MARYLAND FORM 502

RESIDENT INCOME TAX RETURN

2020

205020099

$

OR FISCAL YEAR BEGINNING _____ 2020, ENDING _____

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

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**.

Print Using Blue or Black Ink Only

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 | State: MD | ZIP Code + 4 | Maryland County

Place your W-2 wage and tax statements and ATTACH HERE with one staple. Do not attach check or money order to Form 502. Attach check or money order to Form PV.

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. $** _____ . ☐

MARYLAND FORM 502 **RESIDENT INCOME TAX RETURN** **2020** Page 2

205020199

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 MARYLAND 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 (Add lines 2 through 5 plus line 3 of Form 502LU.) ▶ 6.
7. Total federal adjusted gross income and Maryland additions (Add lines 1 and 6.) 7.

SUBTRACTIONS FROM MARYLAND 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 (Add lines 8 through 14 plus line 7 of Form 502LU.) ▶ 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.**
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.

MARYLAND FORM **502**

RESIDENT INCOME TAX RETURN

205020299

2020 Page 3

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.
47.	**Amount of overpayment TO BE APPLIED TO 2021 ESTIMATED TAX**	▶ 47.

REFUND

48.	Amount of overpayment **TO BE REFUNDED TO YOU** (Subtract line 47 from line 46.) See line 51 **REFUND**	▶ 48.
49.	Check here ☐ if you are attaching Form 502UP. Enter interest charges from line 18 of Form 502UP ____ or for late filing ____	▶ 49.

AMOUNT DUE

50.	**TOTAL AMOUNT DUE** (Add lines 45 and 49.) **IF $1 OR MORE, PAY IN FULL WITH THIS RETURN. INCLUDE FORM PV.**	50.

MARYLAND FORM **502**

RESIDENT INCOME TAX RETURN

205020399

2020
Page 4

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)**

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