	MARYLAND FORM 502	RESIDENT INCOME TAX RETURN	42 44 46 48 50 52 54 56 58 60 62 64 66 68 70 72 41 43 45 47 49 51 53 55 57 59 61 63 65 67 69 71 7 4 4 4 4 4 5 47 49 51 51 53 55 57 59 61 61 63 46 5 67 69 71 7 4 4 5 4 7 49 51 51 53 55 57 59 61 61 63 65 67 69 71 7 5 5 5 5 7 59 61 61 63 65 67 69 71 7 5 5 5 5 7 59 61 61 63 65 67 69 71 7 6 5 5 5 5 7 59 61 61 63 65 67 69 71 7 7 5 5 5 5 5 7 59 61 61 63 65 67 69 71 7 7 5 5 5 5 5 7 59 61 61 63 65 67 69 71 7 7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	2024 \$
OR FISCA	L YEAR BEGINNING	G 2024, ENDING		
Your Social	Security Number	Spouse's Social Security Number		
Your First N	ame	MI		
Your Last N	ame	Does your name match the		
		name on your social security card? If not, to ensure you		
Spouse's Fii	rst Name	MI get credit for your personal exemptions, contact SSA at		
		1-800-772-1213 or visit ssa.gov .		
Spouse's La	st Name			
Current Mai	ling Address Line 1 (St	reet No. and Street Name or PO Box)		
Current Mai	ling Address Line 2 (A	pt No., Suite No., Floor No.) City or	Town State ZIP Code + 4	
Foreign Cou	intry Name		Foreign Province/State/County	
Foreign Pos	tal Code			
taxpay	/ers. See Instru	ction 6. Part-year residents see I	f December 31, 2024 or last day of the taxable year for fis nstruction 26. Subdivision (See Instruction 6)	scal year
4 Digit Maryla	Political Subdivision Co	ction 6. Part-year residents see I	nstruction 26.	scal year
4 Digit	Political Subdivision Co	ction 6. Part-year residents see I ode (See Instruction 6) Maryland Political s ne 1 (Street No. and Street Name) (No PO Box) ne 2 (Apt No., Suite No., Floor No.) (No PO Box)	nstruction 26. Subdivision (See Instruction 6)	scal year
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3	5 6 7 8 9 10 11 12 13 14 15 MARYL		29 31 33 35 37 39	41 43 45 47 49 51 53	54 55 57 58 60 61 62 64 66 67 68 70 71 72 3 55 57 59 61 63 65 67 69 71 73		31 ³ 83 ⁰⁴ 8
4	FOR		DENT INCOME			2024	
5			RETURN			Page 2	5
6	50	2			245020199		6
7							7
8	Name		SS	N			8
0							9
9	EXEMPTIONS					0.0	-
10	See Instruction 10.	A. Yourself	Spouse En	ter number checked	See Instruction 10 A. \$	00	10
11	Check appropriate						11
12	box(es). NOTE: If	B. ► 65 or over	▶ 65 or over				12
13	you are claiming dependents, you						13
14	must attach the	Blind	Blind En	ter number checked	X \$1,000 B. \$	00	14
15	Dependents'	Dima			X \$1,000		15
16	Information					00	16
17	Form 502B to this form to receive	C. Enter number from	n line 3 of Dependent Form !	502B	See Instruction 10 C. \$	00	17
	the applicable					0.0	
18	exemption amount.	D. Enter Total Exem	nptions (Add A, B and C.)		Total Amount D. \$	00	18
19							19
20		Check here 🕨	If you do not have health	care coverage	DOB (mm/dd/yyyy) 🕨		20
21	MARYLAND						21
22	HEALTH CARE	Check here 🕨	If your spouse does not h	ave health care coverage	DOB (mm/dd/yyyy)		22
23	COVERAGE						23
24	See Instruction 3.	Check here 🕨			ormation from this tax return with rmining pre-eligibility for no-cost or		24
25			low-cost health care cover		rinning pre-engibility for no-cost of		25
							-
26		E-mail address 🕨					26
27							27
28		 Adjusted gross in 	come from your federal retu	Jrn		00	28
29		1a. Wages, salaries a	and/or tips	la. 🗾	00		29
30	See Instruction 11.	1b. Earned income.		1b.	00		30
31		1c. Capital Gain or (I	oss)	1c.	00		31
32		1d. Taxable Pensions	, IRAs, Annuities (Attach F	orm 502R.) > 1d.			32
33					is more than \$11,600►		33
+++						0.0	34
34			est on state and local obliga	tions (bonds) other than M			-
35	ADDITIONS	3. State retirement	pickup	••••••••••••••••••		00	35
36	TO MARYLAND	4. Lump sum distrib	utions (from worksheet in I	nstruction 12.)	<u></u>	00	36
37		5. Other additions (I	Enter code letter(<mark>s) fro</mark> m Ins	struction 12.)		00	37
38	See Instruction 12.	6. Total additions (Add lines 2 through 5. See i	nstructions.)	6.	00	38
						0.0	

50		6. Lotal additions (Add lines 2 through 5. See instructions.)	
39		7. Total federal adjusted gross income and Maryland additions (Add lines 1 and 6.)7.	
10		8. Taxable refunds, credits or offsets of state and local income taxes included in line 1 ▶ 8.	
11	SUBTRACTIONS	9. Child and dependent care expenses	
42	FROM	10a. Pension exclusion from worksheet (13A) Yourself ► Spouse ► 10a.	
13	MARYLAND	10b. Ranger pension exclusion from worksheet (13E) Yourself > Spouse > > 10b > 10b	
14	INCOME	11. Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line 1 11.	
15	See Instruction 13.	12. Income received during period of nonresidence (See Instruction 26.) ▶ 12.	
16		13. Subtractions from attached Form 502SU	
17		14. Two-income subtraction from worksheet in Instruction 13	
18		15. Total subtractions (Add lines 8 through 14. See instructions.)	
19		16. Maryland adjusted gross income (Subtract line 15 from line 7.)	
50		All taxpayers must select one method and check the appropriate box. 50	
51	DEDUCTION	STANDARD DEDUCTION METHOD (Enter amount on line 17.) 51	
52	DEDUCTION METHOD	ITEMIZED DEDUCTION METHOD (Complete lines 17a and 17b.) 52	
53	See Instruction 16.	172 Total Edgest itemized deductions (from line 17 federal Schodule A) > 172	
54	See mstruction 10.	17b. State and local income taxes (See Instruction 14.)	
55		Subtract line 17b from line 17a and enter amount on line 17.	
56		17. Deduction amount (Part-year residents see Instruction 26 (I and m)	
57		18. Net income (Subtract line 17 from line 16.)	
58		19. Exemption amount from Exemptions area (See Instruction 10.)	
59		20. Taxable net income (Subtract line 19 from line 18.)	
50		60	

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23 25 27 29 31 33 35 37 RESIDENT INCOME TAX RETURN

	44		46	5	48		50		52		54	ł	56		58		60		62		64		66		68		70		72	
43		45		47	7	49		51		53		55	5	57		59		61		63		65		67		69		71		73
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	FORM	TAX RETURN	Page
	502		
Name		S\$N S\$N	
	21.	Maryland tax (from Tax Table or Computation Worksheet Schedules I or II)	0
MARYLAN		Recaptured credit from Part DD, line 1 of Form 502CR. (Attach Form 502CR) 21a.	0
	-	Earned income credit (EIC) (See Instruction 18.)	0
СОМРИТА			
		Check this box if you are claiming the Maryland Earned Income Credit, but do not qualify for the federal Earned Income Credit.	
		Check this box if you are claiming the Maryland Earned Income Credit with a qualifying child.	
	23.	Poverty level credit (See Instruction 18.)	0
		Other income tax credits for individuals from Part AA, line 14 of Form 502CR (Attach Form 502CR.) 24.	0
	25.	Business tax credits	rm 500CR
		Total credits (Add lines 22 through 25.)	0
		Maryland tax after credits (Add lines 21 and 21a, then subtract line 26.) If less than 0, enter 0.27.	0
	28	Local tax (See Instruction 19 for tax rates and worksheet.) Multiply line 20 by	
LOCAL TA COMPUTA	X	your local tax rate .0 or use the Local Tax Worksheet	0
		Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.) 29.	0
	30.	Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19.) 30.	0
	31.	Local tax credit from Part BB, line 1 of Form 502CR (Attach Form 502CR.)	0
	32.	Total credits (Add lines 29 through 31.)	0
	33.	Local tax after credits (Subtract line 32 from line 28.) If less than 0, enter 0	0
	34.	Total Maryland and local tax (Add lines 27 and 33.)	0
CONTRIBU	TTONS 35.	Contribution to Chesapeake Bay and Endangered Species Fund	
See Instructio	36.	Contribution to Developmental Disabilities Services and Support Fund ► 36.	
See mstructio	37.	Contribution to Maryland Cancer Fund	
	38.	Contribution to Fair Campaign Financing Fund	
		Total Maryland income tax, local income tax and contributions (Add lines 34 through 38.) . 39.	0
		Total Maryland and local tax withheld (Enter total from your W-2 and 1099 forms	
		and attach if MD tax is withheld.)	
	41.	2024 estimated tax payments, amount applied from 2023 return, payment made	
		with an extension request, and Form MW506NRS	━━━┫・┢━
		Refundable earned income credit (from worksheet in Instruction 21) ▶ 42.	┍━━━━┛╺┠━┥
		Refundable income tax credits from Part CC, line 10 of Form 502CR	
		(Attach Form 502CR and/or Schedule K-1 (Forms 510/511), if applicable. See Instruction 21.) 43.	━━━┥੶┝━
		Total payments and credits (Add lines 40 through 43.)	
	43.	Balance due (If line 39 is more than line 44, subtract line 44 from line 39. See Instruction 22.)	
	16	See Instruction 22.)	╤╤╤┫╵╞═
		Amount of overpayment TO BE APPLIED TO 2025 ESTIMATED TAX	╞╪╪╡╹╞╸
DEFINIT		Amount of overpayment TO BE REFUNDED TO YOU	┝┼┼┽┩╺┡┥
REFUND		(Subtract line 47 from line 46.) See line 51 REFUND ► 48.	┝┼┼┪┢┥
	49.	Check here if you are attaching Form 502UP. Enter interest charges from line 18,	┝┼┼┽┩╹┡┥
		or for late filing or homebuyer withdrawal penalty \blacktriangleright 49.	
AMOUNT	DUE 50.	TOTAL AMOUNT DUE (Add lines 45 and 49.)	++++ -
		IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN. INCLUDE FORM PV	
		20 22 24 26 28 30 32 34 36 38 40 42 44 46 48 50 52 54 56 58 60 62 64 66 68 70 72 74 73 40 40 40 71 73 40 10 10 10 10 10 10 10 10 10 10 10 10 10	

	MARYLAND	RESIDENT 1	INCOME	3 40 42 44 46 48 50 3 9 41 43 45 47 49			⁷⁶ 77 ⁷⁸ 79 ⁸⁰ 2024
	FORM 502	TAX RETUR	N				Page 4
	502				24502039	9	
Name DIREC	T DEPOSIT OF RE	FUND (See Instruct	ion 22) Ver	SSN	information is c	orrect and clearly legib	
				following. To split yo			
	Check here if you	authorize the State	e of Maryland	d to issue your refund	l by direct deposi	t	
		C 1 11					
	Check here if this	refund will go to ar	n account ou	tside of the United St	ates.		
51a. ⊤	ype of account: 🕨	Checking	Savings	51b. Routing Nun	nber (9-digits) 🕨		
51c. A	ccount Number 🕨						
F4 1 N							
51d. Na	ame(s) as it appear	s on the bank accou	unt				
-	aytime telephone no.	Home telephone	e no.			CODE NUMBERS (3 digits pe	r line)
Check I				his return with us. C		if you authorize your pa	Id
		nically. Check here		ou agree to receive yo	our 1099G Income	e Tax Refund statement	
	nically (See Instruct	-					
						chedules and statements and taxpayer, the declaration	
		the preparer has a					
Your sign	ature		Date	Spouse's sigr	ature	Date	
Drinted n	ame of the Preparer / or I			Ctroot addres		odduoon	
Finted no				Street addres	s of preparer or Firm's		
Signature	e of preparer other than t	axpayer (Required by La	aw)	City, State, Z	IP Code + 4		
				Telephone nu	mber of preparer	Preparer's PTIN (Required by L	
					inder of preparer	Preparer's PTIN (Required by L	.aw)
For ret		payments, mail you	r completed	return to:		e an online payment, scar le below and follow ins	
	Comptroller of I Revenue Admin	Maryland istration Division				r go to marylandtaxes	
	110 Carroll Stre	et				and click on Pay.	
	Annapolis, MD 2					「「「こうなん」「」	
				ey order to Form PV. yland. If filing individ			
you m	ust include the tax	payer's Social Secu	rity number	(SSN)/Individual Taxp	bayer		
include	e the Social Securit	y number/ITIN of th	ne primary ta	r. If filing jointly, you axpayer, tax year, and	d tax	29-50° - 21-	
type o	on the check or mor	ney order. Failure to	include this	information will delay money order to Form	y the	7535-744A	+++++
				of Form 502 and mail		而沿海道船	+++++
	Comptroller of I						
	Payment Proces PO Box 8888	ssing					
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	Annapolis, MD						
	Annapolis, MD .						