## SPECIFIC

| | | BARCODE 1 - FORM 502 - 502B | | | | Incomplete required fields do not highlight red |
|---|---|---|---|---|---|---|
| LINE # | FIELD | DESCRIPTION | FIELD SIZE | FIELD TYPE | REQUIRED | COMMENTS, ACCEPTABLE VALUES, EDITS |
| 1 | Header | Header Version Number | 2 | Alpha-Numeric | | "T1" |
| 2 | Header | Developer Code | 4 | Numeric | | NACTP Vendor Code |
| 3 | Header | Jurisdiction Code | 2 | Alpha | | MD |
| 4 | Header | Description | 3 | Numeric | | 502 |
| 5 | Header | Specification Version | 2 | Numeric | | 1 |
| 6 | Header | Software Form Version | 2 | Numeric | | 00-99 |
| 7 | A | Primary Social Security Number | 9 | Numeric | X | |
| 8 | A | Secondary Social Security Number | 9 | Numeric | | |
| 9 | B | Primary Last Name | 20 | Alpha | X | |
| 10 | B | Primary First Name | 15 | Alpha | X | |
| 11 | B | Primary Middle Initial | 1 | Alpha | | |
| 12 | B | Spouse Last Name | 20 | Alpha | | |
| 13 | B | Spouse First Name | 15 | Alpha | | |
| 14 | B | Spouse Middle Initial | 1 | Alpha | | |
| 15 | B | Street Address 1 | 30 | Alpha-Numeric | X | |
| 16 | B | Street Address 2 | 30 | Alpha-Numeric | | |
| 17 | B | City | 20 | Alpha-Numeric | X | |
| 18 | B | State | 2 | Alpha | X | 2 Letters Only |
| 19 | B | Zip | 9 | Numeric | X | 5 + 4 US Zip code. |
| 20 | C | Physical Street Address - 4 Digit Political Subdivision Code | 4 | Numeric | X | Must be 4 digits |
| 21 | C | Maryland Political Subdivision | 30 | Alpha | X | |
| 22 | C | Physical Street Address Line 1 | 30 | Alpha-Numeric | X | |
| 23 | C | Physical Street Address Line 2 | 30 | Alpha-Numeric | | |
| 24 | C | Physical Street Address - City | 20 | Alpha-Numeric | X | |
| 25 | C | Physical Street Address - State | 2 | Alpha | X | Must be "MD" - no other states accepted |
| 26 | C | Physical Street Address - Zip | 9 | Numeric | X | 5+4 US Zip Code - digits only - Add space |
| 27 | C | Physical Street Address - Maryland County | 20 | Alpha | X | Maryland County - If Baltimore City, leave blank |
| 28 | D | Filing Status - Single | 1 | Numeric | X | Blank or "1". "1" = box is marked, Blank = box is not marked |
| 29 | D | Filing Status - Married Joint | 1 | Numeric | X | Blank or "2". "2" = box is marked, Blank = box is not marked |
| 30 | D | Filing Status - Married Separate | 1 | Numeric | X | Blank or "3". "3" = box is marked, Blank = box is not marked |
| 31 | D | Filing Status - Head of Household | 1 | Numeric | X | Blank or "4". "4" = box is marked, Blank = box is not marked |
| 32 | D | Filing Status - Qualifying Surviving Spouse with dependent child | 1 | Numeric | X | Blank or "5". "5" = box is marked, Blank = box is not marked |
| 33 | D | Filing Status - Dependent Taxpayer | 1 | Numeric | X | Blank or "6". "6" = box is marked, Blank = box is not marked |
| 34 | D | Married Filing Separate - Spouse SSN | 9 | Numeric | XX | Required if FS = 3 |
| 35 | E | Residency Part-year or Military | 2 | Alpha | | P, M, D, PM or Blank. P = Part year, M = Military, PM = part year and military, D = different tax periods, and Blank = box is not marked |
| 36 | F | Exemptions - You are 65 or over | 1 | Alpha | | Blank or "Y". "Y" = box is marked, Blank = box is not marked |
| 37 | F | Exemptions - You are Blind | 1 | Alpha | | Blank or "Y". "Y" = box is marked, Blank = box is not marked |
| 38 | F | Exemptions - Spouse is 65 or over | 1 | Alpha | | Blank or "Y". "Y" = box is marked, Blank = box is not marked |
| 39 | F | Exemptions - Spouse is Blind | 1 | Alpha | | Blank or "Y". "Y" = box is marked, Blank = box is not marked |
| 40 | F | Exemptions - Total | 2 | Numeric | X | 0 - 99 or Blank |
| 41 | G | You do not have health care coverage | 1 | Alpha | | Blank or "Y". "Y" = box is marked, Blank = box is not marked |
| 42 | G | Yourself DOB | 10 | Numeric | | Numeric |
| 43 | G | Spouse does not have health care coverage | 1 | Alpha | | Blank or "Y". "Y" = box is marked, Blank = box is not marked |
| 44 | G | Spouse DOB | 10 | Numeric | | Numeric |
| 45 | G | Authorize Health Benefit Exchange | 1 | Alpha | | Blank or "Y". "Y" = box is marked, Blank = box is not marked |
| 46 | G | E-mail address | 17 | Alpha-Numeric Special Characters | | Alpha-Numeric Special Characters |
| 47 | 1 | Adjusted Gross Income from Federal Return | 12 | Numeric | | Whole dollars including cents |
| 48 | 1a | Wages, Salaries & Tips | 12 | Numeric | | Whole dollars including cents |
| 49 | 1b | Earned Income | 12 | Numeric | | Whole dollars including cents |
| 50 | 1c | Capital Gain or (loss) | 12 | Numeric | | Whole dollars including cents |
| 51 | 1d | Taxable Pension, IRA, Annuities | 12 | Numeric | | Whole dollars including cents |
| 52 | 1e | Investment income greater than $11,600 | 1 | Alpha | | Blank or "Y". "Y" = box is marked, Blank = box is not marked |
| 53 | 2 | Tax Exempt Interest | 12 | Numeric | | Whole dollars including cents |
| 54 | 3 | State Retirement Plan | 12 | Numeric | | Whole dollars including cents |
| 55 | 4 | Lump Sum Distributions | 12 | Numeric | | Whole dollars including cents |
| 56 | 5 | Other Additions Code Letter | 2 | Alpha | | Code can be 1 or 2 letters. Single letter codes must be in the first position |
| 57 | 5 | Other Additions Code Letter | 2 | Alpha | | Code can be 1 or 2 letters. Single letter codes must be in the first position |
| 58 | 5 | Other Additions Code Letter | 2 | Alpha | | Code can be 1 or 2 letters. Single letter codes must be in the first position |
| 59 | 5 | Other Additions Code Letter | 2 | Alpha | | Code can be 1 or 2 letters. Single letter codes must be in the first position |
| 60 | 5 | Total of Other Additions | 12 | Numeric | | Whole dollars including cents |
| 61 | 6 | Total Additions to Maryland Income | 12 | Numeric | | Whole dollars including cents |
| 62 | 8 | Refunds, Credits & Offsets included in Line 1 | 12 | Numeric | | Whole dollars including cents |
| 63 | 9 | Child and dependent care expenses | 12 | Numeric | | Whole dollars including cents |
| 64 | 10a | Yourself Checkbox | 1 | Alpha | | Blank or "Y". "Y" = box is marked, Blank = box is not marked |
| 65 | 10a | Spouse Checkbox | 1 | Alpha | | Blank or "Y". "Y" = box is marked, Blank = box is not marked |
| 66 | 10a | Pension Exclusion (Worksheet 13A) | 12 | Numeric | | Whole dollars including cents |
| 67 | 10b | Yourself Checkbox | 1 | Alpha | | Blank or "Y". "Y" = box is marked, Blank = box is not marked |
| 68 | 10b | Spouse Checkbox | 1 | Alpha | | Blank or "Y". "Y" = box is marked, Blank = box is not marked |
| 69 | 10b | Pension Exclusion (Worksheet 13E) | 12 | Numeric | | Whole dollars including cents |
| 70 | 11 | Taxable Social Security and Rail Road benefits | 12 | Numeric | | Whole dollars including cents |

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|---|---|---|---|---|---|---|
| 71 | 12 | Income Received During Period of Nonresidence | 12 | Numeric | | Whole dollars including cents |
| 72 | 13 | Other Subtractions Code Letter | 2 | Alpha | | Code can be 1 or 2 letters. Single letter codes must be in first position |
| 73 | 13 | Other Subtractions Code Letter | 2 | Alpha | | Code can be 1 or 2 letters. Single letter codes must be in first position |
| 74 | 13 | Other Subtractions Code Letter | 2 | Alpha | | Code can be 1 or 2 letters. Single letter codes must be in first position |
| 75 | 13 | Other Subtractions Code Letter | 2 | Alpha | | Code can be 1 or 2 letters. Single letter codes must be in first position |
| 76 | 13 | Total of Other Subtractions | 12 | Numeric | | Whole dollars including cents |
| 77 | 14 | Two-income Subtraction | 12 | Numeric | | Whole dollars including cents |
| 78 | 15 | Total Subtractions to Maryland Income | 12 | Numeric | | Whole dollars including cents |
| 79 | 17 | Deduction Method -Standard | 1 | Alpha | X | Check box, Blank or "S". "S" = box is marked, Blank = box is not marked |
| 80 | 17 | Deduction Method - Itemized | 1 | Alpha | X | Check box, Blank or "I". "I" = box is marked, Blank = box is not marked |
| 81 | 17a | Total Federal Itemized Deductions (from federal Schedule A) | 12 | Numeric | | Whole dollars including cents |
| 82 | 17b | State and Local Income Taxes | 12 | Numeric | | Whole dollars including cents |
| 83 | 17 | Deduction Amount | 12 | Numeric | | Whole dollars including cents |
| 84 | 22 | Earned Income Credit | 12 | Numeric | | Whole dollars including cents |
| 85 | 23 | Poverty Level Credit | 12 | Numeric | | Whole dollars including cents |
| 86 | 35 | Contribution to Chesapeake Bay/Endangered Species | 12 | Numeric | | Whole dollars including cents |
| 87 | 36 | Contribution to Developmental Disabilities Services and | 12 | Numeric | | Whole dollars including cents |
| 88 | 37 | Contribution to Maryland Cancer Fund | 12 | Numeric | | Whole dollars including cents |
| 89 | 38 | Contribution to Fair Campaign Financing Fund | 12 | Numeric | | Whole dollars including cents |
| 90 | 40 | Total Maryland and Local Tax Withheld | 12 | Numeric | | Whole dollars including cents |
| 91 | 41 | Estimated Tax paid, applied from prior year return and Amt | 12 | Numeric | | Whole dollars including cents |
| 92 | 42 | Refundable Earned Income Credit | 12 | Numeric | | Whole dollars including cents |
| 93 | 45 | Balance Due | 12 | Numeric | | Whole dollars including cents |
| 94 | 46 | Overpayment | 12 | Numeric | | Whole dollars including cents |
| 95 | 47 | Amount of Overpayment to be applied as estimated tax | 12 | Numeric | | Whole dollars including cents |
| 96 | 48 | Amount of Overpayment to be refunded | 12 | Numeric | | Whole dollars including cents |
| 97 | 49 | Total Interest Charges; late filing; homebuyer withdrawal penalty | 12 | Numeric | | Whole dollars including cents |
| 98 | I | Direct Deposit Authorization | 1 | Alpha | | Blank or "Y". "Y" = box is marked, Blank = box is not marked |
| 99 | I | Foreign Account Indicator | 1 | Alpha | | Blank or "Y". "Y" = box is marked, Blank = box is not marked |
| 100 | 51a | Checking Account | 1 | Alpha | | Blank or "C". "C" = box is marked, Blank = box is not marked |
| 101 | 51a | Savings Account | 1 | Alpha | | Blank or "S". "S" = box is marked, Blank = box is not marked |
| 102 | 51b | Routing Number | 9 | Numeric | | Must be nine numbers |
| 103 | 51c | Account Number | 17 | Alpha-Numeric | | Alpha-Numeric |
| 104 | J | Daytime Phone Number | 10 | Numeric | | No parenthesis, hyphens or spaces |
| 105 | K | Code number | 3 | Numeric | | 3 digit code |
| 106 | K | Code number | 3 | Numeric | | 3 digit code |
| 107 | K | Code number | 3 | Numeric | | 3 digit code |
| 108 | L | Opt out of ef. Check box for authorizing your paid preparer | 1 | Alpha | | Blank or "Y". "Y" = box is marked, Blank = box is not marked |
| 109 | L | Opt in to elect to receive 1099G info electronically | 1 | Alpha | | Blank or "Y". "Y" = box is marked, Blank = box is not marked |
| 110 | M | Preparer's PTIN | 9 | Alpha-Numeric | | 6 - 9 digits |
| 111 | N | **Trailer** | ***EOD* <CR>** | **Fixed** | | **END OF BARCODE 1** |
| | | | | | | |
| | | **BARCODE 2 - FORM 502-B** | | | | |
| **LINE #** | **FIELD** | **DESCRIPTION** | **FIELD SIZE** | **FIELD TYPE** | | **COMMENTS, ACCEPTABLE VALUES, EDITS** |
| 1 | Header | Header Version Number | 2 | Alpha-Numeric | | "T1" |
| 2 | Header | Developer Code | 4 | Numeric | | NACTP Vendor Code |
| 3 | Header | Jurisdiction Code | 2 | Alpha | | MD |
| 4 | Header | Description | 4 | Alpha-Numeric | | **502B** |
| 5 | Header | Specification Version | 2 | Numeric | | 1 |
| 6 | Header | Software Form Version | 2 | Numeric | | 00-99 |
| 7 | Summary | Total Regular Dependents | 2 | Numeric | | 00-99 |
| 8 | Summary | Total Dependents over 65 | 2 | Numeric | | 00-99 |
| 9 | 1st Dep | Dependent's Last Name | 20 | Alpha | xx | Last Name of Dependent |
| 10 | 1st Dep | Dependent's SSN | 9 | Numeric | xx | required if line above has data |
| 11 | 1st Dep | Dependent does not have health care coverage | 1 | Alpha | | Blank or "Y". "Y" = box is marked, Blank = box is not marked |
| 12 | 1st Dep | Dependent DOB | 10 | Numeric | xx | Numeric; required if line above has "Y" |
| 13 | 2nd Dep | Dependent's Last Name | 20 | Alpha | xx | Last Name of Dependent |
| 14 | 2nd Dep | Dependent's SSN | 9 | Numeric | xx | required if line above has data |
| 15 | 2nd Dep | Dependent does not have health care coverage | 1 | Alpha | | Blank or "Y". "Y" = box is marked, Blank = box is not marked |
| 16 | 2nd Dep | Dependent DOB | 10 | Numeric | xx | Numeric; required if line above has "Y" |
| 17 | 3rd Dep | Dependent's Last Name | 20 | Alpha | xx | Last Name of Dependent |
| 18 | 3rd Dep | Dependent's SSN | 9 | Numeric | xx | required if line above has data |
| 19 | 3rd Dep | Dependent does not have health care coverage | 1 | Alpha | | Blank or "Y". "Y" = box is marked, Blank = box is not marked |
| 20 | 3rd Dep | Dependent DOB | 10 | Numeric | xx | Numeric; required if line above has "Y" |
| 21 | 4th Dep | Dependent's Last Name | 20 | Alpha | xx | Last Name of Dependent |
| 22 | 4th Dep | Dependent's SSN | 9 | Numeric | xx | required if line above has data |
| 23 | 4th Dep | Dependent does not have health care coverage | 1 | Alpha | | Blank or "Y". "Y" = box is marked, Blank = box is not marked |
| 24 | 4th Dep | Dependent DOB | 10 | Numeric | xx | Numeric; required if line above has "Y" |
| 25 | 5th Dep | Dependent's Last Name | 20 | Alpha | xx | Last Name of Dependent |
| 26 | 5th Dep | Dependent's SSN | 9 | Numeric | xx | required if line above has data |
| 27 | 5th Dep | Dependent does not have health care coverage | 1 | Alpha | | Blank or "Y". "Y" = box is marked, Blank = box is not marked |
| 28 | 5th Dep | Dependent DOB | 10 | Numeric | xx | Numeric; required if line above has "Y" |
| 29 | 6th Dep | Dependent's Last Name | 20 | Alpha | xx | Last Name of Dependent |
| 30 | 6th Dep | Dependent's SSN | 9 | Numeric | xx | required if line above has data |
| 31 | 6th Dep | Dependent does not have health care coverage | 1 | Alpha | | Blank or "Y". "Y" = box is marked, Blank = box is not marked |

| | | | | | | |
|---|---|---|---|---|---|---|
| 32 | 6th Dep | Dependent DOB | 10 | Numeric | xx | Numeric; required if line above has "Y" |
| 33 | 7th Dep | Dependent's Last Name | 20 | Alpha | xx | Last Name of Dependent |
| 34 | 7th Dep | Dependent's SSN | 9 | Numeric | xx | required if line above has data |
| 35 | 7th Dep | Dependent does not have health care coverage | 1 | Alpha | | Blank or "Y". "Y" = box is marked, Blank = box is not marked |
| 36 | 7th Dep | Dependent DOB | 10 | Numeric | xx | Numeric; required if line above has "Y" |
| 37 | 8th Dep | Dependent's Last Name | 20 | Alpha | xx | Last Name of Dependent |
| 38 | 8th Dep | Dependent's SSN | 9 | Numeric | xx | required if line above has data |
| 39 | 8th Dep | Dependent does not have health care coverage | 1 | Alpha | | Blank or "Y". "Y" = box is marked, Blank = box is not marked |
| 40 | 8th Dep | Dependent DOB | 10 | Numeric | xx | Numeric; required if line above has "Y" |
| 41 | 9th Dep | Dependent's Last Name | 20 | Alpha | xx | Last Name of Dependent |
| 42 | 9th Dep | Dependent's SSN | 9 | Numeric | xx | required if line above has data |
| 43 | 9th Dep | Dependent does not have health care coverage | 1 | Alpha | | Blank or "Y". "Y" = box is marked, Blank = box is not marked |
| 44 | 9th Dep | Dependent DOB | 10 | Numeric | xx | Numeric; required if line above has "Y" |
| 45 | 10th Dep | Dependent's Last Name | 20 | Alpha | xx | Last Name of Dependent |
| 46 | 10th Dep | Dependent's SSN | 9 | Numeric | xx | required if line above has data |
| 47 | 10th Dep | Dependent does not have health care coverage | 1 | Alpha | | Blank or "Y". "Y" = box is marked, Blank = box is not marked |
| 48 | 10th Dep | Dependent DOB | 10 | Numeric | xx | Numeric; required if line above has "Y" |
| 49 | 11th Dep | Dependent's Last Name | 20 | Alpha | xx | Last Name of Dependent |
| 50 | 11th Dep | Dependent does not have health care coverage | 1 | Alpha | | Blank or "Y". "Y" = box is marked, Blank = box is not marked |
| 51 | 11th Dep | Dependent DOB | 10 | Numeric | xx | Numeric; required if line above has "Y" |
| 52 | 12th Dep | Dependent's Last Name | 20 | Alpha | xx | Last Name of Dependent |
| 53 | 12th Dep | Dependent does not have health care coverage | 1 | Alpha | | Blank or "Y". "Y" = box is marked, Blank = box is not marked |
| 54 | 12th Dep | Dependent DOB | 10 | Numeric | xx | Numeric; required if line above has "Y" |
| 55 | **End of form** | **Trailer** | ***EOD* <CR>** | **Fixed** | | **END OF BARCODE 2** |
| 56 | | | | | | |

**Specification Version 01 09/30/24**