**2D BARCODE SPECIFICATIONS**   **MARYLAND FORM 502B**   TAX YEAR 2020

| LINE NUMBER | FIELD | DESCRIPTION | FIELD SIZE | FIELD TYPE | COMMENTS, ACCEPTABLE VALUES, EDITS |
|---|---|---|---|---|---|
| 1 | Header | Header Version Number | 2 | Alpha-Numeric | "T1" |
| 2 | Header | Developer Code | 4 | Numeric | NACTP Vendor code |
| 3 | Header | Jurisdiction Code | 2 | Alpha | MD |
| 4 | Header | Description | 4 | Numeric | 502B |
| 5 | Header | Specification Version | 2 | Numeric | 01 |
| 6 | Header | Software Form Version | 2 | Numeric | 00-99 |
| 7 | Summary | Total Regular Dependents | 2 | Numeric | 01-99 |
| 8 | Summary | Total Dependents over 65 | 2 | Numeric | 01-99 |
| 9 | 1st Dep | Dependent's Last Name | 20 | Alpha | Last Name of Dependent |
| 10 | 1st Dep | Dependent's SSN | 9 | Numeric | |
| 11 | 1st Dep | Dependent does not have health care coverage | 1 | Alpha | Blank or "Y". "Y" = box is marked, Blank = box is not marked |
| 12 | 1st Dep | Dependent DOB | 10 | A-N | Alpha-Numeric |
| 13 | 2nd Dep | Dependent's Last Name | 20 | Alpha | Last Name of Dependent |
| 14 | 2nd Dep | Dependent's SSN | 9 | Numeric | |
| 15 | 2nd Dep | Dependent does not have health care coverage | 1 | Alpha | Blank or "Y". "Y" = box is marked, Blank = box is not marked |
| 16 | 2nd Dep | Dependent DOB | 10 | A-N | Alpha-Numeric |
| 17 | 3rd Dep | Dependent's Last Name | 20 | Alpha | Last Name of Dependent |
| 18 | 3rd Dep | Dependent's SSN | 9 | Numeric | |
| 19 | 3rd Dep | Dependent does not have health care coverage | 1 | Alpha | Blank or "Y". "Y" = box is marked, Blank = box is not marked |
| 20 | 3rd Dep | Dependent DOB | 10 | A-N | Alpha-Numeric |
| 21 | 4th Dep | Dependent's Last Name | 20 | Alpha | Last Name of Dependent |
| 22 | 4th Dep | Dependent's SSN | 9 | Numeric | |
| 23 | 4th Dep | Dependent does not have health care coverage | 1 | Alpha | Blank or "Y". "Y" = box is marked, Blank = box is not marked |
| 24 | 4th Dep | Dependent DOB | 10 | A-N | Alpha-Numeric |
| 25 | 5th Dep | Dependent's Last Name | 20 | Alpha | Last Name of Dependent |
| 26 | 5th Dep | Dependent's SSN | 9 | Numeric | |
| 27 | 5th Dep | Dependent does not have health care coverage | 1 | Alpha | Blank or "Y". "Y" = box is marked, Blank = box is not marked |
| 28 | 5th Dep | Dependent DOB | 10 | A-N | Alpha-Numeric |
| 29 | 6th Dep | Dependent's Last Name | 20 | Alpha | Last Name of Dependent |
| 30 | 6th Dep | Dependent's SSN | 9 | Numeric | |
| 31 | 6th Dep | Dependent does not have health care coverage | 1 | Alpha | Blank or "Y". "Y" = box is marked, Blank = box is not marked |
| 32 | 6th Dep | Dependent DOB | 10 | A-N | Alpha-Numeric |
| 33 | 7th Dep | Dependent's Last Name | 20 | Alpha | Last Name of Dependent |
| 34 | 7th Dep | Dependent's SSN | 9 | Numeric | |
| 35 | 7th Dep | Dependent does not have health care coverage | 1 | Alpha | Blank or "Y". "Y" = box is marked, Blank = box is not marked |
| 36 | 7th Dep | Dependent DOB | 10 | A-N | Alpha-Numeric |
| 37 | 8th Dep | Dependent's Last Name | 20 | Alpha | Last Name of Dependent |
| 38 | 8th Dep | Dependent's SSN | 9 | Numeric | |
| 39 | 8th Dep | Dependent does not have health care coverage | 1 | Alpha | Blank or "Y". "Y" = box is marked, Blank = box is not marked |
| 40 | 8th Dep | Dependent DOB | 10 | A-N | Alpha-Numeric |
| 41 | 9th Dep | Dependent's Last Name | 20 | Alpha | Last Name of Dependent |
| 42 | 9th Dep | Dependent's SSN | 9 | Numeric | |
| 43 | 9th Dep | Dependent does not have health care coverage | 1 | Alpha | Blank or "Y". "Y" = box is marked, Blank = box is not marked |
| 44 | 9th Dep | Dependent DOB | 10 | A-N | Alpha-Numeric |
| 45 | 10th Dep | Dependent's Last Name | 20 | Alpha | Last Name of Dependent |
| 46 | 10th Dep | Dependent's SSN | 9 | Numeric | |
| 47 | 10th Dep | Dependent does not have health care coverage | 1 | Alpha | Blank or "Y". "Y" = box is marked, Blank = box is not marked |
| 48 | 10th Dep | Dependent DOB | 10 | A-N | Alpha-Numeric |

| 49 | 11th Dep | Dependent's Last Name | 20 | Alpha | Last Name of Dependent |
|----|----------|----------------------|-----|-------|------------------------|
| 50 | 11th Dep | Dependent's SSN | 9 | Numeric | |
| 51 | 11th Dep | Dependent does not have health care coverage | 1 | Alpha | Blank or "Y". "Y" = box is marked, Blank = box is not marked |
| 52 | 11th Dep | Dependent DOB | 10 | A-N | Alpha-Numeric |
| 53 | 12th Dep | Dependent's Last Name | 20 | Alpha | Last Name of Dependent |
| 54 | 12th Dep | Dependent's SSN | 9 | Numeric | |
| 55 | 12th Dep | Dependent does not have health care coverage | 1 | Alpha | Blank or "Y". "Y" = box is marked, Blank = box is not marked |
| 56 | 12th Dep | Dependent DOB | 10 | A-N | Alpha-Numeric |
| 57 | A | Trailer | | | *EOD* <CR> |
| 58 | | Leave this line blank. | | | |
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| | | **Specification Version 01** | | | |
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Final 12/7/20