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**MARYLAND  
FORM  
502B**

**DEPENDENTS'  
INFORMATION**  
(Attach to Forms 502, 505 or 515.)



**2024**

9    
10 Your Social Security Number Spouse's Social Security Number

11    
12 Your First Name MI

13   
14 Your Last Name

15    
16 Spouse's First Name MI

17   
18 Spouse's Last Name

**Summary**

21  
22  
23  
24  
25 1. Enter the total number checked below for Regular dependents (4) ..... ▶ 1.   
26 2. Enter the total number checked below for dependents 65 or over (5) ..... ▶ 2.   
27 3. Total dependent exemptions (Add lines 1 and 2 and enter the total here and on line (C) of the  
28 Exemptions area of Form 502, 505 or 515.) ..... ▶ 3.

**Dependents** (If a dependent listed below is age 65 or over, check both 4 and 5.)

31  
32 ▶ 1.          
33 Social Security Number Relationship Regular 65 or over  
34 ▶ 2.  3.  4.  5.   
35 Check here  if this dependent does not have health care coverage  
36 DOB (MM/DD/YYYY) ▶   
37 You must provide the date of birth for the individual listed.

37  
38 ▶ 1.          
39 Social Security Number Relationship Regular 65 or over  
40 ▶ 2.  3.  4.  5.   
41 Check here  if this dependent does not have health care coverage  
42 DOB (MM/DD/YYYY) ▶   
43 You must provide the date of birth for the individual listed.

43  
44 ▶ 1.          
45 Social Security Number Relationship Regular 65 or over  
46 ▶ 2.  3.  4.  5.   
47 Check here  if this dependent does not have health care coverage  
48 DOB (MM/DD/YYYY) ▶   
49 You must provide the date of birth for the individual listed.

49  
50 ▶ 1.          
51 Social Security Number Relationship Regular 65 or over  
52 ▶ 2.  3.  4.  5.   
53 Check here  if this dependent does not have health care coverage  
54 DOB (MM/DD/YYYY) ▶   
55 You must provide the date of birth for the individual listed.

55  
56 ▶ 1.          
57 Social Security Number Relationship Regular 65 or over  
58 ▶ 2.  3.  4.  5.   
59 Check here  if this dependent does not have health care coverage  
60 DOB (MM/DD/YYYY) ▶   
61 You must provide the date of birth for the individual listed.

**MARYLAND  
FORM  
502B**

**DEPENDENTS'  
INFORMATION**  
(Attach to Forms 502, 505 or 515.)



24502B199

Name  SSN

▶ 1.  First Name  MI  Last Name   
▶ 2.  Social Security Number 3.  Relationship 4.  Regular 5.  65 or over  
Check here  if this dependent does not have health care coverage  
DOB (MM/DD/YYYY) ▶   
*You must provide the date of birth for the individual listed.*

▶ 1.  First Name  MI  Last Name   
▶ 2.  Social Security Number 3.  Relationship 4.  Regular 5.  65 or over  
Check here  if this dependent does not have health care coverage  
DOB (MM/DD/YYYY) ▶   
*You must provide the date of birth for the individual listed.*

▶ 1.  First Name  MI  Last Name   
▶ 2.  Social Security Number 3.  Relationship 4.  Regular 5.  65 or over  
Check here  if this dependent does not have health care coverage  
DOB (MM/DD/YYYY) ▶   
*You must provide the date of birth for the individual listed.*

▶ 1.  First Name  MI  Last Name   
▶ 2.  Social Security Number 3.  Relationship 4.  Regular 5.  65 or over  
Check here  if this dependent does not have health care coverage  
DOB (MM/DD/YYYY) ▶   
*You must provide the date of birth for the individual listed.*

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▶ 2.  Social Security Number 3.  Relationship 4.  Regular 5.  65 or over  
Check here  if this dependent does not have health care coverage  
DOB (MM/DD/YYYY) ▶   
*You must provide the date of birth for the individual listed.*

▶ 1.  First Name  MI  Last Name   
▶ 2.  Social Security Number 3.  Relationship 4.  Regular 5.  65 or over  
Check here  if this dependent does not have health care coverage  
DOB (MM/DD/YYYY) ▶   
*You must provide the date of birth for the individual listed.*

▶ 1.  First Name  MI  Last Name   
▶ 2.  Social Security Number 3.  Relationship 4.  Regular 5.  65 or over  
Check here  if this dependent does not have health care coverage  
DOB (MM/DD/YYYY) ▶   
*You must provide the date of birth for the individual listed.*

Final as of 09/25/2024