

SPECIFIC

BARCODE 1 - FORM 502 - 502B						
LINE #	FIELD	DESCRIPTION	FIELD SIZE	FIELD TYPE	REQUIRED	COMMENTS, ACCEPTABLE VALUES, EDITS
1	Header	Header Version Number	2	Alpha-Numeric		"1"
2	Header	Developer Code	4	Numeric		NACTP Vendor Code
3	Header	Jurisdiction Code	2	Alpha		MD
4	Header	Description	3	Numeric		
5	Header	Specification Version	2	Numeric		
6	Header	Software Form Version	2	Numeric		00-99
7	A	Primary Social Security Number	9	Numeric	X	
8	A	Secondary Social Security Number	9	Numeric		
9	B	Primary Last Name	20	Alpha	X	
10	B	Primary First Name	15	Alpha	X	
11	B	Primary Middle Initial	1	Alpha		
12	B	Spouse Last Name	20	Alpha		
13	B	Spouse First Name	15	Alpha		
14	B	Spouse Middle Initial	1	Alpha		
15	B	Street Address 1	30	Alpha-Numeric	X	
16	B	Street Address 2	30	Alpha-Numeric		
17	B	City	20	Alpha-Numeric	X	
18	B	State	2	Alpha	X	
19	B	Zip	10	Alpha-Numeric	X	5 + 4 US Zip code.
20	C	Physical Street Address - 4 Digit Political Subdivision Code	4	Numeric	X	Must be 4 digits
21	C	Maryland Political Subdivision	30	Alpha-Numeric	X	
22	C	Physical Street Address Line 1	30	Alpha-Numeric	X	
23	C	Physical Street Address Line 2	30	Alpha-Numeric		
24	C	Physical Street Address - City	20	Alpha-Numeric	X	
25	C	Physical Street Address - State	2	Alpha	X	Must be "MD" - no other states accepted
26	C	Physical Street Address - Zip	10	Numeric	X	5+4 US Zip Code - digits only - Add space
27	C	Physical Street Address - Maryland County	20	Alpha	X	Maryland County - If Baltimore City, leave blank
28	D	Filing Status - Single	1	Numeric	X	Blank or "1". "1" = box is marked, Blank = box is not marked
29	D	Filing Status - Married Joint	1	Numeric	X	Blank or "2". "2" = box is marked, Blank = box is not marked
30	D	Filing Status - Married Separate	1	Numeric	X	Blank or "3". "3" = box is marked, Blank = box is not marked
31	D	Filing Status - Head of Household	1	Numeric	X	Blank or "4". "4" = box is marked, Blank = box is not marked
32	D	Filing Status - Qualifying widow(er) with dependent child	1	Numeric	X	Blank or "5". "5" = box is marked, Blank = box is not marked
33	D	Filing Status - Dependent Taxpayer	1	Numeric	X	Blank or "6". "6" = box is marked, Blank = box is not marked
34	D	Married Filing Separate - Spouse SSN	9	Numeric	XX	Required if FS = 3
35	E	Residency Part-year or Military	2	Alpha		P, M, D, PM or Blank. P = Part year, M = Military, PM = part year and
36	F	Exemptions - You are 65 or over	1	Alpha		Blank or "Y". "Y" = box is marked, Blank = box is not marked
37	F	Exemptions - You are Blind	1	Alpha		Blank or "Y". "Y" = box is marked, Blank = box is not marked
38	F	Exemptions - Spouse is 65 or over	1	Alpha		Blank or "Y". "Y" = box is marked, Blank = box is not marked
39	F	Exemptions - Spouse is Blind	1	Alpha		Blank or "Y". "Y" = box is marked, Blank = box is not marked
40	F	Exemptions - Dependents	2	Numeric		0 - 99 or Blank
41	F	Exemptions - Total	2	Numeric	X	0 - 99 or Blank
42	G	You do not have health care coverage	1	Alpha		Blank or "Y". "Y" = box is marked, Blank = box is not marked
43	G	Yourself DOB	10	Numeric		Numeric
44	G	Spouse does not have health care coverage	1	Alpha		Blank or "Y". "Y" = box is marked, Blank = box is not marked
45	G	Spouse DOB	10	Numeric		Numeric
46	G	Authorize Health Benefit Exchange	1	Alpha		Blank or "Y". "Y" = box is marked, Blank = box is not marked
47	G	E-mail address	17	Alpha-Numeric		Alpha-Numeric
48	1	Adjusted Gross Income from Federal Return	12	Numeric		Whole dollars including cents
49	1a	Wages, Salaries & Tips	12	Numeric		Whole dollars including cents
50	1b	Earned Income	12	Numeric		Whole dollars including cents
51	1c	Capital Gain or (loss)	12	Numeric		Whole dollars including cents
52	1d	Taxable Pension, IRA, Annuities	12	Numeric		Whole dollars including cents
53	1e	Investment income greater than \$10,300	1	Alpha		Blank or "Y". "Y" = box is marked, Blank = box is not marked
54	2	Tax Exempt Interest	12	Numeric		Whole dollars including cents
55	3	State Retirement Plan	12	Numeric		Whole dollars including cents
56	4	Lump Sum Distributions	12	Numeric		Whole dollars including cents
57	5	Other Additions Code Letter	2	Alpha		Code can be 1 or 2 letters. Single letter codes must be in the first position
58	5	Other Additions Code Letter	2	Alpha		Code can be 1 or 2 letters. Single letter codes must be in the first position
59	5	Other Additions Code Letter	2	Alpha		Code can be 1 or 2 letters. Single letter codes must be in the first position
60	5	Other Additions Code Letter	2	Alpha		Code can be 1 or 2 letters. Single letter codes must be in the first position
61	5	Total of Other Additions	12	Numeric		Whole dollars including cents
62	6	Total Additions to Maryland Income	12	Numeric		Whole dollars including cents
63	8	Refunds, Credits & Offsets included in Line 1	12	Numeric		Whole dollars including cents
64	9	Child and dependent care expenses	12	Numeric		Whole dollars including cents
65	10a	Yourself Checkbox	1	Alpha		Blank or "Y". "Y" = box is marked, Blank = box is not marked
66	10a	Spouse Checkbox	1	Alpha		Blank or "Y". "Y" = box is marked, Blank = box is not marked
67	10a	Pension Exclusion (Worksheet 13A)	12	Numeric		Whole dollars including cents
68	10b	Yourself Checkbox	1	Alpha		Blank or "Y". "Y" = box is marked, Blank = box is not marked

139	5th Dep	Dependent does not have health care coverage	1	Alpha	xx	Blank or "Y". "Y" = box is marked, Blank = box is not marked
140	5th Dep	Dependent DOB	10	Numeric	xx	Numeric; required if line above has "Y"
141	6th Dep	Dependent's Last Name	20	Alpha		Last Name of Dependent
142	6th Dep	Dependent's SSN	9	Numeric	xx	required if line above has data
143	6th Dep	Dependent does not have health care coverage	1	Alpha	xx	Blank or "Y". "Y" = box is marked, Blank = box is not marked
144	6th Dep	Dependent DOB	10	Numeric	xx	Numeric; required if line above has "Y"
145	7th Dep	Dependent's Last Name	20	Alpha		Last Name of Dependent
146	7th Dep	Dependent's SSN	9	Numeric	xx	required if line above has data
147	7th Dep	Dependent does not have health care coverage	1	Alpha	xx	Blank or "Y". "Y" = box is marked, Blank = box is not marked
148	7th Dep	Dependent DOB	10	Numeric	xx	Numeric; required if line above has "Y"
149	8th Dep	Dependent's Last Name	20	Alpha		Last Name of Dependent
150	8th Dep	Dependent's SSN	9	Numeric	xx	required if line above has data
151	8th Dep	Dependent does not have health care coverage	1	Alpha	xx	Blank or "Y". "Y" = box is marked, Blank = box is not marked
152	8th Dep	Dependent DOB	10	Numeric	xx	Numeric; required if line above has "Y"
153	9th Dep	Dependent's Last Name	20	Alpha		Last Name of Dependent
154	9th Dep	Dependent's SSN	9	Numeric	xx	required if line above has data
155	9th Dep	Dependent does not have health care coverage	1	Alpha	xx	Blank or "Y". "Y" = box is marked, Blank = box is not marked
156	9th Dep	Dependent DOB	10	Numeric	xx	Numeric; required if line above has "Y"
157	10th Dep	Dependent's Last Name	20	Alpha		Last Name of Dependent
158	10th Dep	Dependent's SSN	9	Numeric	xx	required if line above has data
159	10th Dep	Dependent does not have health care coverage	1	Alpha	xx	Blank or "Y". "Y" = box is marked, Blank = box is not marked
160	10th Dep	Dependent DOB	10	Numeric	xx	Numeric; required if line above has "Y"
161	11th Dep	Dependent's Last Name	20	Alpha		Last Name of Dependent
162	11th Dep	Dependent does not have health care coverage	1	Alpha	xx	Blank or "Y". "Y" = box is marked, Blank = box is not marked
163	11th Dep	Dependent DOB	10	Numeric	xx	Numeric; required if line above has "Y"
164	12th Dep	Dependent's Last Name	20	Alpha		Last Name of Dependent
165	12th Dep	Dependent does not have health care coverage	1	Alpha	xx	Blank or "Y". "Y" = box is marked, Blank = box is not marked
166	12th Dep	Dependent DOB	10	Numeric	xx	Numeric; required if line above has "Y"
167	N	Trailer	*EOD* <CR>	Fixed		END OF BARCODE 1

Specification Version 01 12/17/22