## 2D Specification FORM 515 TAX YEAR 2024

| LINE     |                  |  |            |                    |  |
|----------|------------------|--|------------|--------------------|--|
| NUMBER   | FIELD            | DESCRIPTION  | FIELD SIZE | FIELD TYPE         | COMMENTS, ACCEPTABLE VALUES, EDITS   |
|          |                  |  |            |                    | 1000 A M   |
| 1        | Header           | Header Version Number  | 2          | Alpha-Numeric      | "T1"<br>NACTP Vendor Code  |
| 2        | Header<br>Header | Developer Code<br>Jurisdiction Code  | 2          | Numeric<br>Alpha   | MD   |
| 4        |                  | 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<br>11 | В                | Primary First Name   | 20         | Alpha              | First Name of Taxpayer   |
| 12       | B                | Primary Middle Initial<br>Spouse Last Name   | 20         | Alpha<br>Alpha     | Middle Initial of Taxpayer 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       | В                | Street Address 1   | 30         | Alpha-Numeric      | Street No., and Street Name or PO Box  |
| 16       | В                | Street Address 2   | 30         | Alpha-Numeric      | Apt No., Suite No., Floor No.  |
|          | В                | City, Town or Taxing Area  | 20         | Alpha-Numeric      | City, town, or Taxing Area   |
| 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       | D<br>C           | Zip<br>Eiling Status Single  | 10         | Alpha-Numeric      | 5 + 4 US Zip code or up to 10 character foreign ZIP  |
| 23<br>24 | c                | Filing Status - Single<br>Filing Status - Married Joint  | 1          | Numeric<br>Numeric | Blank or "1". "1" = box is marked, Blank = box is not marked<br>Blank or "2". "2" = box is marked, Blank = box is not marked |
| 25       | č                | Filing Status - Married Separate   | 1          | Numeric            | Blank or "3". "3" = box is marked, Blank = box is not marked   |
| 26       | C                | Filing Status - Head of Household  | 1          | Numeric            | Blank or "4". "4" = box is marked, Blank = box is not marked   |
| 27       | С                | Filing Status - Qualifying widow(er) with dependent child  | 1          | Numeric            | Blank or "5". "5" = box is marked, Blank = box is not marked   |
| 28       | С                | Filing Status - Dependent Taxpayer   | 1          | Numeric            | Blank or "6""6" = box is marked, Blank = box is not marked   |
| 29       | С                | Married Filing Separate Spouse SSN   | 9          | Numeric            |  |
| 30       | D                | State of Legal Residence   | 2          | Alpha              |  |
| 31       | D                | Tax withheld in error  | 1          | Alpha              | Blank or "Y". "Y" = box is marked, Blank = box is not marked   |
| 32<br>33 | E<br>F           | Exemptions - You are over 65   | 1          | Alpha              | Blank or "Y", "Y" = box is marked, Blank = box is not marked   |
| 33       | E                | Exemptions - You are Blind<br>Exemptions - Spouse is over 65   | 1          | Alpha<br>Alpha     | Blank or "Y". "Y" = box is marked, Blank = box is not marked<br>Blank or "Y". "Y" = box is marked, Blank = box is not marked |
| 35       | F                | Exemptions - Spouse is Blind   | 1          | Alpha              | Blank or "Y". "Y" = box is marked, Blank = box is not marked   |
| 36       | F                | Exemptions - Total   | 2          | Numeric            | 0 - 99 or Blank  |
| 37       | 17 (Col. 1)      | Federal Adjusted Gross Income  | 12         | Numeric            | Whole dollars including cents  |
| 38       |                  | Non-Maryland Adjusted Gross Income   | 12         | Numeric            | Whole dollars including cents  |
| 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       | 19               | Other Additions Code Letter  | 2          | Alpha              | Code can be 1 or 2 letters. Single letter codes must be in first position  |
| 42       | 19               | Other Additions Code Letter  | 2          | Alpha              | Code can be 1 or 2 letters. Single letter codes must be in first position  |
| 43       | 20<br>22         | Total Additions to Maryland Income   | 12         | Numeric            | Whole dollars including cents  |
| 44<br>45 | 23               | Taxable Military Income of Nonresident Other Subtractions Code Letter  | 2          | Numeric<br>Alpha   | Whole dollars including cents<br>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       | 23               | Other Subtractions Code Letter   | 2          | Alpha              | Code can be 1 or 2 letters. Single letter codes must be in first position  |
| 48       | 23               | Other Subtractions Code Letter   | 2          | Alpha              | Code can be 1 or 2 letters. Single letter codes must be in first position  |
| 49       | 24               | Total Subtractions to Maryland Income  | 12         | Numeric            | Whole dollars including cents  |
| 50       | 27               | Deduction Method -Standard   | 1          | Alpha              | Check box, Blank or "S". "S" = box is marked, Blank = box is not marked  |
| 51       | 27               | Deduction Method - Itemized  | 1          | Alpha              | Check box, Blank or "I". "I" = box is marked, Blank = box is not marked  |
| 52       | 27               | Deduction Amount   | 12         | Numeric            | Whole dollars including cents  |
| 53       |                  |  | 12         | Numeric            | Whole dollars including cents  |
| 54<br>55 | 43<br>44         | Contribution to Chesapeake Bay/Endangered Species Contribution to Developmental Disabilities Services and Support Fund | 12         | Numeric<br>Numeric | Whole dollars including cents<br>Whole dollars including cents   |
| 56       | 44<br>45         | Contribution to Developmental Disabilities Services and Support Fund   | 12         | Numeric            | Whole dollars including cents  |
| 57       | 46               | Contribution to Maryana Cancer Fund  | 12         | Numeric            | Whole dollars including cents  |
| 58       | 48               | Total Maryland and Local Tax Withheld  | 12         | Numeric            | Whole dollars including cents  |
| 59       | 49               | Est Tax paid, applied from Prior Year Return and Amt Paid with Ext. Request  | 12         | Numeric            | Whole dollars including cents  |
| 60       | 53               | Balance Due  | 12         | Numeric            | Whole dollars including cents  |
| 61       | 54               | Overpayment  | 12         | Numeric            | Whole dollars including cents  |
| 62       | 55               | Amount of Overpayment to be applied to Estimated Tax   | 12         | Numeric            | Whole dollars including cents  |
| 63       | 56               |  | 12         | Numeric            | Whole dollars including cents  |
| 64<br>65 | 57               | Total Interest Charges Daytime Telephone Number  | 12         | Numeric<br>Numeric | Whole dollars including cents<br>No parenthesis, hyphens or spaces   |
| 66       | G                | Agree to receive 1099G electronically  | 1          | Alpha              | Blank or "Y". "Y" = box is marked, Blank = box is not marked   |
| 67       | Н                | Preparer's PTIN  | 9          |                    | 6 - 9 digits   |
| 68       | 1                | Code number  | 3          | Numeric            | 3 digit code   |
| 69       | 1                | Code number  | 3          | Numeric            | 3 digit code   |
| 70       | 1                | Code number  | 3          | Numeric            | 3 digit code   |
| 71       | 3a               | Non Resident Earned Income from Form 505NR Line 3a   | 12         | Numeric            | Whole dollars including cents  |
|          | 6b               | Non Resident Non MD Income from Form 505NR Line 6b   | 12         | Numeric            | Whole dollars including cents  |
| 72       | 00               |  |            | I                  | *EOD* <cr></cr>  |
| 73       | J                | Trailer  |            |                    |  |
|          | J                | Trailer<br>Leave this line blank.  |            |                    |  |
| 73       | J                |  |            |                    |  |
| 73       | J                |  |            |                    |  |
| 73       | J                |  |            |                    |  |