



205020099

\$

OR FISCAL YEAR BEGINNING _____ 2020, ENDING _____

Your Social Security Number _____ Spouse's Social Security Number _____

Your First Name _____ MI _____ Does your name match the
Your Last Name _____ name on your social security
Spouse's First Name _____ MI _____ card? If not, to ensure you
Spouse's Last Name _____ get credit for your personal
exemptions, contact SSA at
1-800-772-1213 or visit
www.ssa.gov.

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 of taxing area as of December 31, 2020 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.

1. ☐ Single (If you can be claimed on another person's tax return, use Filing Status 6.)
2. ☐ Married filing joint return or spouse had no income
3. ☐ Married filing separately, Spouse SSN ▶ _____
4. ☐ Head of household
5. ☐ Qualifying widow(er) with dependent child
6. ☐ 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 2020 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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NAME _____ SSN _____

**MARYLAND
HEALTH CARE
COVERAGE**

See Instruction 3.

Check here ☐ If you do not have health care coverage DOB (mm/dd/yyyy) ▶ _____Check here ☐ If your spouse does not have health care coverage DOB (mm/dd/yyyy) ▶ _____Check here ☐ I authorize the Comptroller of Maryland to share information from this tax return with the Maryland Health Benefit Exchange for the purpose of determining pre-eligibility for no-cost or low-cost health care coverage.

E-mail address ▶ _____

INCOME

See Instruction 11.

1. Adjusted gross income from your federal return ▶ 1. _____
- 1a. Wages, salaries and/or tips ▶ 1a. _____
- 1b. Earned income ▶ 1b. _____
- 1c. Capital Gain or (loss) ▶ 1c. _____
- 1d. Taxable Pensions, IRAs, Annuities (Attach Form 502R.) ▶ 1d. _____
- 1e. Place a "Y" in this box if the amount of your investment income is more than \$3,650. ▶ ☐

**ADDITIONS
TO INCOME**

See Instruction 12.

2. Tax-exempt interest on state and local obligations (bonds) other than Maryland ▶ 2. _____
3. State retirement pickup. ▶ 3. _____
4. Lump sum distributions (from worksheet in Instruction 12.) ▶ 4. _____
5. Other additions (Enter code letter(s) from Instruction 12.) ▶ _____ ▶ 5. _____
6. Total additions to Maryland income (Add lines 2 through 5.) ▶ 6. _____
7. Total federal adjusted gross income and Maryland additions (Add lines 1 and 6.) ▶ 7. _____

**SUBTRACTIONS
FROM INCOME**

See Instruction 13.

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

**DEDUCTION
METHOD**

See Instruction 16.

- All taxpayers must select one method and check the appropriate box.
- ▶ ☐ **STANDARD DEDUCTION METHOD** (Enter amount on line 17.)
- ▶ ☐ **ITEMIZED DEDUCTION METHOD** (Complete lines 17a and 17b.)
- 17a. Total federal itemized deductions (from line 17, federal Schedule A) . ▶ 17a. _____
- 17b. State and local income taxes (See Instruction 14.) ▶ 17b. _____
- 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. _____

**MARYLAND
TAX
COMPUTATION**

18. Net income (Subtract line 17 from line 16.) ▶ 18. _____
19. Exemption amount from Exemptions area (See Instruction 10.) ▶ 19. _____
20. Taxable net income (Subtract line 19 from line 18.) ▶ 20. _____
21. Maryland tax (from Tax Table or Computation Worksheet Schedules I or II) ▶ 21. _____
22. Earned income credit (EIC)(See Instruction 18.) ▶ 22. _____
- ☐ Check this box if you are claiming the Maryland Earned Income Credit, but do not qualify for the federal Earned Income Credit.
23. Poverty level credit (See Instruction 18.) ▶ 23. _____
24. Other income tax credits for individuals from Part AA, line 13 of Form 502CR (Attach Form 502CR.) ▶ 24. _____
25. Business tax credits You must file this form electronically to claim business tax credits on Form 500CR. ▶ 25. _____
26. Total credits (Add lines 22 through 25.) ▶ 26. _____
27. Maryland tax after credits (Subtract line 26 from line 21.) If less than 0, enter 0. ▶ 27. _____



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NAME _____ SSN _____	
LOCAL TAX COMPUTATION	28. Local tax (See Instruction 19 for tax rates and worksheet.) Multiply line 20 by your local tax rate .0 _____ or use the Local Tax Worksheet 28. _____
	29. Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.) . . . 29. _____
	30. Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19.) . . . 30. _____
	31. Local tax credit from Part BB, line 1 of Form 502CR. (Attach Form 502CR.) 31. _____
	32. Total credits (Add lines 29 through 31.) 32. _____
	33. Local tax after credits (Subtract line 32 from line 28.) If less than 0, enter 0 33. _____
	34. Total Maryland and local tax (Add lines 27 and 33.) 34. _____
CONTRIBUTIONS See Instruction 20.	35. Contribution to Chesapeake Bay and Endangered Species Fund ▶ 35. _____
	36. Contribution to Developmental Disabilities Services and Support Fund ▶ 36. _____
	37. Contribution to Maryland Cancer Fund. ▶ 37. _____
	38. Contribution to Fair Campaign Financing Fund ▶ 38. _____
	39. Total Maryland income tax, local income tax and contributions (Add lines 34 through 38.) . 39. _____
	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. 2020 estimated tax payments, amount applied from 2019 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 8 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. _____
REFUND	47. Amount of overpayment TO BE APPLIED TO 2020 ESTIMATED TAX. ▶ 47. _____
	48. Amount of overpayment TO BE REFUNDED TO YOU (Subtract line 47 from line 46.) See line 51 REFUND ▶ 48. _____
AMOUNT DUE	49. Check here <input type="checkbox"/> if you are attaching Form 502UP. Enter interest charges from line 18 of Form 502UP _____ or for late filing ▶ 49. _____
	50. TOTAL AMOUNT DUE (Add lines 45 and 49.) IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN. INCLUDE FORM PV. 50. _____



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NAME _____ SSN _____

DIRECT DEPOSIT OF REFUND (See Instruction 22.) Be sure the account information is correct. **For Splitting Direct Deposit**, use Form 588. To comply with banking and **NACHA (National Automated Clearing House Association)** rules, if this refund will go to an account outside of the United States, place "Y" in this box ☐ or if you authorize the State of Maryland to direct deposit your refund, check this box ☐ and complete the following information clearly and legibly.

51a. Type of account: ☐ Checking ☐ Savings **51b.** Routing Number (9-digits)

51c. Account Number

51d. Name(s) as it appears on the bank account

☐ 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 _____		Spouse's signature _____		Date _____	
Printed name of the Preparer / or Firm's name _____				Street address of preparer or Firm's address _____			
Signature of preparer other than taxpayer (Required by Law) _____				City, State, ZIP Code + 4 _____			
				Telephone number of preparer _____		Preparer's PTIN (Required by Law) <input type="text"/>	

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