

MARYLAND FORM 502INJ

INJURED SPOUSE CLAIM FORM

(Attach to the FRONT of your return.)



24502J099

2024

Taxpayer Information as shown on joint tax return

Enter the names and Social Security Number(s) exactly as shown on the tax return for which you are filing this form. The spouse's name and Social Security Number shown first on that tax return must also be shown first below.

Check here if injured spouse

Form fields for Taxpayer Information: First name, MI, Last name, Social Security Number for both taxpayer and spouse.

Form fields for Address: Street address, City or Town, State, ZIP code+4, Foreign Country Name, Foreign Province/State/County, Foreign Postal Code.

- Is the address on your joint return different from the address shown above?
Check this box only if you are divorced or separated from the spouse with whom you filed the joint return and you want your refund issued in your name only

Allocation Between Spouses See instructions.

ALLOCATION ITEMS

JOINT INJURED SPOUSE OTHER SPOUSE

A. Income items from Federal Form 1040

Table with 4 columns: Item description, JOINT, INJURED SPOUSE, OTHER SPOUSE. Rows include Wage, Other income, Adjustments to income.

B. Items from Maryland returns

Table with 4 columns: Item description, JOINT, INJURED SPOUSE, OTHER SPOUSE. Rows include Additions, Subtractions, Deductions, Exemptions, Earned income credit, Withholding taxes, Refundable earned income credit, Estimated taxes, Electing pass-through entities tax paid, Other credits.

The Comptroller's Office will calculate the amount that may be due to you based on the above information. You will be notified of the amount. Any portion of the joint refund due to you will be issued directly from the intercepting agency if the refund has already been intercepted.

Under penalties of perjury, I declare that I have examined this form, and to the best of my knowledge it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

Signature of injured spouse, Date, Daytime telephone no.

Signature of paid preparer Required by Law, Date, Preparer/Firm name (if applicable), PTIN Required by Law

Preparer's Mailing Address (PO Box, Number, Street and Apt. No), City or Town, State, ZIP Code+4