	MARYLAND FORM	RESIDENT INCOME TAX RETURN			⁷² 73 ⁷⁴ 75 ⁷⁶ 77 ⁷⁸ 79 ⁸⁰ 2024
	502				
				245020099	\$
OR FISCA	L YEAR BEGINNING	2024, ENDING	G		
Your Social	Security Number	Spouse's Social Security Number			
Your First N	ame	MI			
Your Last Na	ame	Does your name match the			
		name on your social security card? If not, to ensure you			
Spouse's Fir	st 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 Mail	ing 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 c	or Town	State ZIP Code + 4	
Foreign Cou	ntry Name		Foreign	Province/State/County	
Foreign Post	tal Code				
taxpay	ers. See Instru	Physical address of taxing area as ction 6. Part-year residents see (Maryland Politica)	Instruction 26.		or fiscal year
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4	FOF		2024 Page 2
5	50		
6		245020199	6
7	N		7
8	Name	SSN SSN	8
9	EXEMPTIONS		9
10	See Instruction 10.	A. Yourself Spouse Enter number checked See Instruction 10 A. \$	10
11	Check appropriate		11
12	box(es). NOTE: If you are claiming	B. ► 65 or over ► 65 or over	12
13	dependents, you		13
14 15	must attach the Dependents'	Blind	14
10	Information		16
17	Form 502B to this form to receive	C. Enter number from line 3 of Dependent Form 502B See Instruction 10 C. \$	10
18	the applicable		18
19	exemption amount.	D. Enter Total Exemptions (Add A, B and C.)	19
20		Check here F If you do not have health care coverage DOB (mm/dd/yyyy)	20
21	MARYLAND		20
21	HEALTH CARE	Check here F If your spouse does not have health care coverage DOB (mm/dd/yyyy) F	22
23	COVERAGE		23
24	See Instruction 3.	I authorize the Comptroller of Maryland to share information from this tax return with Check here Maryland Health Connection for the purpose of determining pre-eligibility for no-cost or	24
25		low-cost health care coverage.	25
26		E-mail address 🕨	26
27			27
28		1. Adjusted gross income from your federal return	28
29	INCOME	1a. Wages, salaries and/or tips	29
30	See Instruction 11.	1b . Earned income	30
31		1c. Capital Gain or (loss)	31
32		1d. Taxable Pensions, IRAs, Annuities (Attach Form 502R.) > 1d.	32
33		1e. Place a "Y" in this box if the amount of your investment income is more than \$11,600	33
34		2. Tax-exempt interest on state and local obligations (bonds) other than Maryland ▶ 2.	34
35	ADDITIONS	3. State retirement pickup	35
36	TO MARYLAND	4. Lump sum distributions (from worksheet in Instruction 12.)	36
37	INCOME	5. Other additions (Enter code letter(s) from Instruction 12.) ►	37
38	See Instruction 12.	6. Total additions (Add lines 2 through 5. See instructions.)	38
39		7. Total federal adjusted gross income and Maryland additions (Add lines 1 and 6.)	39
40		8. Taxable refunds, credits or offsets of state and local income taxes included in line 1 ▶ 8.	40
41	SUBTRACTIONS	9. Child and dependent care expenses	41
42		10a. Pension exclusion from worksheet (13A) Yourself ► Spouse ► A ► 10a.	42
43		10b. Ranger pension exclusion from worksheet (13E) Yourself ► Spouse ► ► ► 10b.	43
44	INCOME	11. Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line 1 • 11.	44
45	See Instruction 13.	12. Income received during period of nonresidence (See Instruction 26.)	45
46		13. Subtractions from attached Form 502SU	46
47		14. Two-income subtraction from worksheet in Instruction 13	47
48		15. Total subtractions (Add lines 8 through 14. See instructions.)	48
49		16. Maryland adjusted gross income (Subtract line 15 from line 7.)	49
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	METHOD	ITEMIZED DEDUCTION METHOD (Complete lines 17a and 17b.)	52
53	See Instruction 16.	17a. Total federal itemized deductions (from line 17, federal Schedule A) . ► 17a.	53
54		17b. State and local income taxes (See Instruction 14.) ▶ 17b.	54
55		Subtract line 17b from line 17a and enter amount on line 17.	55
56		17. Deduction amount (Part-year residents see Instruction 26 (I and m)	56
57		18. Net income (Subtract line 17 from line 16.)	57
58 59		19. Exemption amount from Exemptions area (See Instruction 10.)	59
~ /		20. Taxable net income (Subtract line 19 from line 18.)	

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8	Name		S\$N	8
9		21.	Maryland tax (from Tax Table or Computation Worksheet Schedules I or II)	9
10		21a	Recaptured credit from Part DD, line 1 of Form 502CR. (Attach Form 502CR)	10
11	MARYLAND TAX	22.	Earned income credit (EIC) (See Instruction 18.)	11
12	COMPUTATION		Check this box if you are claiming the Maryland Earned Income Credit,	12
13			but do not qualify for the federal Earned Income Credit.	13
14			Check this box if you are claiming the Maryland Earned Income Credit	14
15			with a qualifying child.	15
16		23.	Poverty level credit (See Instruction 18.)	16
17		24.	Other income tax credits for individuals from Part AA, line 14 of Form 502CR (Attach Form 502CR.) 24.	17
18		25.	Business tax credits You must file this form electronically to claim business tax credits on Form 500CR.	18
19			Total credits (Add lines 22 through 25.)	19
20		27.	Maryland tax after credits (Add lines 21 and 21a, then subtract line 26.) If less than 0, enter 0.27.	20
21	LOCAL TAX	28.	Local tax (See Instruction 19 for tax rates and worksheet.) Multiply line 20 by	21
22	COMPUTATION		your local tax rate .0 or use the Local Tax Worksheet	22
23			Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.) 29.	23
24			Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19.) 30.	24
25			Local tax credit from Part BB, line 1 of Form 502CR (Attach Form 502CR.)	25
26			Total credits (Add lines 29 through 31.)	26
27			Local tax after credits (Subtract line 32 from line 28.) If less than 0, enter 0	27
28			Total Maryland and local tax (Add lines 27 and 33.)	28
29	CONTRIBUTIONS		Contribution to Chesapeake Bay and Endangered Species Fund ▶ 35.	29
30	See Instruction 20.	36.	Contribution to Developmental Disabilities Services and Support Fund ▶ 36.	30
31	See Instruction 20.	37.	Contribution to Maryland Cancer Fund	31
32		38.	Contribution to Fair Campaign Financing Fund	32
33		39.	Total Maryland income tax, local income tax and contributions (Add lines 34 through 38.) . 39.	33
34		40.	Total Maryland and local tax withheld (Enter total from your W-2 and 1099 forms	34
35			and attach if MD tax is withheld.)	35
36		41.	2024 estimated tax payments, amount applied from 2023 return, payment made	36
37			with an extension request, and Form MW506NRS	37
38		42.	Refundable earned income credit (from worksheet in Instruction 21)	38
39		43.	Refundable income tax credits from Part CC, line 10 of Form 502CR	39
40			(Attach Form 502CR and/or Schedule K-1 (Forms 510/511), if applicable. See Instruction 21.) 43.	40
41		44.	Total payments and credits (Add lines 40 through 43.)	41
42		45.	Balance due (If line 39 is more than line 44, subtract line 44 from line 39.	42
43			See Instruction 22.)	43
44				44
45		47.	Amount of overpayment TO BE APPLIED TO 2025 ESTIMATED TAX	45
46	REFUND	48.	Amount of overpayment TO BE REFUNDED TO YOU	46
47			(Subtract line 47 from line 46.) See line 51	47
48		49.	Check here if you are attaching Form 502UP. Enter interest charges from Line 18,	48
49	AMOUNT DUE		or for late filing or homebuyer withdrawal penalty 49.	49
50		50.	TOTAL AMOUNT DUE (Add lines 45 and 49.)	50
51			IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN. INCLUDE FORM PV. > 50.	51
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	acoung an eer depo	sie or your reraina, co				
	Check here if you	ı authorize the State	of Maryland	to issue your refund by dire	ect deposit.	
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51a]	Type of account: 🕨	Checking	Savings	51b. Routing Number (9		
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51c. /	Account Number 🕨					
51d. N	ame(s) as it appear	rs on the bank accou	nt			
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Your sign Printed n Signatur	nature	Firm's name) Date	Spouse's signature Street address of prep City, State, ZIP Code + Telephone number of p	parer or Firm's address	
Your sign Printed n Signatur	nature	Firm's name) Date	Spouse's signature Street address of prep City, State, ZIP Code + Telephone number of p	preparer or Firm's address + 4 Preparer Preparer's PTIN (Required To make an online payment, s QR code below and follow	scan the instruc-
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