric xx required if line above has data 143 10th Dep Dependent DoB Dependent DOB 10 A-N X Alpha Xx Blank or "Y". "Y" a box is not marked 144 10th Dep Dependent DOB 10 A-N X Alpha Xx Blank or "Y". "Y" a box is not marked 145 11th Dep Dependent SSN 9 Numeric Xx required if line above has "Y" 146 11th Dep Dependent's Last Name 0 Dependent X SSN 9 Numeric Xx required if line above has "Y" 147 11th Dep Dependent SSN 9 Numeric Xx required if line above has "Alpha Xx Blank or "Y". "Y" a box is not marked 148 11th Dep Dependent DoB 1 A-N XX Blank or "X". "Y" box is not marked 149 12th Dep Dependent DOB 10 A-N XX Alpha XX Blank or "X". "Y" a box is not marked 149 12th Dep Dependent DOB 10 A-N XX Alpha XX Blank or "X". "Y" box is not marked 150 12th Dep Dependent DOB 12th Dependent does not have health care coverage 1 Alpha XX Blank or "X". "Y" box is not marked 150 12th Dep Dependent DOB 12th Dependent DOB 12th Dependent DOB 12th Dependent DOB 12th Dep Dependent Dos not have health care coverage 1 Alpha XX Blank or "X". "Y" box is not marked 151 12th Dep Dependent DOB 15th Dependent DOB 15th Dependent DOB 15th Dependent Dos not marked 152 12th Dep Dependent DOB 15th Dependent D | 139 | 9th Dep | Dependent does not have health care coverage | 1 | Alpha | xx | Blank or "Y". "Y" = box is marked, Blank = box is not marked |
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