SPECIFICATION VERSION 01 - 09152020

	J. 20				1		.
Dec			BARCODE 1 - FORM 502				Incomplete required fields do not highlight red
2	LINE #	FIELD	DESCRIPTION	FIELD SIZE	FIELD TYPE	REQUIRED	COMMENTS, ACCEPTABLE VALUES, EDITS
Color	1	ricuder		2	Alpha-Numeric		
March Marc	2	Header	Developer Code	4	Numeric		NACTP Vendor Code
March Marc	3	Header	Jurisdiction Code	2	Alpha		MD
Mary	4	Header		3	Numeric		502
	5	Header	Specification Version	2	Numeric		1
	5	Header	Software Form Version	2	Numeric		00-99
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	,		.,	9		^	
Care Content Care	8	Α		9			
	9	В		20		Х	
	10	В		15		Х	
Company	11	В		1			
	12	В	**************************************	20			
	13		process of the second s	15			
	14	В		1			
	15	В		30		Х	
	16	В		30			
	17		- 4	20			
	18	В		2			
Company	19	В	Zip	10		Х	5+4 US Zip code, or up to 10 ch <mark>arac</mark> ter foreign ZIP
Company	20	C	Physical Street Address - 4 Digit Political Subdivision Code	4	Numeric	х	Must be 4 digits
P	21	с		30			
	22			30	Alpha-Numeric		
	23	c	y				
F	24	c		20		x	
Procession Agency Company Comp	25	c		2		x	Must be "MD" - no other states accented
	26	r		10			
Property large Property large Property Property large Property l	27	-		20			
Project Amenication	20	D		1			
March Marc	28						
Section Processing Content	29			1			
	30	D		1			
	31	D		1	Numeric	Х	
	32	D	Filing Status - Qualifying widow(er) with dependent child	1	Numeric	Х	Blank or "5". "5" = box is marked, Blank = box is not marked
	33	D	Filing Status - Dependent Taxpayer	1	Numeric		
	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
	36	F	Exemptions - You are 65 or over	1	Alpha		Blank or "Y". "Y" = box is marked. Blank = box is not marked
	37			1	Alpha		Blank or "Y". "Y" = box is marked. Blank = box is not marked
	38	F	Exemptions - Spause is 65 or over	1	Alpha		Blank or "Y". "Y" = box is marked. Blank = box is not marked
Foot Companies	30	E		1			
	10	E		2			
1			The second secon	-			
1	41	r		2		Х	
1	42	G		1			
Section	43	G		10			
A	14			1			
Contact address 1	45		provide the second seco	10			
1	46	G		1			
1	47	G	E-mail address	17			Alpha-Numeric
1	48			12			
1	49	1a		12			
1	50	1b		12	Numeric		Whole dollars only
Feature Process Proc	51	1c		12	Numeric		
Part Resempt Interest Factor Resempt Interest Part Resemble Interest Part Par	52	1d	Taxable Pension, IRA, Annuities	12	Numeric		Whole dollars only
Part Resempt Interest Factor Resempt Interest Part Resemble Interest Part Par	53	1e	Investment income greater than \$3,650	1	Alpha		Blank or "Y". "Y" = box is marked, Blank = box is not marked
See Authorneon Plan Description Descriptio	54	2		12			
4 Ump Sum Distributions 5 Other Additions Code Letter 5 Other Additions Code Letter 7 Other Additions Code Letter 8 Other Additions Code Letter 9 Other Addi	55						
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50. Spouse Checkbox 50. Spouse Checkbox 50. Persion Explaint (Workheet 13A) 50. Persion Explaint (Workheet 13A) 50. Persion Explaint (Workheet 13A) 50. Spouse Checkbox 50. Spouse Checkbox 50. Spouse Checkbox 50. Spouse Checkbox 50. Numeric 50. Nu	54			12			
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Single Persions Exclusion (Worksheet 13A) 2 Numeric Whole Dollars only	56	10a	Spouse Checkbox	1	Numeric		Blank or "S". "S" = box is marked, Blank = box is not marked
20 Spouse Checkbox 5 Spouse Ch	57			12			
20 Spouse Checkbox 5 Spouse Ch	58	10b	Yourself Checkbox	1	Numeric		Blank or "Y". "Y" = box is marked. Blank = box is not marked
10 Pension Exclusion (Worksheet 131) 12 Numeric Whole Edition only 11 Taskle Social Security and Rall Rood Benefits 12 Numeric Whole Edition only 12 Numeric Whole Edition only 13 Other Sufficience Code Letter 2 Alpha Code on he 1 or 2 letters. Single letter codes must be in first position 13 Other Sufficience Code Letter 2 Alpha Code on he 1 or 2 letters, Single letter codes must be in first position	59	10h		1			
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13 Other Subtractions Code Letter 2 Alpha Code can be 1 or 2 letters. Single letter codes must be in first position	72	12		14			
	/3			4			
13 Other Subtractions Code Letter 2 Alpha Code can be 1 or 2 letters. Single letter codes must be in first position	/4			2			
	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	2	Alpha		Code can be 1 or 2 letters. Single letter codes must be in first position
77	13a	Total of Other Subtractions	12	Numeric		Whole dollars only
78	14	Two-income Subtraction Total Subtractions to Maryland Income	12	Numeric		Whole dollars only Whole dollars only
79	15	,	12	Numeric		
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 22a	Earned Income Credit Do not qualify Federal Farned Income Credit Checkhox	12	Numeric		Whole dollars only
86	22a	Do not qualify Federal Earned Income Credit Checkbox Poverty Level Credit	1	Numeric		Blank or "Y". "Y" = box is marked, Blank = box is not marked Whole dollars only
8/	23	Contribution to Chesapeake Bay/Endangered Species	12	Numeric Numeric		Whole dollars only
88	36	Contribution to Chesapeake Bay/ Endangered Species Contribution to Developmental Disabilities Services and Support Fund	12	Numeric		Whole dollars only
00	30	Contribution to Developmental Disabilities Services and Support Fund Contribution to Maryland Cancer Fund	12	Numeric		Whole dollars only
01	20	Contribution to Fair Campaign Financing Fund	12	Numeric		wrote dottes cony
92	40	Total Maryland and Local Tax Withheld	12	Numeric		Whole dollars only
22		Estimated Tax paid, applied from prior year return and Amt paid with Ext. Request	12	Numeric		Whole dollars only
93	42	Refundable Earned Income Credit	12	Numeric		Whole dollars only
95	45	Balance Due	12	Numeric		Whole dollars only
96	45	Overpayment	12	Numeric		Whole dollars only
97	47	Amount of Overpayment to be applied as estimated tax	12	Numeric		Whole dollars only
98	48	Amount of Overpayment to be refunded - dollars	12	Numeric	_	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	49a	Total Interest Charges	12	Numeric	4	Whole dollars only
102	н	Foreign Account Indicator	1	Alpha		Blank or "Y". "Y" = box is marked, Blank = box is not marked
103	н	Domestic Account Indicator	1	Alpha		Blank <mark>or "</mark> Y". "Y" = box is marked, Blank = box is not marked
104	51a	Checking Account	1	Alpha		Blank or "C". "C" = box is marked, Blank = box is not marked
105	51a	Savings Account	1	Alpha		Blank or "5". "5" = box is marked, Blank = box is not marked
106	51b	Routing Number	9	Numeric		Must be nine numbers
107	51c	Account Number	17	A-N		Alpha-Numeric
108	ı	Daytime Phone Number	10	Numeric		No parenthesis, hyphens or spaces
109	J	Code number	9	Numeric		up to 3, 3 digit code W's in positions 1-3, 4-6 & 7-9
110	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
111	L	Opt in to elect to receive 1099G info electronically	1	Alpha		Blank or "Y". "Y" = box is marked, Blank = box is not marked
112	M	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 #	EIELD		EIELD SIZE	EIELD TYPE		COMMENTS ACCEPTABLE VALUES EDITS
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	Header Header	DESCRIPTION Header Version Number Developer Code	FIELD SIZE 2	Alpha-Numeric Numeric		"T1" NACTP Vendor Code
LINE # 1 2 3	Header	DESCRIPTION Header Version Number	FIELD SIZE 2 4 2	Alpha-Numeric		"T1"
1 2 3	Header Header	DESCRIPTION Header Version Number Developer Code	FIELD SIZE 2 4 2 3	Alpha-Numeric Numeric		"T1" NACTP Vendor Code
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 2	Alpha-Numeric Numeric Alpha Numeric		"T1" NACTP Vendor Code MD
1 2 3 4 5	Header Header Header Header Header	DESCRIPTION Header Version Number Developer Code Unsidiction Code Description Specification Version	FIELD SIZE 2 4 2 3 2 2	Alpha-Numeric Numeric Alpha Numeric Numeric		"T1" NACTP Vendor Code MD 5028 1
LINE # 1 2 3 4 5 6 6 102	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	Alpha-Numeric Numeric Alpha Numeric Numeric Numeric		"T1" NACTP Vendor Code MD 5028 1 00-99
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1 2 3 4 5 6 103 104	Header Header Header Header Header Header Summary	DESCRIPTION Header Version Number Developer Code Jurisdiction Code Description Specification Version Software Form Version Total Regular Dependents Total Dependents over 65	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 Numeric Numeric Numeric Numeric		"T1" NACTP Vendor Code MD 5028 1 00-99 00-99 00-99
105	Header Header Header Header Header Header Summary Header Header	DESCRIPTION Header Version Number Developer Code Uursdiction Code Description Specification Version Software Form Version Total Regular Dependents Total Dependents over 65 Dependent's Last Name	FIELD SIZE 2 4 2 3 2 2 2 2 2 0	Alpha-Numeric Numeric Alpha Numeric Numeric Numeric Numeric Numeric Numeric Numeric Alpha		"T1" NACTP Vendor Code MD 502B 1 00-99 00-99 00-99 Last Name of Dependent
101	Header Header Header Header Header Header Summary	DESCRIPTION Header Version Number Developer Code Jurisdiction Code Description Specification Version Software Form Version Total Regular Dependents Total Dependents over 65	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 Numeric Numeric Numeric Numeric	xx	"T1" NACTP Vendor Code MD 5028 1 00-99 00-99 00-99
105	Header Header Header Header Header Header Summary Header Header	DESCRIPTION Header Version Number Developer Code Uursdiction Code Description Specification Version Software Form Version Total Regular Dependents Total Dependents over 65 Dependent's Last Name	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 Numeric Numeric Numeric Alpha		"T1" NACTP Vendor Code MD 502B 1 00-99 00-99 00-99 Last Name of Dependent
105 106	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	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 Numeric Numeric Numeric Numeric Alpha Numeric	XX	"T1" NACTP Vendor Code MD 5028 1 00-99 00-99 00-99 1ast Name of Dependent required if line above has data
105 106 107	Header Header Header Header Header Header Summary Summary 1st Dep 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 3 2 2 2 2 2 2 2 9 9 1	Alpha-Numeric Numeric Alpha Numeric Alpha Numeric Alpha	XX XX	"T1" NACTP Vendor Code MD 502B 1 00-99 00-99 00-99 Last Name of Dependent required if line above has data Blank or "V". "v" = box is marked, Blank = box is not marked
105 106 107 108	Header Header Header Header Header Header Header Header Summary 1st Dep 1st Dep 1st Dep 2nd 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 Dependent DOB	2 4 2 2 3 3 2 2 2 2 2 2 2 0 9 1 1 1 10	Alpha-Numeric Numeric Alpha Numeric Numeric Numeric Numeric Numeric Numeric Numeric Numeric Alpha Numeric Alpha Alpha A-N Alpha	XX XX XX	"T1" NACTP Vendor Code MD 502B 1 00-99 00-99 00-99 1ast Name of Dependent required if line above has "v" Last Name of Dependent line above has "v"
105 106 107 108 109	Header Header Header Header Header Header Summary Summary 1st Dep 1st Dep 1st Dep 2nd Dep 2nd 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 Dependent DOB Dependent Sast Name Dependent Sor Name Dependent Sast Name	2 4 2 2 3 3 2 2 2 2 2 2 2 0 9 1 1 1 10	Alpha-Numeric Numeric Alpha Numeric Numeric Numeric Numeric Numeric Numeric Numeric Alpha Numeric Alpha Numeric Alpha A-N Alpha A-N Alpha Numeric	XX XX XX XX	"T1" NACTP Vendor Code MD 502B 1 00-99 00-99 00-99 00-99 1 ast Name of Dependent required if line above has data Blank or "V". "Y" = box is marked, Blank = box is not marked Alphas-Name of Dependent required if line above has "V" Last Name of Dependent required if line above has "V" Last Name of Dependent required if line above has "V" Last Name of Dependent required if line above has "V" Last Name of Dependent required if line above has "V"
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