MARYLAND FORM

502B

Dependents' Information

(Attach to Form 502, 505 or 515.)

20502B099

2020

Print Using Blue or Black Ink Only

▶ Your Social Security Number

▶ Spouse's Social Security Number

Your First Name — MI

Your Last Name

Spouse's First Name — MI

Spouse's Last Name

Summary

1. Enter the total number checked below for Regular dependents (4) .... ▶ 1.
2. Enter the total number checked below for dependents 65 or over (5) .... ▶ 2.
3. Total dependent exemptions (Add lines 1 and 2 and enter the total here and on line (C) of the Exemptions area of Form 502, 505 or 515.) .... 3.

Dependents (If a dependent listed below is age 65 or over, check both 4 and 5.)

▶ 1. First Name — MI — ▶ Last Name

Check here ▶ ☐ if this dependent does not have health care coverage

▶ 2. Social Security Number — 3. Relationship — 4. Regular ☐ — 5. 65 or over ☐

DOB (MM/DD/YYYY) ▶

▶ 1. First Name — MI — ▶ Last Name

Check here ▶ ☐ if this dependent does not have health care coverage

▶ 2. Social Security Number — 3. Relationship — 4. Regular ☐ — 5. 65 or over ☐

DOB (MM/DD/YYYY) ▶

▶ 1. First Name — MI — ▶ Last Name

Check here ▶ ☐ if this dependent does not have health care coverage

▶ 2. Social Security Number — 3. Relationship — 4. Regular ☐ — 5. 65 or over ☐

DOB (MM/DD/YYYY) ▶

▶ 1. First Name — MI — ▶ Last Name

Check here ▶ ☐ if this dependent does not have health care coverage

▶ 2. Social Security Number — 3. Relationship — 4. Regular ☐ — 5. 65 or over ☐

DOB (MM/DD/YYYY) ▶

▶ 1. First Name — MI — ▶ Last Name

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▶ 2. Social Security Number — 3. Relationship — 4. Regular ☐ — 5. 65 or over ☐

DOB (MM/DD/YYYY) ▶

▶ 1. First Name — MI — ▶ Last Name

Check here ▶ ☐ if this dependent does not have health care coverage

▶ 2. Social Security Number — 3. Relationship — 4. Regular ☐ — 5. 65 or over ☐

DOB (MM/DD/YYYY) ▶

▶ 1. First Name | MI | ▶ Last Name

Check here ▶ ☐ if this dependent does not have health care coverage

▶ 2. Social Security Number | 3. Relationship | 4. Regular | 5. 65 or over | DOB (MM/DD/YYYY) ▶

▶ 1. First Name | MI | ▶ Last Name

Check here ▶ ☐ if this dependent does not have health care coverage

▶ 2. Social Security Number | 3. Relationship | 4. Regular | 5. 65 or over | DOB (MM/DD/YYYY) ▶

▶ 1. First Name | MI | ▶ Last Name

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▶ 2. Social Security Number | 3. Relationship | 4. Regular | 5. 65 or over | DOB (MM/DD/YYYY) ▶

▶ 1. First Name | MI | ▶ Last Name

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▶ 1. First Name | MI | ▶ Last Name

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