2D BARCODE SPECIFICATIONS MARYLAND FORM 502B TAX YEAR 2020

	ODE SPECIFIC	ATIONS MARYLAND FORM 502B			
LINE NUMBER			FIELD SIZE		
NUMBER	FIELD	DESCRIPTION	SIZE	FIELD TYPE	COMMENTS, ACCEPTABLE VALUES, EDITS
	FIELD	DESCRIPTION		FIELD ITPE	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	A \ V
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	Alph <mark>a-N</mark> umeric
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	<del>/</del>
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
	4th Dep	Dependent's Last Name	20	Alpha	Last Name of Dependent
22		Dependent's SSN	0	Numeric	East Hallo of Bopolisons
	4th Dep	Dependent does not have health care coverage	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
24		Dependent DOB	10	A-N	Alpha-Numeric
	5th Dep	Dependent's Last Name		Alpha	Last Name of Dependent
	5th Dep	Dependent's SSN	9	Numeric	East Hallo of Bopolisons
	5th Dep	Dependent does not have health care coverage	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
	5th Dep	Dependent DOB	10	A-N	Alpha-Numeric
	6th Dep	Dependent's Last Name	20	Alpha	Last Name of Dependent
	6th Dep	Dependent's SSN	9	Numeric	East Haile of Bepondent
	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	East Halle of Bepondent
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
	8th Dep	Dependent's Last Name	20	Alpha	Last Name of Dependent
	8th Dep	Dependent's SSN	9	Numeric	East Hamo of Dopondont
39	8th Dep	Dependent soon  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 does not have health care coverage  Dependent DOB	10	Aipna A-N	Alpha-Numeric
41	9th Dep	Dependent DOB Dependent's Last Name	20	A-in Alpha	Last Name of Dependent
42	9th Dep	Dependent's SSN	9	Numeric	cast Hamo of Dopondont
	9th Dep	•	-	Alpha	Plank or "V" "V" = box is marked. Plank = box is not marked.
44	9th Dep	Dependent does not have health care coverage Dependent DOB	10	Aipna A-N	Blank or "Y". "Y" = box is marked, Blank = box is not marked  Alpha-Numeric
45	10th Dep	Dependent DOB Dependent's Last Name	20	A-N Alpha	Last Name of Dependent
46	10th Dep	Dependent's SSN	20 9	Aipna Numeric	сая напо от ререписти
		•	3		Disable as IN/II IN/II a best is seeded at Disable best is not as advantage
47	10th Dep	Dependent does not have health care coverage	10	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
48	10th Dep	Dependent DOB	10	A-N	Alpha-Numeric

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			Last Name of Dependent						
•									
			Blank or "Y". "Y" = box is marked, Blank = box is not marked						
			Alpha-Numeric						
			Last Name of Dependent						
•									
			Blank or "Y". "Y" = box is marked, Blank = box is not marked						
	10		Alpha-Numeric						
			*EOD* <cr></cr>						
Leave this line blank.									
Consideration Various 04									
Specification version of									
	Dependent's SSN Dependent does not have health care coverage Dependent DOB Dependent's Last Name Dependent's SSN Dependent does not have health care coverage Dependent DOB Trailer	Dependent's SSN   9	Dependent's SSN   9   Numeric						