2D BARCODE SPECIFICATIONS   MARYLAND FORM 502B

TAX YEAR 2021

LINE NUMBER	FIELD	DESCRIPTION	FIELD SIZE	FIELD TYPE	COMMENTS, ACCEPTABLE VALUES, EDITS
1	Header	Header Version Number	2	Alpha-Numeric	"T1"
2	Header	Developer Code	4	Numeric	NACTP Vendor code
3	Header	Jurisdiction Code	2	Alpha	MD
4	Header	Description	4	Numeric	502B
5	Header	Specification Version	2	Numeric	01
6	Header	Software Form Version	2	Numeric	00-99
7	Summary	Total Regular Dependents	2	Numeric	01-99
8	Summary	Total Dependents over 65	2	Numeric	01-99
9	1st Dep	Dependent's Last Name	20	Alpha	Last Name of Dependent
10	1st Dep	Dependent's SSN	9	Numeric	
11	1st Dep	Dependent does not have health care coverage	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
12	1st Dep	Dependent DOB	10	A-N	Alpha-Numeric
13	2nd Dep	Dependent's Last Name	20	Alpha	Last Name of Dependent
14	2nd Dep	Dependent's SSN	9	Numeric	
15	2nd Dep	Dependent does not have health care coverage	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
16	2nd Dep	Dependent DOB	10	A-N	Alpha-Numeric
17	3rd Dep	Dependent's Last Name	20	Alpha	Last Name of Dependent
18	3rd Dep	Dependent's SSN	9	Numeric	
19	3rd Dep	Dependent does not have health care coverage	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
20	3rd Dep	Dependent DOB	10	A-N	Alpha-Numeric
21	4th Dep	Dependent's Last Name	20	Alpha	Last Name of Dependent
22	4th Dep	Dependent's SSN	9	Numeric	
23	4th Dep	Dependent does not have health care coverage	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
24	4th Dep	Dependent DOB	10	A-N	Alpha-Numeric
25	5th Dep	Dependent's Last Name	20	Alpha	Last Name of Dependent
26	5th Dep	Dependent's SSN	9	Numeric	
27	5th Dep	Dependent does not have health care coverage	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
28	5th Dep	Dependent DOB	10	A-N	Alpha-Numeric
29	6th Dep	Dependent's Last Name	20	Alpha	Last Name of Dependent
30	6th Dep	Dependent's SSN	9	Numeric	
31	6th Dep	Dependent does not have health care coverage	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
32	6th Dep	Dependent DOB	10	A-N	Alpha-Numeric
33	7th Dep	Dependent's Last Name	20	Alpha	Last Name of Dependent
34	7th Dep	Dependent's SSN	9	Numeric	
35	7th Dep	Dependent does not have health care coverage	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
36	7th Dep	Dependent DOB	10	A-N	Alpha-Numeric
37	8th Dep	Dependent's Last Name	20	Alpha	Last Name of Dependent
38	8th Dep	Dependent's SSN	9	Numeric	
39	8th Dep	Dependent does not have health care coverage	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
40	8th Dep	Dependent DOB	10	A-N	Alpha-Numeric
41	9th Dep	Dependent's Last Name	20	Alpha	Last Name of Dependent
42	9th Dep	Dependent's SSN	9	Numeric	
43	9th Dep	Dependent does not have health care coverage	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
44	9th Dep	Dependent DOB	10	A-N	Alpha-Numeric
45	10th Dep	Dependent's Last Name	20	Alpha	Last Name of Dependent
46	10th Dep	Dependent's SSN	9	Numeric	
47	10th Dep	Dependent does not have health care coverage	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
48	10th Dep	Dependent DOB	10	A-N	Alpha-Numeric

49	11th Dep	Dependent's Last Name	20	Alpha	Last Name of Dependent
50	11th Dep	Dependent's SSN	9	Numeric	
51	11th Dep	Dependent does not have health care coverage	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
52	11th Dep	Dependent DOB	10	A-N	Alpha-Numeric
53	12th Dep	Dependent's Last Name	20	Alpha	Last Name of Dependent
54	12th Dep	Dependent's SSN	9	Numeric	
55	12th Dep	Dependent does not have health care coverage	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
56	12th Dep	Dependent DOB	10	A-N	Alpha-Numeric
57	A	Trailer			*EOD* <CR>
58		Leave this line blank.			
		Specification Version 01			