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72 73						
73	13	Other Subtractions Code Letter	2	Alpha		Code can be 1 or 2 letters. Single letter codes must be in first position
	13	Other Subtractions Code Letter	2	Alpha		Code can be 1 or 2 letters. Single letter codes must be in first position
	13	Other Subtractions Code Letter	2	Alpha		Code can be 1 or 2 letters. Single letter codes must be in first position
5	13	Other Subtractions Code Letter	2	Alpha		Code can be 1 or 2 letters. Single letter codes must be in first position
5	13	Total of Other Subtractions	12	Numeric		Whole dollars only
7	14	Two-income Subtraction	12	Numeric		Whole dollars only
8	15	Total Subtractions to Maryland Income	12	Numeric		Whole dollars only
9	17	Deduction Method -Standard	1	Alpha	Х	Check box, Blank or "S". "S" = box is marked, Blank = box is not marked
0	17	Deduction Method - Itemized	1	Alpha	Х	Check box, Blank or "I". "I" = box is marked, Blank = box is not marked
1	17a	Total Federal Itemized Deductions (from federal Schedule A)	12	Numeric		Whole dollars only
2	17b	State and Local Income Taxes	12	Numeric		Whole dollars only
3	17	Deduction Amount	12	Numeric		Whole dollars only
4	22	Earned Income Credit	12	Numeric		Whole dollars only
5	22a	Do not qualify Federal Earned Income Credit Checkbox	1	Numeric		Blank or "Y". "Y" = box is marked, Blank = box is not marked
	22b	MD Earned Income Credit with a qualifying child check box	1	Alpha		Blank or "Y". "Y" = box is marked, Blank = box is not marked
6	23	Poverty Level Credit	12	Numeric		Whole dollars only
7	35	Contribution to Chesapeake Bay/Endangered Species	12	Numeric		Whole dollars only
3	36	Contribution to Developmental Disabilities Services and Support Fund	12	Numeric		Whole dollars only
9	37	Contribution to Maryland Cancer Fund	12	Numeric		Whole dollars only
	38	Contribution to Fair Campaign Financing Fund	12	Numeric		Whole dollars only
1	J8	Total Maryland and Local Tax Withheld	12	Numeric		Whole dollars only
	40					
2	41	Estimated Tax paid, applied from prior year return and Amt paid with Ext. Request	12	Numeric		Whole dollars only
, 	42	Refundable Earned Income Credit	12	Numeric		Whole dollars only
1	45	Balance Due	12	Numeric		Whole dollars only
	46	Overpayment	12	Numeric		Whole dollars only
5	47	Amount of Overpayment to be applied as estimated tax	12	Numeric		Whole dollars only
7	48	Amount of Overpayment to be refunded - dollars	12	Numeric		Whole dollars only
8	48	Amount of Overpayment to be refunded - cents	2	Numeric		Cents
9	49	Form 502UP Attached	1	Alpha		Blank or "Y". "Y" = box is marked, Blank = box is not marked
00	49a	Total Interest Charges	12	Numeric		Whole dollars only
	49b	late filing interest	12	Numeric		Whole dollars only
	49c	Home-buyer withdrawal penalty	12	Numeric		Whole dollars only
01	н	Foreign Account Indicator	1	Alpha		Blank or "Y". "Y" = box is marked, Blank = box is not marked
02	н	Domestic Account Indicator	1	Alpha		Blank or "Y". "Y" = box is marked, Blank = box is not marked
	51a	Checking Account	1	Alpha		Blank or "C", "C" = box is marked, Blank = box is not marked
	51a	Savings Account	1	Alpha		Blank of "C" - C = box is marked, Blank = box is not marked Blank or "S". "S" = box is marked, Blank = box is not marked
			1			
05	51b	Routing Number	9	Numeric		Must be nine numbers
.06	51c	Account Number	17	A-N		Alpha-Numeric
.07	1	Daytime Phone Number	10	Numeric		No parenthesis, hyphens or spaces
.08	J	Code number	9	Numeric		up to 3, 3 digit code #'s in positions 1-3, 4-6 & 7-9
.09	к	Opt out of ef. Check box for authorizing your paid preparer not to file electronically	1	Alpha		Blank or "Y". "Y" = box is marked, Blank = box is not marked
.10	L	Opt in to elect to receive 1099G info electronically	1	Alpha		Blank or "Y". "Y" = box is marked, Blank = box is not marked
.11	M	Preparer's PTIN	9	Alpha/Numeric		6 - 9 digits
	N	Trailer	*EOD* <cr></cr>	Fixed		END OF BARCODE 1
		BARCODE 2 - FORM 502-B				
		DANCODE 2 - I ONIN 302-D				
INE #						
	FIELD	DESCRIPTION	FIELD SIZE	FIELD TYPE		COMMENTS, ACCEPTABLE VALUES, EDITS
	FIELD Header	DESCRIPTION Header Version Number	FIELD SIZE	FIELD TYPE Alpha-Numeric		COMMENTS, ACCEPTABLE VALUES, EDITS "T1"
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	Header Header Header Header	Header Version Number Developer Code Jurisdiction Code Description	FIELD SIZE 2 4 2 3	Alpha-Numeric Numeric Alpha Numeric		"T1" NACTP Vendor Code
1 2 3 4 5	Header Header Header Header Header	Header Version Number Developer Code Jurisdiction Code Description Specification Version	FIELD SIZE 2 4 2 3 2 2	Alpha-Numeric Numeric Alpha Numeric Numeric		"11" NACTP Vendor Code MD 5028 1
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03	Header Header Header Header Header Header	Header Version Number Developer Code Jurisdiction Code Description Specification Version Software Form Version	FIELD SIZE 2 4 2 3 2 2 2 2 2	Alpha-Numeric Numeric Alpha Numeric Numeric		"11" NACTP Vendor Code MD 5028 1
	Header Header Header Header Header Header Summary	Header Version Number Developer Code Jurisdiction Code Description Specification Version Software Form Version Total Regular Dependents	FIELD SIZE 2 4 2 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Alpha-Numeric Numeric Alpha Numeric Numeric Numeric Numeric		"11" NACTP Vendor Code MD 5028 1 00-99 00-99
04	Header Header Header Header Header Summary Summary	Header Version Number Developer Code Jurisdiction Code Description Specification Version Software Form Version Total Regular Dependents Total Dependents over 65	FIELD SIZE 2 4 2 3 2 2 2 2 2 2 2 2	Alpha-Numeric Numeric Alpha Numeric Numeric Numeric Numeric Numeric		T1° NACTP Vendor Code MD 5028 1 00-99 00-99 00-99
04	Header Header Header Header Header Summary Summary 1st Dep	Header Version Number Developer Code Jurisdiction Code Description Specification Version Software Form Version Total Regular Dependents Total Dependents over 65 Dependent's Last Name	FIELD SIZE 2 4 2 3 2 2 2 2 2 2 2 2 2 2 2 2 2 20	Alpha-Numeric Numeric Alpha Numeric Numeric Numeric Numeric Alpha		T1° NACTP Vendor Code MD 5028 00-99 00-99 00-99 00-99 Lst Name of Dependent
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125	6th Dep	Dependent's Last Name	20	Alpha		Last Name of Dependent
		Dependent's SSN	9	Numeric		required if line above has data
		Dependent does not have health care coverage	1	Alpha		Blank or "Y". "Y" = box is marked, Blank = box is not marked
		Dependent DOB	10	Δ-N		Alpha-Numeric; required if line above has "Y"
		Dependent's Last Name	20	Alpha		Last Name of Dependent
		Dependent's SSN	20	Numeric		required if line above has data
		Dependent does not have health care coverage	3	Alpha		Blank or "Y". "Y" = box is marked, Blank = box is not marked
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		Dependent does not have health care coverage	1	Alpha		Blank or "Y". "Y" = box is marked, Blank = box is not marked
		Dependent DOB	10	A-N		Alpha-Numeric; required if line above has "Y"
		Dependent's Last Name	20	Alpha		Last Name of Dependent
138		Dependent's SSN	9	Numeric		required if line above has data
139	9th Dep	Dependent does not have health care coverage	1	Alpha	XX	Blank or "Y". "Y" = box is marked, Blank = box is not marked
140	9th Dep	Dependent DOB	10	A-N	хх	Alpha-Numeric; required if line above has "Y"
141	10th Dep	Dependent's Last Name	20	Alpha		Last Name of Dependent
142	10th Dep	Dependent's SSN	9	Numeric	ХХ	required if line above has data
143	10th Dep	Dependent does not have health care coverage	1	Alpha	ХХ	Blank or "Y". "Y" = box is marked, Blank = box is not marked
144	10th Dep	Dependent DOB	10	A-N	хх	Alpha-Numeric; required if line above has "Y"
145	11th Dep	Dependent's Last Name	20	Alpha		Last Name of Dependent
146	11th Dep	Dependent's SSN	9	Numeric	ХХ	required if line above has data
147	11th Dep	Dependent does not have health care coverage	1	Alpha	ХХ	Blank or "Y". "Y" = box is marked, Blank = box is not marked
148	11th Dep	Dependent DOB	10	A-N	ХХ	Alpha-Numeric; required if line above has "Y"
149	12th Dep	Dependent's Last Name	20	Alpha		Last Name of Dependent
150	12th Dep	Dependent's SSN	9	Numeric	хх	required if line above has data
151	12th Dep	Dependent does not have health care coverage	1	Alpha	хх	Blank or "Y". "Y" = box is marked, Blank = box is not marked
152	12th Dep	Dependent DOB	10	A-N	хх	Alpha-Numeric; required if line above has "Y"
	N	Trailer	*EOD* <cr></cr>	Fixed		END OF BARCODE 1