LINE	FIELD	DESCRIPTION 505 - 2024	FIELD	FIELD TYPE	COMMENTS, ACCEPTABLE VALUES, EDITS
NUMBER	LIELD	DESCRIPTION 303 - 2024	SIZE	FIELD TIFE	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	3	Numeric	505
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	Α	Secondary Social Security Number	9	Numeric	
9	R B	Primary Last Name	20	Alpha	Last Name of Taxpayer
10	<u>Б</u>		20	Alpha	First Name of Taxpayer
11	R .	Primary Middle Initial	1	Alpha	Middle Initial of Taxpayer
12	B.		20	Alpha	Last Name of Spouse
13	B	Spouse First Name	20	Alpha	First Name of Spouse
10	В	Spouse Middle Initial	1	Alpha	Middle Initial of Spouse
• •	В		30	Alpha-Numeric	Street No. and Street Name or PO Box
16	B.		30	Alpha-Numeric	Apt No., Suite No., Floor No.
17	B.	City	20	Alpha-Numeric	City, Town, or Post Office, Include Foreign Country
	B B	State	2	Alpha Alpha	Standard Post Office 2 letter abbreviation
	<u>в</u> В	Zip	10	Alpha-Numeric	5 + 4 US Zip code, or up to 10 character foreign ZIP
18	ט	<u></u>	10	Alpha-Numeric	
20	С	Filing Status - Single	1	Numeric	Blank or "1". "1" = box is marked, Blank = box is not marked
21	С	Filing Status - Married Joint	1	Numeric	Blank or "2". "2" = box is marked, Blank = box is not marked
22	С	Filing Status - Married Separate	1	Numeric	Blank or "3". "3" = box is marked, Blank = box is not marked
23	С	Filing Status - Head of Household	1	Numeric	Blank or "4". "4" = box is marked, Blank = box is not marked
24	С	Filing Status - Qualifying widow(er) with dependent child	1	Numeric	Blank or "5". "5" = box is marked, Blank = box is not marked
25	С	Filing Status - Dependent Taxpayer	1	Numeric	Blank or "6". "6" = box is marked, Blank = box is not marked
26	С	Married Filing Separate - Spouse SSN	9	Numeric	
27	D	State of Legal Residence	2	Alpha	
28	E	Checkbox for Maryland taxes withheld in error	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
29	F	Exemptions - You are over 65	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
30	F	Exemptions - You are Blind	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
31	F	Exemptions - Spouse is over 65	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
32	F	Exemptions - Spouse is Blind	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
33	F	Exemptions Total	2	Numeric	0 - 99 or Blank
34	17 (Col. 1)	Federal Adjusted Gross Income	12	Numeric	Whole dollars including cents
	17 (Col. 3)	Non-Maryland Adjusted Gross Income	12	Numeric	Whole dollars including cents
	19	Other Additions Code Letter	2	Alpha	Code can be 1 or 2 letters. Single letter codes must be in first position
	19	Other Additions Code Letter	2	Alpha	Code can be 1 or 2 letters. Single letter codes must be in first position
	19	Other Additions Code Letter	2	Alpha	Code can be 1 or 2 letters. Single letter codes must be in first position
	19	Other Additions Code Letter	2	Alpha	Code can be 1 or 2 letters. Single letter codes must be in first position
	20	Total Additions to Maryland Income	12	Numeric	Whole dollars including cents
	22	Total Military Income of Nonresident	12	Numeric	Whole dollars including cents
	23	Other Subtractions Code Letter	2	Alpha	Code can be 1 or 2 letters. Single letter codes must be in first position
	23	Other Subtractions Code Letter	2	Alpha	Code can be 1 or 2 letters. Single letter codes must be in first position
	23	Other Subtractions Code Letter	2	Alpha	Code can be 1 or 2 letters. Single letter codes must be in first position
	23	Other Subtractions Code Letter	2	Alpha	Code can be 1 or 2 letters. Single letter codes must be in first position
	24	Total Subtractions from Maryland Income	12	Numeric	Whole dollars only
	26a	Deduction Method -Standard	1	Alpha	Check box, Blank or "S". "S" = box is marked, Blank = box is not marked
• •	26a 26a	Deduction Method - Standard  Deduction Method - Itemized	1	Alpha	Check box, Blank or "I". "I" = box is marked, Blank = box is not marked  Check box, Blank or "I". "I" = box is marked, Blank = box is not marked
	26b	Total Federal Itemized Deductions	12	Numeric	Whole dollars including cents
	26c	State and Local Income Taxes Included in Federal Schedule A	12	Numeric	Whole dollars including cents  Whole dollars including cents
	26c	Deduction Amount	12	Numeric	Whole dollars including cents
	33	Poverty Level Credit	12	Numeric	Whole dollars including cents  Whole dollars including cents
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	38 39	· · · · · · · · · · · · · · · · · · ·	12 12	Numeric	Whole dollars including cents
				Numeric	Whole dollars including cents
33	40	Contribution to Maryland Cancer Fund	12	Numeric	Whole dollars including cents
FC	4.4				
	<u>41</u> 43	Contribution to Fair Campaign Financing Fund Total Maryland and Local Tax Withheld	12 12	Numeric Numeric	Whole dollars including cents Whole dollars including cents

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58	44	Est Tax paid, applied from prior year return, Amt Paid with Ext. & Amt Paid with MW506NRS	12	Numeric	Whole dollars including cents					
59	45	Nonresident Tax Paid by Pass Through Entities	12	Numeric	Whole dollars including cents					
60	48	Balance Due	12	Numeric	Whole dollars including cents					
61	49	Overpayment	12	Numeric	Whole dollars including cents					
62	50	Amount of Overpayment to be applied to Estimated Tax	12	Numeric	Whole dollars including cents					
63	51	Amount of Overpayment to be applied to Estimated Tax  Amount of Overpayment to be refunded	12	Numeric	Whole dollars including cents					
64	52	Total Interest Charges	12	Numeric	Whole dollars including cents					
65	G	Direct Deposit Authorization (Domestic)	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked					
66	G	FAIB ( Foreign Account Indicator)	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked  Blank or "Y". "Y" = box is marked, Blank = box is not marked					
67	54a	Checking Account	1	Alpha	Blank or "C". "C" = box is marked, Blank = box is not marked					
68	54a	Savings Account	1	Alpha	Blank or "S". "S" = box is marked, Blank = box is not marked					
69	54b		9	Numeric	Must be nine numbers					
70	54c	Account Number	17	Alpha-Numeric	Must be nine numbers					
	H	OPT OUT of efiling. Check box for authorizing your paid preparer not to file electronically	17		Blank or "Y" "Y" = box is marked, Blank = box is not marked					
71	<u> </u> П		1	Alpha						
72	!	Opt in to elect to receive 1099G info electronically		Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked					
73	J	Daytime Telephone Number	10	Numeric	No parenthesis, hyphens or spaces					
74	K	Preparer's PTIN	9	Alpha-Numeric	6 - 9 digits					
75	L	Code Hallipol	9	Numeric	3 Digit Code					
76	L	\$	9	Numeric	3 Digit Code					
77	L		9	Numeric	3 Digit Code					
78	3a	Non Resident Earned Income from Form 505NR Line 3a	12		Whole dollars including cents					
79	6b	Non Resident Non MD Income from Form 505NR Line 6b	12	Numeric	Whole dollars including cents					
80	M	Trailer			*EOD* <cr></cr>					
81		Leave this line blank								
			1							
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