



Peter Franchot
Comptroller

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Revenue Administration Division

Maryland Form 502DEP 2022 Facsimile Specifications

Form Requirements

Size: 3 1/2" high by 8-1/2" long (If printing one per page, we recommend printing from the bottom of the page up so only one cut line is required.)

Paper: 24 lb. OCR bond

Layout: Per form 502DEP

502DEP	Field Name	Start Row	Start Column	End Row	End Column	Field Size	Format
	SCANLINE (PRIMARY)*	52	12	52	47	39	See below
	SECONDARY SSN	52	67	52	79	13	
	PRIMARYNAME	57	12	57	47	36	
	SECONDARY NAME	58	12	58	47	36	
	STREET ADDRESS 1	59	12	59	47	36	
	STREET ADDRESS 2	60	12	60	47	36	
	CITY, STATE, ZIPCODE	61	12	61	47	36	
	RETURN BY DATE	55	70	55	79	10	XX XX XXXX
	REMITTEDAMOUNT	62	62	62	79	15	XXXX XX

All data should print using OCR "A" font at 10 characters per inch.

Scanline Positions

1 through 3	First three numbers of SSN
4 through 5	Blank
6 through 7	Fourth and fifth numbers of SSN
8 through 9	Blank
10 through 13	Last four numbers of SSN
14 through 26	Blank
27 through 30	1st 4 letters of the last name (MUST BE ALL CAPS)
31 through 32	Blank
33 through 36	4 digit Tax Year
37 through 39	Blank
62 through 79	No lines for remittance amount field

1D Barcode:

The Division uses bar codes on scannable tax return forms. The format is as follows:

- 1 Digit start code (*)
- 2 Digit year (e.g. 19)
- 3 Digit form number (e.g. 502)
- 1 Digit form version (P)
- 1 Digit page – starting at 0 (e.g. page 1 should read 0)
- 2 Digit vendor code (assigned)
- 1 Digit stop code (*)

The bar code must be placed in the upper right-hand corner of the form in the same location as it appears on the official form. The bar code shall be 3" x ½" with at least ¼ inch of whitespace around the barcode.

Secondary Software Vendors:

Software companies using another vendor's forms should place their company name at the bottom of the form.

Return Address:

Please include the following return address with Form 502DEP:

COMPTROLLER OF MARYLAND
REVENUE ADMINISTRATION DIVISION
P.O. BOX 2903
ANNAPOLIS, MD 21404-2903

Approval:

Please submit at least 25 sample coupons **cut to size** for testing and approval. You may select your own test data. Five sets of 5 different returns are sufficient.

When using a **Delivery Service** such as Fed-Ex or UPS mail to:

Forms Manager
Revenue Administration Division
Room 208B
110 Carroll Street
Annapolis, MD 21411

When using the **U.S. Postal Service**, mail to:

Forms Manager
Revenue Administration Division
PO Box 1829
Annapolis, MD 21404-1829