2D Specification FORM 515 TAX YEAR 2022

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	3	Numeric	515
5	Header	Specification Version	2	Numeric	01
6	Header	Software Form Version	2	Numeric	00-99
7	A	Primary Social Security Number	9	Numeric	
8	A	Secondary Social Security Number	9	Numeric	
9	B	Primary Last Name	20	Alpha	Last Name of Taxpayer
10	B	Primary First Name	20	Alpha	First Name of Taxpayer
11	B	Primary Middle Initial	1	Alpha	Middle Initial of Taxpayer
12	B	Spouse Last Name	20	Alpha	Last Name of Spouse
13	B	Spouse First Name	20	Alpha	First Name of Spouse
14	B	Spouse Middle Initial	1	Alpha	Middle Initial of Spouse
15	B	Street Address 1	30	Alpha-Numeric	Street No., and Street Name or PO Box
16	B	Street Address 2	30	Alpha-Numeric	Apt No., Suite No., Floor No.
17	B	City	20	Alpha-Numeric	City, Town, or Post Office, Include Foreign Country
18	B	State	2	Alpha	Standard Post Office 2 letter abbreviation
19	B	Zip	10	Alpha-Numeric	5 + 4 US Zip code or up to 10 character foreign ZIP
20	C	Filing Status - Single	1	Numeric	Blank or "1". "1" = box is marked, Blank = box is not marked
21	C	Filing Status - Married Joint	1	Numeric	Blank or "2". "2" = box is marked, Blank = box is not marked
22	C	Filing Status - Married Separate	1	Numeric	Blank or "3". "3" = box is marked, Blank = box is not marked
23	C	Filing Status - Head of Household	1	Numeric	Blank or "4". "4" = box is marked, Blank = box is not marked
24	C	Filing Status - Qualifying widow(er) with dependent child	1	Numeric	Blank or "5". "5" = box is marked, Blank = box is not marked
25	C	Filing Status - Dependent Taxpayer	1	Numeric	Blank or "6". "6" = box is marked, Blank = box is not marked
26	C	Married Filing Separate Spouse SSN	9	Numeric	
27	D	State of Legal Residence	2	Alpha	
28	D	Tax withheld in error	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
29	E	Exemptions - You are over 65	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
30	E	Exemptions - You are Blind	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
31	E	Exemptions - Spouse is over 65	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
32	E	Exemptions - Spouse is Blind	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
33	E	Exemptions - Dependents	2	Numeric	0 - 99 or Blank
34	E	Exemptions - Total	2	Numeric	0 - 99 or Blank
35	17 (Col. 1)	Federal Adjusted Gross Income	12	Numeric	Whole dollars including cents
36	17 (Col. 3)	Non-Maryland Adjusted Gross Income	12	Numeric	Whole dollars including cents
37	19	Other Additions Code Letter	2	Alpha	Code can be 1 or 2 letters. Single letter codes must be in first position
38	19	Other Additions Code Letter	2	Alpha	Code can be 1 or 2 letters. Single letter codes must be in first position
39	19	Other Additions Code Letter	2	Alpha	Code can be 1 or 2 letters. Single letter codes must be in first position
40	19	Other Additions Code Letter	2	Alpha	Code can be 1 or 2 letters. Single letter codes must be in first position
41	20	Total Additions to Maryland Income	12	Numeric	Whole dollars including cents
42	22	Taxable Military Income of Nonresident	12	Numeric	Whole dollars including cents
43	23	Other Subtractions Code Letter	2	Alpha	Code can be 1 or 2 letters. Single letter codes must be in first position
44	23	Other Subtractions Code Letter	2	Alpha	Code can be 1 or 2 letters. Single letter codes must be in first position
45	23	Other Subtractions Code Letter	2	Alpha	Code can be 1 or 2 letters. Single letter codes must be in first position
46	23	Other Subtractions Code Letter	2	Alpha	Code can be 1 or 2 letters. Single letter codes must be in first position
47	24	Total Subtractions to Maryland Income	12	Numeric	Whole dollars including cents
48	27	Deduction Method -Standard	1	Alpha	Check box, Blank or "S". "S" = box is marked, Blank = box is not marked
49	27	Deduction Method - Itemized	1	Alpha	Check box, Blank or "I". "I" = box is marked, Blank = box is not marked
50	27	Deduction Amount	12	Numeric	Whole dollars including cents
51	34	Poverty Level Credit	12	Numeric	Whole dollars including cents
52	43	Contribution to Chesapeake Bay/Endangered Species	12	Numeric	Whole dollars including cents
53	44	Contribution to Developmental Disabilities Services and Support Fund	12	Numeric	Whole dollars including cents
54	45	Contribution to Maryland Cancer Fund	12	Numeric	Whole dollars including cents
55	46	Contribution to Fair Campagain Financing Fund	12	Numeric	Whole dollars including cents
56	48	Total Maryland and Local Tax Withheld	12	Numeric	Whole dollars including cents
57	49	Est Tax paid, applied from Prior Year Return and Amt Paid with Ext. Request	12	Numeric	Whole dollars including cents
58	53	Balance Due	12	Numeric	Whole dollars including cents
59	54	Overpayment	12	Numeric	Whole dollars including cents
60	55	Amount of Overpayment to be applied to Estimated Tax	12	Numeric	Whole dollars including cents
61	56	Amount of Overpayment to be refunded	12	Numeric	Whole dollars including cents
62	57	Total Interest Charges	12	Numeric	Whole dollars including cents
63	F	Daytime Telephone Number	10	Numeric	No parenthesis, hyphens or spaces
64	G	Agree to receive 1099G electronically	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
65	H	Preparer's PTIN	9	Alpha-Numeric	6 - 9 digits
66	I	Code number	9	Numeric	3 didit code
67	I	Code number	9	Numeric	3 didit code
68	I	Code number	9	Numeric	3 didit code
69	3a	Non Resident Earned Income from Form 505NR Line 3a	12	Numeric	Whole dollars including cents
70	6b	Non Resident Non MD Income from Form 505NR Line 6b	12	Numeric	Whole dollars including cents
71	J	Trailer			*EOD* <CR>
72		Leave this line blank.			
		Specification Version 01 11/22/22			