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MARYLAND
FORM
502B

Dependents' Information
(Attach to Form 502, 505
or 515.)



20502B099

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▶ Your Social Security Number ▶ Spouse's Social Security Number

Print Using Blue or Black Ink Only
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	Relationship	Regular	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	Relationship	Regular	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	Relationship	Regular	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	Relationship	Regular	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	Relationship	Regular	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	Relationship	Regular	65 or over	DOB (MM/DD/YYYY) ▶

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MARYLAND
FORM
502B

Dependents' Information
(Attach to Form 502, 505
or 515.)



20502B199

2020

NAME

SSN

Page 2

1.	First Name	MI	Last Name	Check here ☐ if this dependent does not have health care coverage	
2.	Social Security Number	Relationship	Regular ☐	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	Relationship	Regular ☐	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	Relationship	Regular ☐	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	Relationship	Regular ☐	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	Relationship	Regular ☐	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	Relationship	Regular ☐	65 or over ☐	DOB (MM/DD/YYYY)