

MARYLAND FORM 502B

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



24502B099

2024

Print Using Blue or Black Ink Only

Your Social Security Number Spouse's Social Security Number

Your First Name MI

Your Last Name

Spouse's First Name MI

Spouse's Last Name

Summary

1. Enter the total number checked below for Regular dependents (4) ... 2. Enter the total number checked below for dependents 65 or over (5) ... 3. Total dependent exemptions (Add Lines 1 and 2 and enter the total here and on Line (C) of the Exemptions area of Form 502, 505 or 515.)

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

1. First Name MI Last Name Social Security Number Relationship Regular 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 Social Security Number Relationship Regular 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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**MARYLAND
FORM
502B**

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



Name SSN

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2. 3. 4. 5.
Check here if this dependent does not have health care coverage
DOB (MM/DD/YYYY)
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