2D BARCODE SPECIFICATIONS MARYLAND FORM 502B

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	4	Alpha-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	Numeric	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	Numeric	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	Numeric	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	Numeric	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	Numeric	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	Numeric	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	Numeric	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	Numeric	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	Numeric	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	Numeric	Numeric
49	11th Dep	Dependent's Last Name	20	Alpha	Last Name of Dependent
50	11th Dep	Dependent does not have health care coverage	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
51	11th Dep	Dependent DOB	10	Numeric	Numeric
52	12th Dep	Dependent's Last Name	20	Alpha	Last Name of Dependent
53	12th Dep	Dependent does not have health care coverage	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
54	12th Dep	Dependent DOB	10	Numeric	Numeric
55	A	Trailer			*EOD* <CR>
56		Leave this line blank.			
		Specification Version 01 12/17/2022			