65 66

INCOME TAX CREDITS FOR INDIVIDUALS Attach to your tax return.



2024

65 66

		8
		9
		1
Your Social Security Number	Spouse's Social Security Number	1
		1:
		1
our First Name	MI	
our rist Name	1714	1
		1
		1
Your Last Name		1
		1
Spouse's First Name	MI	2
Spouse's Last Name		2
Poad Instructions for Form	502CR. Note: You must complete and submit pages 1 through 4 of this form to receive	
items listed.	302CK. Note: 100 must complete and submit pages 1 through 4 of this form to receive	
	R INCOME TAXES PAID TO OTHER STATES AND LOCALITIES	2
	dent, do not claim a credit for tax paid on nonresident income you included on Line 12	of the Form 502.
	for taxes paid to multiple states and/or localities, see instructions.	2
ii you are claiming a credit	for taxes paid to multiple states and/or localities, see instructions.	2
L. Enter your taxable net inc	come from Line 20, Form 502 (or Line 10, Form 504)	00 2
2. Taxable net income in oth	er state. Write on this Line only the net income which is taxable in both the other state	3
	taxed in the other state on income which is not taxable in Maryland, do not include that	3
	en the tax in the other state is a percentage of a tax based on your total income	3
		3
	must apply the same percentage to your taxable income in the other state to	00 3
determine the income tax		00 3
	ne (Subtract Line 2 from Line 1.) If less than zero, enter zero	
I. Enter the Maryland tax (s	um of Lines 21 and 21a, Form 502; or Line 11, Form 504). This is the Maryland tax	3
based on your total incom	ne for the year	00 3
 Tax on amount on Line 3. 	Compute the Maryland tax that would be due on the revised taxable net income by	3
using the Maryland Tax Ta	able or Computation Worksheet contained in the instructions for Forms 502 or 504.	3
Do not include the loca	l income tax	00 4
5. Tentative State tax credit	t (Subtract Line 5 from Line 4.) If less than zero, enter zero	00 4
	Line 28, Form 502 (or Line 18, Form 504). This is the Local tax based on your total	4
income for the year	7.	00 4
		4
	ine 3. Compute the Local tax that would be due on the revised taxable net income by	00 4
multiplying Line 3 by your		00 4
	(Subtract Line 8 from Line 7.) If less than zero, enter zero	
.O. Tentative Total tax credit	(Add Line 6 and Line 9.)	00
.1. Total state and local tax s	shown on tax return(s) filed with the state of (Enter 2-letter state code, code must be	4
entered for credit to be allo	owed) Enter the amount of your 2024 income tax liability (after deducting	4
any credits for personal e	xemptions) to the other state and locality in the other state (where applicable). Do not	5
enter state or locality tax	withheld from your W-2 forms. It is important that a copy of the tax return that	
	r state and/or locality be attached to your Maryland return	00
	to other state and/or locality. Your credit for taxes paid to another state and/or locality	
	actually paid (Line 11) or the reduction in Maryland tax resulting from the exclusion of	00
	and/or locality (Line 10). Write the lesser of Line 11 or Line 10 12.	00
State and Local Credits Allov		
	Tax Paid to other state (Lesser of Line 6 or Line 12). Enter on Line 1, Part AA P 13.	00 5
14. Local Credit for Income T	Tax Paid to other state (Subtract Line 13 from Line 12.) Enter on Line 1, Part BB . 14.	00 5
		5
		6
		6

11 MARYLAND FORM 502CR

1 2 3 3 5 6

65 66

INCOME TAX CREDITS FOR INDIVIDUALS

Attach to your tax return.



2024 Page 2

65 66

3	NAM	1E SSN					8
Э	PAI	RT B - CREDIT FOR CHILD AND DEPENDENT CARE EXPENSES					9
10	1.	Enter your federal adjusted gross income from Line 1 of Form 502	:	1.		00	10
11	2.	Enter your federal Child and Dependent Care Credit from federal Form 2441	1	2.		00	11
12	3.	Enter the decimal amount from the chart in the instructions that applies to the amount on Line 1	:	3.			12
13	4.	Multiply Line 2 by Line 3. Enter here and on Part AA, Line 2		4. [00	13
14	PAI	RT C - QUALITY TEACHER INCENTIVE CREDIT		T			14
15	1.	Enter the name of the Maryland public school system or a State or local correctional TAXPAYER A			TAXPAYER B		15
16		facility or qualified juvenile facility in which you are employed and teach 1.	1				16
17	2.		00 2			0.0	17
18	3.	No. 1 - 1 - 2 - 7 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2		3.		0.0	18
19	4.			1.		2 2	19
20	5.		00 5		1500	0.0	20
					1300		21
21	6.)() (). 		00	2.1
22	7.	Total (Add amounts from Line 6, for Taxpayers A and B). Enter here and		++	00		22
23	-	on Part AA, Line 3		#	00		23
24	PAI	RT D - CREDIT FOR AQUACULTURE OYSTER FLOATS					24
25	1.	Enter the amount paid to purchase an aquaculture oyster float(s)		\perp		0.0	25
26		Enter here and on Part AA, Line 4. This credit is limited. See Instructions		1		00	26
27	PAI	RT E - LONG-TERM CARE INSURANCE CREDIT: (THIS IS A ONE-TIME CREDIT.)					27
28	Ans	swer the questions and see instructions below before completing Columns A through E for each person					28
29	for	whom you paid long-term care insurance premiums.					29
30	Que	estion 1 - Did the insured individual have long-term care insurance prior to July 1, 2000?			Yes N	lo.	30
31	Que	estion 2 - Is the credit being claimed for the insured individual in this year by any other taxpayer?			Yes N	10	31
32	Que	estion 3 - Has credit been claimed by anyone for the insured individual in any other tax year?			Yes N	10	32
33	Que	estion 4 - Is the insured individual for whom the credit is being claimed a nonresident of Maryland?			Yes N	lo.	33
34	If y	you answered YES to any of the above questions, that insured person does NOT qualify for the credit					34
3.5	Con	mplete Columns A through D only for insured individuals who qualify for credit. Enter in Column E the lesser of	ho am			for	3.5
35			ile all	loui	nt of premium paid f	101	55
36		th insured person or: • \$470 for those insured who are 40 or less, as of 12/31/24	ile all	loui	nt or premium paid i	101	36
		ch insured person or: • \$470 for those insured who are 40 or less, as of 12/31/24 • \$500 for those insured who are over age 40, as of 12/31/24	ile all	loui	nt of premium paid f	101	36 37
	eac		ile all	ioui	nt or premium paid i	101	36 37 38
36	eac	• \$500 for those insured who are over age 40, as of 12/31/24	ile dii	ioui		101	36 37 38 39
36 37 38	eac	• \$500 for those insured who are over age 40, as of 12/31/24 d the amounts in Column E and enter the total on Line 5 (total) and on Part AA, Line 5. COLUMN A COLUMN B COLUMN C COLUMN D	ile dii	ioui	COLUMN E		36 37 38 39
36 37 38	eac	• \$500 for those insured who are over age 40, as of 12/31/24 d the amounts in Column E and enter the total on Line 5 (total) and on Part AA, Line 5.		Ioui			36 37 38 39 40
36 37 38 39	eac	• \$500 for those insured who are over age 40, as of 12/31/24 d the amounts in Column E and enter the total on Line 5 (total) and on Part AA, Line 5. COLUMN A COLUMN B COLUMN C COLUMN C NAME OF QUALIFYING INSURED AGE SOCIAL SECURITY RELATIONSHIP TO AMOUNT OF	00	1.	COLUMN E		
36 37 38 39 40	Add	• \$500 for those insured who are over age 40, as of 12/31/24 d the amounts in Column E and enter the total on Line 5 (total) and on Part AA, Line 5. COLUMN A COLUMN B COLUMN C COLUMN C NAME OF QUALIFYING INSURED AGE SOCIAL SECURITY RELATIONSHIP TO AMOUNT OF		1. [2.	COLUMN E	00	41
36 37 38 39 40 41	Add	• \$500 for those insured who are over age 40, as of 12/31/24 d the amounts in Column E and enter the total on Line 5 (total) and on Part AA, Line 5. COLUMN A COLUMN B COLUMN C COLUMN C NAME OF QUALIFYING INSURED AGE SOCIAL SECURITY RELATIONSHIP TO AMOUNT OF		1. <u></u>	COLUMN E	00	41
36 37 38 39 40 41 41 42 43	1. 2.	• \$500 for those insured who are over age 40, as of 12/31/24 d the amounts in Column E and enter the total on Line 5 (total) and on Part AA, Line 5. COLUMN B COLUMN C COLUMN C SOCIAL SECURITY NO. OF INSURED AGE NO. OF INSURED AGE PREMIUM PAID PORT AA, Line 5. COLUMN C AMOUNT OF PREMIUM PAID PORT AA, Line 5.	00	1. 2. 3.	COLUMN E	00	41
36 37 38 39 40 41 41 42 43 44 45	1. 2. 3.	• \$500 for those insured who are over age 40, as of 12/31/24 d the amounts in Column E and enter the total on Line 5 (total) and on Part AA, Line 5. COLUMN B NAME OF QUALIFYING INSURED NO. OF INSURED NO. OF INSURED PREMIUM PAID NO. OF INSURED NO.	000	1. 2. 3.	COLUMN E	000000000000000000000000000000000000000	41 42 43 44
36 37 38 39 40 41 42 43 44 45	1. 2. 3. 4.	• \$500 for those insured who are over age 40, as of 12/31/24 d the amounts in Column E and enter the total on Line 5 (total) and on Part AA, Line 5. COLUMN B NAME OF QUALIFYING INSURED AGE SOCIAL SECURITY NO. OF INSURED TAXPAYER PREMIUM PAID PREMIUM PAID TOTAL TOTAL	00	1. 2. 3.	COLUMN E	000000000000000000000000000000000000000	41 42 43 44 45
36 37 38 39 40 41 42 43 44 45 46	1. 2. 3. 4. 5. PAI	• \$500 for those insured who are over age 40, as of 12/31/24 d the amounts in Column E and enter the total on Line 5 (total) and on Part AA, Line 5. COLUMN B NAME OF QUALIFYING INSURED AGE SOCIAL SECURITY NO. OF INSURED TAXPAYER PREMIUM PAID NO. OF INSURED TOTAL RT F - CREDIT FOR PRESERVATION AND CONSERVATION EASEMENTS	000	1. 2. 3.	COLUMN E CREDIT AMOUNT	000000000000000000000000000000000000000	41 42 43 44 45
36 37 38 39 40 41 41 42 43 44 45 46 47	1. 2. 3. 4. 5. PAI	• \$500 for those insured who are over age 40, as of 12/31/24 d the amounts in Column E and enter the total on Line 5 (total) and on Part AA, Line 5. COLUMN B NAME OF QUALIFYING INSURED AGE SOCIAL SECURITY NO. OF INSURED TAXPAYER PREMIUM PAID NO. OF INSURED TAXPAYER RT F - CREDIT FOR PRESERVATION AND CONSERVATION EASEMENTS E members may not use the Form 502CR to claim this credit. TAXPAYER A	000	1. 2. 3.	COLUMN E	000000000000000000000000000000000000000	41 42 43 44 45 46 47
36 37 38 39 40 41 42 43 44 45 46 47 48	1. 2. 3. 4. 5. PAI	• \$500 for those insured who are over age 40, as of 12/31/24 d the amounts in Column E and enter the total on Line 5 (total) and on Part AA, Line 5. COLUMN B NAME OF QUALIFYING INSURED AGE SOCIAL SECURITY NO. OF INSURED NO. OF INSURED TAXPAYER PREMIUM PAID RT F - CREDIT FOR PRESERVATION AND CONSERVATION EASEMENTS E members may not use the Form 502CR to claim this credit. Enter the portion of the total current-year conveyance amount, and any	00 00 00 00 00	11. 22. 33. 44. 55. —	COLUMN E CREDIT AMOUNT	000000000000000000000000000000000000000	41 42 43 44 45 46 47 48
36 37 38 38 39 40 41 41 41 41 41 41 41 41 41 41 41 41 41	1. 2. 3. 4. 5. PAI	• \$500 for those insured who are over age 40, as of 12/31/24 d the amounts in Column E and enter the total on Line 5 (total) and on Part AA, Line 5. COLUMN B NAME OF QUALIFYING INSURED AGE NO. OF INSURED NO. OF INS	00 00 00 00 00	1. 2. 3.	COLUMN E CREDIT AMOUNT	000000000000000000000000000000000000000	41 42 43 44 45 46 47 48 49
36 37 38 39 40 41 42 41 43 44 45 46 47 48 49 50	1. 2. 3. 4. 5. PAI	• \$500 for those insured who are over age 40, as of 12/31/24 d the amounts in Column E and enter the total on Line 5 (total) and on Part AA, Line 5. COLUMN A NAME OF QUALIFYING INSURED AGE INDIVIDUAL PAGE NO. OF INSURED AGE NO. OF INSURED AMOUNT OF PREMIUM PAID PREMIUM PAID TOTAL TOTAL TOTAL TAXPAYER A Enter the portion of the total current-year conveyance amount, and any carryover from prior year(s), attributable to each taxpayer	00 00 00 00 00 00 00	11.	COLUMN E CREDIT AMOUNT	000000000000000000000000000000000000000	41 42 43 44 45 46 47 48 49 50 51
36 37 38 39 40 41 41 42 43 44 45 46 47 47 48 49 50 51	1. 2. 3. 4. 5. PAI	• \$500 for those insured who are over age 40, as of 12/31/24 d the amounts in Column E and enter the total on Line 5 (total) and on Part AA, Line 5. COLUMN A NAME OF QUALIFYING INSURED AGE SOCIAL SECURITY NO. OF INSURED NO. OF INSURED AMOUNT OF PREMIUM PAID RT F - CREDIT FOR PRESERVATION AND CONSERVATION EASEMENTS E members may not use the Form 502CR to claim this credit. Enter the portion of the total current-year conveyance amount, and any carryover from prior year(s), attributable to each taxpayer	00 00 00 00 00 00 00 00 00 00 00 00 00	11. 22. 33. 44. 55. —	COLUMN E CREDIT AMOUNT	000000000000000000000000000000000000000	41 42 43 44 45 46 47 48 49 50 51 52
36 37 38 39 40 41 42 43 44 45 46 47 47 48 49 50 51 52	1. 2. 3. 4. 5. PAI	• \$500 for those insured who are over age 40, as of 12/31/24 d the amounts in Column E and enter the total on Line 5 (total) and on Part AA, Line 5. COLUMN B NAME OF QUALIFYING INSURED INDIVIDUAL COLUMN B SOCIAL SECURITY RELATIONSHIP TO TAXPAYER PREMIUM PAID COLUMN D AMOUNT OF PREMIUM PAID CO	00 00 00 00 00 00 00 00 00 00 00 00 00	11.	COLUMN E CREDIT AMOUNT	000000000000000000000000000000000000000	41 42 43 44 45 46 47 48 49 50 51 52 53
36 37 38 39 40 41 42 43 44 45 45 47 45 50 51 52	1. 2. 3. 4. 5. PAI	• \$500 for those insured who are over age 40, as of 12/31/24 d the amounts in Column E and enter the total on Line 5 (total) and on Part AA, Line 5. COLUMN B NAME OF QUALIFYING INSURED INDIVIDUAL PROVIDED RELATIONSHIP TO AMOUNT OF PREMIUM PAID RELATIONSHIP TO TAXPAYER PREMIUM PAID TOTAL TOTAL TOTAL TAXPAYER A Enter the portion of the total current-year conveyance amount, and any carryover from prior year(s), attributable to each taxpayer taxpayer during 2024. Subtract Line 2 from Line 1. Enter the amount from Line 21 and 21a of Form 502; Line 32d of Form 505; Line 33 and 33a	00 00 00 00 00 00 00 00 00 00 00 00 00	11. 22. 33. 44. 55. —	COLUMN E CREDIT AMOUNT	000000000000000000000000000000000000000	41 42 43 44 45 46 47 48 49 50 51 52 53 54
36 37 38 39 40 41 41 41 41 41 41 41 41 41 41 41 41 41	1. 2. 3. 4. 5. PAI	• \$500 for those insured who are over age 40, as of 12/31/24 d the amounts in Column E and enter the total on Line 5 (total) and on Part AA, Line 5. COLUMN B NAME OF QUALIFYING INSURED INDIVIDUAL PROVIDED RELATIONSHIP TO AMOUNT OF PREMIUM PAID RELATIONSHIP TO TAXPAYER PREMIUM PAID TOTAL TOTAL TOTAL TAXPAYER A Enter the portion of the total current-year conveyance amount, and any carryover from prior year(s), attributable to each taxpayer taxpayer during 2024. Subtract Line 2 from Line 1. Enter the amount from Line 21 and 21a of Form 502; Line 32d of Form 505; Line 33 and 33a	00 00 00 00 00 00 00 00 00 00 00 00 00	11. 22. 33. 44. 55. —	COLUMN E CREDIT AMOUNT	000000000000000000000000000000000000000	41 42 43 44 45 46 47 48 49 50 51 52 53 54 55
36 37 38 39 40 41 41 41 41 41 41 41 41 41 41	1. 2. 3. 4. 5. PAI	• \$500 for those insured who are over age 40, as of 12/31/24 d the amounts in Column E and enter the total on Line 5 (total) and on Part AA, Line 5. COLUMN A NAME OF QUALIFYING INSURED AGE NO. OF INSURED NO. OF INS	00 00 00 00 00 00 00 00 00 00 00 00 00	11.	COLUMN E CREDIT AMOUNT	000000000000000000000000000000000000000	41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56
36 37 38 39 40 41 42 43 44 45 46 47 46 47 50 51 52 53 54 55 56 57	1. 2. 3. 4. 5. PAI 1. 2. 3. 4. 4. 4.	• \$500 for those insured who are over age 40, as of 12/31/24 d the amounts in Column E and enter the total on Line 5 (total) and on Part AA, Line 5. COLUMN A NAME OF QUALIFYING INSURED AGE NO. OF INSURED NO. OF INS	00 00 00 00 00 00 00 00 20 20 20 20 20 2	11.	COLUMN E CREDIT AMOUNT	000000000000000000000000000000000000000	41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57
36 37 38 39 40 41 41 43 44 45 46 47 48 49 50 51 55 56 57 58	1. 2. 3. 4. 5. PAI 1. 2. 3. 4. 4. 4.	• \$500 for those insured who are over age 40, as of 12/31/24 d the amounts in Column E and enter the total on Line 5 (total) and on Part AA, Line 5. COLUMN A NAME OF QUALIFYING INSURED AGE NO. OF INSURED AGE NO. OF INSURED AGE NO. OF INSURED AGE NO. OF INSURED AMOUNT OF PREMIUM PAID AMOUNT OF PRE	00 00 00 00 00 00 00 00 00 00 00 00 00	1.	COLUMN E CREDIT AMOUNT	000000000000000000000000000000000000000	41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58
36 37 38 39 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59	1. 2. 3. 4. 5. PAI 2. 3. 4. 5.	*\$500 for those insured who are over age 40, as of 12/31/24 d the amounts in Column E and enter the total on Line 5 (total) and on Part AA, Line 5. COLUMN A NAME OF QUALIFYING INSURED AGE SOCIAL SECURITY NO. OF INSURED TAXPAYER NO. OF INSURED TAXPAYER PREMIUM PAID TOTAL RT F - CREDIT FOR PRESERVATION AND CONSERVATION EASEMENTS Emembers may not use the Form 502CR to claim this credit. Enter the portion of the total current-year conveyance amount, and any carryover from prior year(s), attributable to each taxpayer Enter the amount of any payment received for the easement by each taxpayer during 2024. Subtract Line 2 from Line 1 Enter the amount from Line 21 and 21a of Form 502; Line 32d of Form 505; Line 33 and 33a of Form 515; Line 13 of Form 504 or \$5,000, whichever is less. See instructions4. Enter the lesser of Line 3 or 4 here. (If you itemize deductions, see Instruction 14.)	00 00 00 00 00 00 00 00 00 00 00 00 00	11. 22. 33. 44. 11. 11. 22. 23. 33. 55. 55. 55. 11. 11. 11. 11. 11. 11. 11	COLUMN E CREDIT AMOUNT	000000000000000000000000000000000000000	41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59
36 37 38 39 40 41 41 43 44 45 46 47 48 49 50 51 55 56 57 58	1. 2. 3. 4. 5. PAI 4. 5. 6.	• \$500 for those insured who are over age 40, as of 12/31/24 d the amounts in Column E and enter the total on Line 5 (total) and on Part AA, Line 5. COLUMN A NAME OF QUALIFYING INSURED AGE SOCIAL SECURITY RELATIONSHIP TO AMOUNT OF PREMIUM PAID NO. OF INSURED TAXPAYER FOR PRESERVATION AND CONSERVATION EASEMENTS Emembers may not use the Form 502CR to claim this credit. Enter the portion of the total current-year conveyance amount, and any carryover from prior year(s), attributable to each taxpayer taxpayer during 2024. Subtract Line 2 from Line 1 Subtract Line 2 from Sold or \$5,000, whichever is less. See instructions. 4. Enter the lesser of Line 3 or 4 here. (If you itemize deductions, see Instruction 14.) Total (Add amounts from Line 5 for Taxpayers A and B). Enter here and on Part AA, Line 6 Total (Add amounts from Line 5 for Taxpayers A and B). Enter here and on Part AA, Line 6 Total (Add amounts from Line 5 for Taxpayers A and B). Enter here and on Part AA, Line 6	00 00 00 00 00 00 00 00 00 00 00 00 00	11. 22. 33. 44. 11. 11. 22. 23. 33. 55. 55. 55. 11. 11. 11. 11. 11. 11. 11	COLUMN E CREDIT AMOUNT	000000000000000000000000000000000000000	41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58
36 37 38 39 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59	1. 2. 3. 4. 5. PAI 4. 5. 6.	• \$500 for those insured who are over age 40, as of 12/31/24 d the amounts in Column E and enter the total on Line 5 (total) and on Part AA, Line 5. COLUMN A NAME OF QUALIFYING INSURED AGE SOCIAL SECURITY RELATIONSHIP TO AMOUNT OF PREMIUM PAID NO. OF INSURED TAXPAYER FOR PRESERVATION AND CONSERVATION EASEMENTS Emembers may not use the Form 502CR to claim this credit. Enter the portion of the total current-year conveyance amount, and any carryover from prior year(s), attributable to each taxpayer taxpayer during 2024. Subtract Line 2 from Line 1 Subtract Line 2 from Sold or \$5,000, whichever is less. See instructions. 4. Enter the lesser of Line 3 or 4 here. (If you itemize deductions, see Instruction 14.) Total (Add amounts from Line 5 for Taxpayers A and B). Enter here and on Part AA, Line 6 Total (Add amounts from Line 5 for Taxpayers A and B). Enter here and on Part AA, Line 6 Total (Add amounts from Line 5 for Taxpayers A and B). Enter here and on Part AA, Line 6	00 00 00 00 00 00 00 00 00 00 00 00 00	11. 22. 33. 44. 11. 11. 22. 23. 33. 55. 55. 55. 11. 11. 11. 11. 11. 11. 11	COLUMN E CREDIT AMOUNT	000000000000000000000000000000000000000	41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59
36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 55 56 57 58 59 50	1. 2. 3. 4. 5. PAI 4. 5. 6.	• \$500 for those insured who are over age 40, as of 12/31/24 d the amounts in Column E and enter the total on Line 5 (total) and on Part AA, Line 5. COLUMN A NAME OF QUALIFYING INSURED AGE SOCIAL SECURITY RELATIONSHIP TO AMOUNT OF PREMIUM PAID NO. OF INSURED TAXPAYER FOR PRESERVATION AND CONSERVATION EASEMENTS Emembers may not use the Form 502CR to claim this credit. Enter the portion of the total current-year conveyance amount, and any carryover from prior year(s), attributable to each taxpayer taxpayer during 2024. Subtract Line 2 from Line 1 Subtract Line 2 from Sold or \$5,000, whichever is less. See instructions. 4. Enter the lesser of Line 3 or 4 here. (If you itemize deductions, see Instruction 14.) Total (Add amounts from Line 5 for Taxpayers A and B). Enter here and on Part AA, Line 6 Total (Add amounts from Line 5 for Taxpayers A and B). Enter here and on Part AA, Line 6 Total (Add amounts from Line 5 for Taxpayers A and B). Enter here and on Part AA, Line 6	00 00 00 00 00 00 00 00 00 00 00 00 00	11. 22. 33. 44. 11. 11. 22. 23. 33. 55. 55. 55. 11. 11. 11. 11. 11. 11. 11	COLUMN E CREDIT AMOUNT		41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60

MARYLAND **FORM 502CR**

1 2 3 64 5 6 7 8 9 10 COM/RAD-012, 7 18 1 9 20 98724.

1 2 3 3

INCOME TAX CREDITS FOR INDIVIDUALS

Attach to your tax return.



2024 Page 3

NAME SSN PART G - VENISON DONATION TAX CREDIT Enter the amount up to \$75 per donated deer of qualified expenses to butcher and process an antierless deer for human consumption. Enter here and on Part AA, Line 7. This credit is limited. See Instructions. 00 Number of antierless deer donated 13 13 PART H - COMMUNITY INVESTMENT TAX CREDIT ** must attach required certification This credit is limited to individual taxpayers who have elected not to claim this credit on Form 500CR. If you have an Excess Carryover on Form 14 15 500CR attributable to any credit other than the Community Investment Tax Credit (CITC), you are not eligible to claim the CITC on Form 502CR. You must use Form 500CR. Also, PTE members may not elect to use Form 502CR to claim the CITC. 00 17 Enter the amount of Excess CITC Carryover from 2023............. 00 18 2 19 3. 00 4. . 4. 00 21 PART I - ENDOW MARYLAND TAX CREDIT **must attach required certification 2.3 This credit is limited to individual taxpayers who have elected not to claim this credit on Form 500CR. 00 00 25 2. 26 2.6 3. 00 4. . . . 4. 00 28 28 Note: Line 2 of Part I requires an addition to income. See Instruction 12. PART J - PRECEPTORS IN AREAS WITH HEALTH CARE WORKFORCE SHORTAGES TAX CREDIT ** must attach required certification 32 Physician Preceptorship Tax Credit: Enter amount certified by Maryland Department of Health 00 33 34 2. 34 Nurse Practitioner Preceptorship Tax Credit: Enter amount certified by Maryland Department of Health 00 (See Instructions for specific requirements.) 36 36 Physician Assistant Preceptorship Tax Credit: Enter amount certified by Maryland Department of Health 3. 00 37 00 . 4. 38 39 39 PART K - INDEPENDENT LIVING TAX CREDIT ** must attach required certification Credit (Certified by the Maryland Department of Housing and Community Development) 00 41 41 PART L - ENDOWMENTS OF MARYLAND HISTORICALLY BLACK COLLEGES AND UNIVERSITIES TAX CREDIT 4.3 * must attach required certification 00 Credit (Certified by the Office of The Comptroller). Enter here and on Part AA Line 12. . . 1. PART M - SENIOR TAX CREDIT 4.5 $\mid 1 \mid$ 00 46 Enter the credit claimed here and on Part AA. Line 13 (See Instructions) PART AA - INCOME TAX CREDIT SUMMARY 00 4.8 48 1. Enter the amount from Part A, Line 13 (If more than one state, see Instructions.)......... 00 49 49 2. 00 50 3. 00 4 5. 00 6. 00 7. 00 8. 00 56 5.6 9. 10 00 58 58 11. 00 59 12. 00 60 Enter the amount from Part M, Line 1 13. 61 61 62

MARYLAND FORM **502CR**

1 2 3 3

2 3 64 5 6 7 8 9 10 COM (BAD 19 12 17 18 19 20 98724 3 24 25 26 27

INCOME TAX CREDITS FOR INDIVIDUALS



Attach to your tax return. NAME SSN Total (Add Lines 1 through 13.) Enter this amount on Line 24 of Form 502; Line 14 of Form 504; 14. PART BB - LOCAL INCOME TAX CREDIT SUMMARY Enter the amount from Part A, Line 14 (If more than one state, see Instructions.) Enter this amount on Line 31 of Form 502; Line 19 of Form 504. PART CC- REFUNDABLE INCOME TAX CREDITS 1. Student Loan Debt Relief Tax Credit (See Instructions.). Enter the amount and attach certification. 2. Maryland Historic Revitalization Tax Credit (See Instructions for Form 502S). Attach certification(s). . . . 3. Refundable Business Income Tax Credit (See Instructions for Form 500CR.) You must file your return electronically to claim a business income tax credit. 4. IRC Section 1341 Repayment Credit. (See Instructions and Administrative Release 40.) Attach documentation 5. Catalytic Revitalization Projects and Historic Revitalization Tax Credit 5a. Completed Projects 5b. Phased Projects Total Credit Claimed for Completed and Phased Projects (add Lines 5a. and 5b. Enter the result on Line 5.) 5. 6. 6. 7. 7. Refundable credit for Child and Dependent Care Expenses. (See Instructions.)...... 8. 9. Total. (Add Lines 1 through 9.) Enter this amount on Line 43 of Form 502, Line 46 of Form 505 or Line 51 of Form 515 10. PART DD- RECAPTURE OF PREVIOUSLY CLAIMED CREDIT Recapture of Student Loan Debt Relief Tax Credit for 2021 (See Instructions). Enter this amount on Line 21a of Form 502, Line 32d of Form 505, or Line 33a of Form 515. 4.3