



205050099

OR FISCAL YEAR BEGINNING \_\_\_\_\_ 2020, ENDING \_\_\_\_\_

Print Using Blue or Black Ink Only

Social Security Number \_\_\_\_\_ Spouse's Social Security Number \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_

Last Name \_\_\_\_\_

Spouse's First Name \_\_\_\_\_ MI \_\_\_\_\_

Spouse's Last Name \_\_\_\_\_

Does your name match the name on your social security card? If not, to ensure you get credit for your personal exemptions, contact SSA at 1-800-772-1213 or visit [www.ssa.gov](http://www.ssa.gov).

Current Mailing Address Line 1 (Street No. and Street Name or PO Box) \_\_\_\_\_

Maryland County \_\_\_\_\_

Current Mailing Address Line 2 (Apt No., Suite No., Floor No.) \_\_\_\_\_

City, Town or Taxing Area \_\_\_\_\_

Name of county and incorporated city, town or special taxing area in which you were employed on the last day of the taxable period if you earned wages in Maryland. (See Instruction 6.)

City or Town \_\_\_\_\_ State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

**FILING STATUS** See Instruction 1 to determine if you are required to file.

**CHECK  
ONE  
BOX**

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's SSN \_\_\_\_\_

4. ☐ Head of household  
5. ☐ Qualifying widow(er) with dependent child  
6. ☐ Dependent taxpayer (Enter 0 in Exemption Box (A) - See Instruction 8.)

**RESIDENCE INFORMATION** See Instruction 9.

Enter 2-letter state code for your state of legal residence. ▶ \_\_\_\_\_

If PA resident, enter both County \_\_\_\_\_ and City, Borough or Township \_\_\_\_\_

Were you a resident of another state for the entire year of 2020? If no, attach explanation.

☐ Yes ☐ No

Are you or your spouse a member of the military?

☐ Yes ☐ No

Did you file a Maryland income tax return for 2019? ☐ Yes ☐ No If "Yes," was it a ☐ Resident or a ☐ Nonresident return?

Dates you resided in Maryland for 2020. If none, enter "NONE": FROM \_\_\_\_\_ TO \_\_\_\_\_ (MMDDYYYY).

▶ ☐ Check here for Maryland taxes withheld in error. (See Instruction 4.)

**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 in order 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. \$ \_\_\_\_\_ . \_\_\_\_



205050199

Name \_\_\_\_\_ SSN \_\_\_\_\_

**INCOME AND ADJUSTMENTS INFORMATION**

(See Instruction 11.)

**(1) FEDERAL INCOME  
(LOSS)**

**(2) MARYLAND INCOME  
(LOSS)**

**(3) NON-MARYLAND  
INCOME (LOSS)**

|   |            |       |       |       |
|---|------------|-------|-------|-------|
| 1. Wages, salaries, tips, etc . . . . .   | <b>1.</b>  | _____ | _____ | _____ |
| 2. Taxable interest income . . . . .  | <b>2.</b>  | _____ | _____ | _____ |
| 3. Dividend income . . . . .  | <b>3.</b>  | _____ | _____ | _____ |
| 4. Taxable refunds, credits or offsets of state and<br>local income taxes . . . . .               | <b>4.</b>  | _____ | _____ | _____ |
| 5. Alimony received . . . . .   | <b>5.</b>  | _____ | _____ | _____ |
| 6. Business income or (loss) . . . . .  | <b>6.</b>  | _____ | _____ | _____ |
| 7. Capital gain or (loss) . . . . .   | <b>7.</b>  | _____ | _____ | _____ |
| 8. Other gains or (losses) (from federal Form 4797) . . . . .                                     | <b>8.</b>  | _____ | _____ | _____ |
| 9. Taxable amount of pensions, IRA distributions,<br>and annuities. . . . .                       | <b>9.</b>  | _____ | _____ | _____ |
| 10. Rents, royalties, partnerships, estates, trusts, etc.<br>(Circle appropriate item.) . . . . . | <b>10.</b> | _____ | _____ | _____ |
| 11. Farm income or (loss) . . . . .   | <b>11.</b> | _____ | _____ | _____ |
| 12. Unemployment compensation (insurance) . . . . .   | <b>12.</b> | _____ | _____ | _____ |
| 13. Taxable amount of Social Security and<br>Tier 1 Railroad Retirement benefits . . . . .        | <b>13.</b> | _____ | _____ | _____ |
| 14. Other income (including lottery or other gambling<br>winnings) . . . . .                      | <b>14.</b> | _____ | _____ | _____ |
| 15. Total income (Add lines 1 through 14.) . . . . .  | <b>15.</b> | _____ | _____ | _____ |
| 16. Total adjustments to income from federal return<br>(IRA, alimony, etc.) . . . . .             | <b>16.</b> | _____ | _____ | _____ |
| 17. Adjusted gross income (Subtract line 16 from line 15.) ▶ <b>17.</b>                           |            | _____ | _____ | _____ |

**ADDITIONS TO INCOME** (See Instruction 12.)

|   |            |       |
|---|------------|-------|
| 18. Non-Maryland loss and adjustments. . . . .  | <b>18.</b> | _____ |
| 19. Other (Enter code letter(s) from Instruction 12.) . . . . . ▶   | <b>19.</b> | _____ |
| 20. Total additions (Add lines 18 and 19 plus amount from line 3 of Form 502LU.) . . . . . ▶ <b>20.</b>                 |            | _____ |
| 21. Total federal adjusted gross income and Maryland additions (Add lines 17 (Column 1) and 20.) . . . . . ▶ <b>21.</b> |            | _____ |

**SUBTRACTIONS FROM INCOME** (See Instruction 13.)

|   |                  |
|---|------------------|
| 22. Taxable Military Income of Nonresident . . . . . ▶ <b>22.</b>   | _____            |
| 23. Other (Enter code letter(s) from Instruction 13.) . . . . . ▶   | <b>23.</b> _____ |
| 24. Total subtractions (Add lines 22 and 23 plus line 7 of Form 502LU.) . . . . . ▶ <b>24.</b>  | _____            |
| 25. Maryland adjusted gross income before subtraction of non-Maryland income. (Subtract line 24 from line 21.) . . . . . ▶ <b>25.</b> | _____            |

**DEDUCTION METHOD See Instruction 15. (All taxpayers must select one method and check the appropriate box.)**

|   |       |
|---|-------|
| 26. <b>a. STANDARD DEDUCTION METHOD</b> (Enter amount on line 26a.) <input type="checkbox"/> ▶ <b>26a.</b> _____                                    |       |
| <b>ITEMIZED DEDUCTION METHOD</b> (Complete lines 26b, c and d.) <input type="checkbox"/>  |       |
| <b>b.</b> Total federal itemized deductions (from line 17, federal Schedule A) . . . . . ▶ <b>26b.</b> _____  |       |
| <b>c.</b> State and local <b>income</b> taxes (See Instruction 16.) . . . . . ▶ <b>26c.</b> _____   |       |
| <b>d.</b> Net itemized deductions (Subtract line 26c from line 26b.) . . . . . <b>26d.</b> _____  |       |
| <b>e.</b> Deduction amount (Multiply lines 26a or 26d by the AGI factor.) <b>26e.</b> _____ (from worksheet in Instruction 14) . ▶ <b>26.</b> _____ |       |
| 27. Net income (Subtract line 26 from line 25.) . . . . . ▶ <b>27.</b>  | _____ |
| 28. Total exemption amount (from EXEMPTIONS area, page 1) See Instruction 10 . . . . . ▶ <b>28.</b>   | _____ |
| 29. Enter your AGI factor (from worksheet in Instruction 14) . . . . . ▶ <b>29.</b>   | _____ |
| 30. Maryland exemption allowance (Multiply line 28 by line 29.) . . . . . ▶ <b>30.</b>  | _____ |
| 31. Taxable net income (Subtract line 30 from line 27.) Figure tax on Form 505NR. . . . . ▶ <b>31.</b>  | _____ |

**MARYLAND TAX COMPUTATION – COMPLETE FORM 505NR BEFORE CONTINUING.**

|   |       |
|---|-------|
| 32. <b>a. Maryland tax</b> from line 16 of Form 505NR (Attach Form 505NR.) . . . . . ▶ <b>32a.</b>        | _____ |
| <b>b.</b> Special nonresident tax from line 17 of Form 505NR (Attach Form 505NR.) . . . . . ▶ <b>32b.</b> | _____ |
| <b>c.</b> Total Maryland tax (Add lines 32a and 32b.) . . . . . ▶ <b>32c.</b>                             | _____ |
| 33. Poverty level credit from worksheet in Instruction 20. . . . . ▶ <b>33.</b>                           | _____ |



205050299

Name \_\_\_\_\_ SSN \_\_\_\_\_

- 34.** Other income tax credits for individuals from Part AA, line 13 of Form 502CR (Attach Form 502CR.) . . . . . **34.** \_\_\_\_\_
- 35.** Business tax credits . . . . . **You must file this form electronically to claim business tax credits on Form 500CR**
- 36.** Total credits (Add lines 33 through 35.) . . . . . **36.** \_\_\_\_\_
- 37.** Maryland tax after credits (Subtract line 36 from line 32c.) If less than 0, enter 0. . . . . **37.** \_\_\_\_\_
- 38.** Contribution to Chesapeake Bay and Endangered Species Fund (See Instruction 21.) . . . . **38.** \_\_\_\_\_
- 39.** Contribution to Developmental Disabilities Services and Support Fund (See Instruction 21.) **39.** \_\_\_\_\_
- 40.** Contribution to Maryland Cancer Fund (See Instruction 21.) . . . . . **40.** \_\_\_\_\_
- 41.** Contribution to Fair Campaign Financing Fund (See Instruction 21.) . . . . . **41.** \_\_\_\_\_
- 42. Total Maryland income tax and contributions** (Add lines 37 through 41.) . . . . . **42.** \_\_\_\_\_
- 43.** Total Maryland tax withheld (Enter total from **your W-2 and 1099 forms and attach if MD tax is withheld.**) **43.** \_\_\_\_\_
- 44.** 2020 estimated tax payments, amount applied from 2019 return, payments made with an extension request and **Form MW506NRS** . . . . . **44.** \_\_\_\_\_
- 45.** Nonresident tax paid by pass-through entities (**Attach Maryland Schedule K-1 (510)**) . . . . . **45.** \_\_\_\_\_
- 46.** Refundable income tax credits from Part CC, line 8 of Form 502CR (**Attach Form 502CR.** See Instruction 22.) . **46.** \_\_\_\_\_
- 47.** Total payments and credits (Add lines 43 through 46.) . . . . . **47.** \_\_\_\_\_
- 48.** Balance due (If line 42 is more than line 47, subtract line 47 from line 42.) . . . . . **48.** \_\_\_\_\_
- 49.** Overpayment (If line 42 is less than line 47, subtract line 42 from line 47.) . . . . . **49.** \_\_\_\_\_
- 50.** Amount of overpayment **TO BE APPLIED TO 2021 ESTIMATED TAX.** . . . . . **50.** \_\_\_\_\_
- 51.** Amount of overpayment **TO BE REFUNDED TO YOU** (Subtract line 50 from line 49.) See line 54 . . **REFUND 51.** \_\_\_\_\_
- 52.** Interest charges from Form 502UP \_\_\_\_\_ or for late filing \_\_\_\_\_ (See Instruction 23.) **Total 52.** \_\_\_\_\_  
**Check here ☐ if you are attaching Form 502UP.**
- 53. TOTAL AMOUNT DUE** (Add line 48 and line 52.) **IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN.**  
**Include Form PV.** . . . . . **53.** \_\_\_\_\_

**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.

- 54a.** Type of account: ☐ Checking ☐ Savings **54b.** Routing Number (9-digits)
- 54c.** Account Number  **54d.** Name(s)   
as it appears on the bank account

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 25). 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.

|   |               |   |   |
|---|---------------|---|---|
| _____<br>Your signature                   | _____<br>Date | _____<br>Spouse's signature   | _____<br>Date                                       |
| _____<br>Taxpayer(s) daytime phone number |               | _____<br>Signature of Preparer other than taxpayer ( <b>Required by Law</b> ) |   |
| _____<br>Street address of Preparer/Firm  |               | _____<br>Printed name of the Preparer/Firm's name                             |   |
| _____<br>City, State, ZIP Code + 4        |               | _____<br>Telephone number of Preparer   | _____<br>Preparer's PTIN ( <b>Required by law</b> ) |

CODE NUMBERS (3 digits per line)



**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 505. Place Form PV with attached check/money order on TOP of Form 505 and mail to:**

Comptroller of Maryland  
Payment Processing  
PO Box 8888  
Annapolis, MD 21401-8888

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