

2022

22502V099

Print Using Blue or  
Black Ink Only

|                          |                      |                      |                        |
|--------------------------|----------------------|----------------------|------------------------|
| <input type="text"/>     | <input type="text"/> | <input type="text"/> | <input type="text"/>   |
| Your first name          | MI                   | Last name            | Social Security Number |
| <input type="text"/>     | <input type="text"/> | <input type="text"/> | <input type="text"/>   |
| Spouse's first name      | MI                   | Last name            | Social Security Number |
| <input type="text"/>     |                      |                      |                        |
| Qualifying Organization* |                      |                      |                        |

\* **Qualifying Organizations** are nonprofit volunteer fire companies and other organizations qualified under Section 170 of the Internal Revenue Code, whose **principal purpose or function** is to provide medical, health or nutritional care.

|                                                                                                                                                    |    |    |     |
|----------------------------------------------------------------------------------------------------------------------------------------------------|----|----|-----|
| 1. Total mileage incurred in providing qualifying services from 01/01/22 to 06/30/22. . . . .                                                      | 1. |    |     |
| 2. Multiply line 1 by 58.5¢ (.585) and enter that amount here . . . . .                                                                            | 2. | \$ | .00 |
| 3. Total mileage incurred in providing qualifying services from 07/01/22 to 12/31/22 . . . . .                                                     | 3. |    |     |
| 4. Multiply line 3 by 62.5¢ (.625) and enter that amount here. . . . .                                                                             | 4. | \$ | .00 |
| 5. Add lines 2 and 4 and enter the total here . . . . .                                                                                            | 5. | \$ | .00 |
| 6. Reimbursement received from mileage on lines 1 and 3. . . . .                                                                                   | 6. | \$ | .00 |
| 7. Amount included as an itemized deduction on your Maryland return (See Instructions.) . . . . .                                                  | 7. | \$ | .00 |
| 8. Total Maryland deductions from mileage allowance (Add lines 6 and 7.). . . . .                                                                  | 8. | \$ | .00 |
| 9. Modifications for charitable vehicle expenses (Subtract line 8 from line 5.)<br>Enter on line q of Form 502SU or line q of Form 505SU . . . . . | 9. | \$ | .00 |

## INSTRUCTIONS

## COMPUTATION OF SUBTRACTION

You may subtract from federal adjusted gross income unreimbursed automobile travel expenses incurred in connection with service as a volunteer for a nonprofit volunteer fire company or other qualified organization. A qualified organization is an organization defined by Section 170 of the Internal Revenue Code whose principal purpose or function is to provide medical, health or nutritional care.

You may subtract the unreimbursed vehicle expense incurred while providing assistance, other than providing transportation, to handicapped individuals, as defined in Section 190 of the Internal Revenue Code, who are enrolled as students in Maryland community colleges.

The charitable expense modification is 58.5 cents per mile for the period of 01/01/2022 through 06/30/2022 and 62.5 cents per mile for the period of 07/01/2022 through 12/31/2022 to the extent this amount is unreimbursed.

The amount must be reduced by any reimbursement received for the charitable travel. The amount also must be reduced by any portion which is claimed as an itemized deduction on your Maryland income tax return for charitable vehicle expenses.

Total Mileage on line 1 and 3 of Form 502V should include the mileage traveled from home, performing the service and returning home. You should maintain the appropriate documentation.

For more information, visit **[www.marylandtaxes.gov](http://www.marylandtaxes.gov)** or email your question to [TAXHELP@marylandtaxes.gov](mailto:TAXHELP@marylandtaxes.gov). You may also call 1-800-638-2937 or from Central Maryland 410-260-7980.