

SPECIFIC

BARCODE 1 - FORM 502					Incomplete required fields do not highlight red	
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		502
5	Header	Specification Version	2	Numeric		1
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 military, D = different tax periods, and Blank = box is not marked
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
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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
69	10b	Spouse Checkbox	1	Alpha		Blank or "Y". "Y" = box is marked, Blank = box is not marked
70	10b	Pension Exclusion (Worksheet 13E)	12	Numeric		Whole dollars including cents
71	11	Taxable Social Security and Rail Road benefits	12	Numeric		Whole dollars including cents
72	12	Income Received During Period of Nonresidence	12	Numeric		Whole dollars including cents
73	13	Other Subtractions Code Letter	2	Alpha		Code can be 1 or 2 letters. Single letter codes must be in first position
74	13	Other Subtractions Code Letter	2	Alpha		Code can be 1 or 2 letters. Single letter codes must be in first position
75	13	Other Subtractions Code Letter	2	Alpha		Code can be 1 or 2 letters. Single letter codes must be in first position
76	13	Other Subtractions Code Letter	2	Alpha		Code can be 1 or 2 letters. Single letter codes must be in first position
77	13	Total of Other Subtractions	12	Numeric		Whole dollars including cents
78	14	Two-income Subtraction	12	Numeric		Whole dollars including cents
79	15	Total Subtractions to Maryland Income	12	Numeric		Whole dollars including cents
80	17	Deduction Method -Standard	1	Alpha	X	Check box, Blank or "S". "S" = box is marked, Blank = box is not marked
81	17	Deduction Method - Itemized	1	Alpha	X	Check box, Blank or "I". "I" = box is marked, Blank = box is not marked
82	17a	Total Federal Itemized Deductions (from federal Schedule A)	12	Numeric		Whole dollars including cents
83	17b	State and Local Income Taxes	12	Numeric		Whole dollars including cents
84	17	Deduction Amount	12	Numeric		Whole dollars including cents
85	22	Earned Income Credit	12	Numeric		Whole dollars including cents
86	23	Poverty Level Credit	12	Numeric		Whole dollars including cents
87	35	Contribution to Chesapeake Bay/Endangered Species	12	Numeric		Whole dollars including cents
88	36	Contribution to Developmental Disabilities Services and	12	Numeric		Whole dollars including cents
89	37	Contribution to Maryland Cancer Fund	12	Numeric		Whole dollars including cents
90	38	Contribution to Fair Campaign Financing Fund	12	Numeric		Whole dollars including cents
91	40	Total Maryland and Local Tax Withheld	12	Numeric		Whole dollars including cents
92	41	Estimated Tax paid, applied from prior year return and Amt	12	Numeric		Whole dollars including cents
93	42	Refundable Earned Income Credit	12	Numeric		Whole dollars including cents
94	45	Balance Due	12	Numeric		Whole dollars including cents
95	46	Overpayment	12	Numeric		Whole dollars including cents
96	47	Amount of Overpayment to be applied as estimated tax	12	Numeric		Whole dollars including cents
97	48	Amount of Overpayment to be refunded	12	Numeric		Whole dollars including cents
98	H	Form 502UP Attached check box	1	Alpha		Blank or "Y". "Y" = box is marked, Blank = box is not marked
99	49	Total Interest Charges; late filing; homebuyer withdrawal penalty	12	Numeric		Whole dollars including cents
100	I	Direct Deposit Authorization	1	Alpha		Blank or "Y". "Y" = box is marked, Blank = box is not marked
101	I	Foreign Account Indicator	1	Alpha		Blank or "Y". "Y" = box is marked, Blank = box is not marked
102	51a	Checking Account	1	Alpha		Blank or "C". "C" = box is marked, Blank = box is not marked
103	51a	Savings Account	1	Alpha		Blank or "S". "S" = box is marked, Blank = box is not marked
104	51b	Routing Number	9	Numeric		Must be nine numbers
105	51c	Account Number	17	Alpha-Numeric		Alpha-Numeric
106	J	Daytime Phone Number	10	Numeric		No parenthesis, hyphens or spaces
107	K	Code number	3	Numeric		3 digit code
108	K	Code number	3	Numeric		3 digit code
109	K	Code number	3	Numeric		3 digit code
110	L	Opt out of ef. Check box for authorizing your paid preparer	1	Alpha		Blank or "Y". "Y" = box is marked, Blank = box is not marked
111	L	Opt in to elect to receive 1099G info electronically	1	Alpha		Blank or "Y". "Y" = box is marked, Blank = box is not marked
112	M	Preparer's PTIN	9	Alpha-Numeric		6 - 9 digits
113	N	Trailer				*EOD* <CR>
114		Leave this line blank				

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