SPECIFIC						
	I	BARCODE 1 - FORM 502 - 502B				Incomplete required fields do not highlight red
NE#	FIELD	DESCRIPTION	FIELD SIZE	FIELD TYPE	REQUIRED	COMMENTS, ACCEPTABLE VALUES, EDITS
	Header	Header Version Number	2	Alpha-Numeric		"T1"
	Header	Developer Code	4	Numeric		NACTP Vendor Code
	Header	Jurisdiction Code	2	Alpha		MD
	Header	Description	3	Numeric		
	Header	Specification Version	2	Numeric		
	Header	Software Form Version Primary Social Security Number	0	Numeric Numeric	Y	00-99
	A	Secondary Social Security Number	9	Numeric	^	
	В	Primary Last Name	20	Alpha	X	
	В	Primary First Name	15	Alpha	X	
	В	Primary Middle Initial	1	Alpha		
	В	the second secon	20	Alpha	_	
	В	Spouse First Name Spouse Middle Initial	15	Alpha Alpha		
	B	Street Address 1	30	Alpha-Numeric	X	
	В		30	Alpha-Numeric		•
	В	City	20	Alpha-Numeric	X	
	В	State	2	Alpha	Х	2 Letters Only
	В	Zip	9	Numeric	X	5 + 4 US Zip code.
	С	Physical Street Address - 4 Digit Political Subdivision Code	4	Numeric	X	Must be 4 digits
	С	That years a subdivision	30	Alpha	X	
	C	,	30 30	Alpha-Numeric Alpha-Numeric	X	
	C	·	20	Alpha-Numeric Alpha-Numeric	X	
	c	Physical Street Address - City Physical Street Address - State	2	Alpha	X	Must be "MD" - no other states accepted
	c	Physical Street Address - Zip	9	Numeric	X	5+4 US Zip Code - digits only - Add space
	С		20	Alpha	Х	Maryland County - If Baltimore City, leave blank
	D	Filing Status - Single	1	Numeric	X	Blank or "1". "1" = box is marked, Blank = box is not marked
	D	Filing Status - Married Joint	1	Numeric	X	Blank or "2". "2" = box is marked, Blank = box is not marked
	D	Filing Status - Married Separate	1	Numeric	X	Blank or "3". "3" = box is marked, Blank = box is not marked
	D	Filing Status - Head of Household	1	Numeric	X	Blank or "4". "4" = box is marked, Blank = box is not marked
	D	Filing Status - Qualifying Surviving Spouse with dependent child	1	Numeric Numeric	X	Blank or "5". "5" = box is marked, Blank = box is not marked Blank or "6". "6" = box is marked, Blank = box is not marked
	D	Filing Status - Dependent Taxpayer Married Filing Separate - Spouse SSN	9	Numeric	XX	Required if FS = 3
	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
	F	Exemptions - You are 65 or over	1	Alpha		Blank or "Y". "Y" = box is marked, Blank = box is not marked
,	F	Exemptions - You are Blind	1	Alpha		Blank or "Y". "Y" = box is marked, Blank = box is not marked
	F	Exemptions - Spouse is 65 or over	1	Alpha		Blank or "Y". "Y" = box is marked, Blank = box is not marked
	F	Exemptions - Spouse is Blind	1	Alpha		Blank or "Y". "Y" = box is marked, Blank = box is not marked
	F	Exemptions - Total	2	Numeric	X	0 - 99 or Blank
	G	You do not have health care coverage	1	Alpha		Blank or "Y". "Y" = box is marked, Blank = box is not marked
	G	Yourself DOB Spouse does not have health care coverage	10	Numeric		Numeric Blank or "Y". "Y" = box is marked, Blank = box is not marked
	G	Spouse DOB	10	Alpha Numeric		Numeric
	G	Authorize Health Benefit Exchange	1	Alpha		Blank or "Y". "Y" = box is marked, Blank = box is not marked
	G	E-mail address	17	Alpha-Numeric Special Characters		Alpha-Numeric Special Characters
	1	Adjusted Gross Income from Federal Return	12	Numeric		Whole dollars including cents
	1a		12	Numeric		Whole dollars including cents
	1b	Eurited meonic	12	Numeric		Whole dollars including cents
	1c		12	Numeric		Whole dollars including cents
	1d		12	Numeric		Whole dollars including cents
	1e	Investment income greater than \$11,600 Tax Exempt Interest	1	Alpha Numeric		Blank or "Y". "Y" = box is marked, Blank = box is not marked Whole dollars including cents
	3		12	Numeric		Whole dollars including cents Whole dollars including cents
	4		12	Numeric		Whole dollars including cents Whole dollars including cents
	5	Other Additions Code Letter	2	Alpha		Code can be 1 or 2 letters. Single letter codes must be in the first positi
	5	Other Additions Code Letter	2	Alpha		Code can be 1 or 2 letters. Single letter codes must be in the first positi
	5	Other Additions Code Letter	2	Alpha		Code can be 1 or 2 letters. Single letter codes must be in the first positi
	5	Other Additions Code Letter	2	Alpha		Code can be 1 or 2 letters. Single letter codes must be in the first positi
	5		12	Numeric		Whole dollars including cents
	b	Total Additions to Maryland Income	12	Numeric		Whole dollars including cents
	0		12	Numeric Numeric		Whole dollars including cents Whole dollars including cents
	9 10a	Yourself Checkbox	1	Alpha		Blank or "Y". "Y" = box is marked, Blank = box is not marked
	10a	Spouse Checkbox	1	Alpha		Blank or "Y". "Y" = box is marked, Blank = box is not marked
	10a	Pension Exclusion (Worksheet 13A)	12	Numeric		Whole dollars including cents
	10b	Yourself Checkbox	1	Alpha		Blank or "Y". "Y" = box is marked, Blank = box is not marked
		Yourself Checkbox Spouse Checkbox Persion Exclusion (Worksheet 13E)	1	Alpha Alpha		Blank or "Y". "Y" = box is marked, Blank = box is not marked Blank or "Y". "Y" = box is marked, Blank = box is not marked

1	12	Income Received During Period of Nonresidence	12	Numeric		Whole dollars including cents
2	13	Other Subtractions Code Letter	2	Alpha		Code can be 1 or 2 letters. Single letter codes must be in first position
3	13	Other Subtractions Code Letter	2	Alpha		Code can be 1 or 2 letters. Single letter codes must be in first position
4	13	Other Subtractions Code Letter	2	Alpha		Code can be 1 or 2 letters. Single letter codes must be in first position
	13	Other Subtractions Code Letter	2	Alpha		Code can be 1 or 2 letters. Single letter codes must be in first position
	13	Total of Other Subtractions	12	Numeric		Whole dollars including cents
	14	Two-income Subtraction	12	Numeric		Whole dollars including cents
	15	Total Subtractions to Manuard Income	12	Numeric		Whole dollars including cents
	17	Deduction Method -Standard	1	Alpha	X	Check box, Blank or "S". "S" = box is marked, Blank = box is not marked
	17	Deduction Method - Itemized		Alpha		
			1		Х	Check box, Blank or "I". "I" = box is marked, Blank = box is not marked
	17a	Total Federal Itemized Deductions (from federal Schedule A)	12	Numeric		Whole dollars including cents
	17b	State and Local Income Taxes	12	Numeric		Whole dollars including cents
	17	Deduction Amount	12	Numeric		Whole dollars including cents
	22	Earned Income Credit	12	Numeric		Whole dollars including cents
	23	Poverty Level Credit	12	Numeric		Whole dollars including cents
	35	Contribution to Chesapeake Bay/Endangered Species	12	Numeric		Whole dollars including cents
-	36	Contribution to Developmental Disabilities Services and	12	Numeric		Whole dollars including cents
	37	Contribution to Maryland Cancer Fund	12	Numeric		Whole dollars including cents
	38	Contribution to Manyamo Cancer Fund	12	Numeric		Whole dollars including cents
			12			0
	40	Total Maryland and Local Tax Withheld	12	Numeric		Whole dollars including cents
	41	Estimated Tax paid, applied from prior year return and Amt	12	Numeric		Whole dollars including cents
	42	Refundable Earned Income Credit	12	Numeric		Whole dollars including cents
	45	Balance Due	12	Numeric		Whole dollars including cents
	46	Overpayment	12	Numeric		Whole dollars including cents
	47	Amount of Overpayment to be applied as estimated tax	12	Numeric		Whole dollars including cents
	48	Amount of Overpayment to be applied as estimated tax Amount of Overpayment to be refunded	12	Numeric		Whole dollars including cents Whole dollars including cents
	40	Amount or Overpayment to be refunded Total Interest Charges; late filing; homebuyer withdrawal penalty	12	Numeric Numeric		Whole dollars including cents Whole dollars including cents
	49					8
	1	Direct Deposit Authorization	1	Alpha		Blank or "Y". "Y" = box is marked, Blank = box is not marked
	1	Foreign Account Indicator	1	Alpha	•	Blank or "Y". "Y" = box is marked, Blank = box is not marked
	51a	Checking Account	1	Alpha		Blank or "C". "C" = box is marked, Blank = box is not marked
	51a	Savings Account	1	Alpha		Blank or "S". "S" = box is marked, Blank = box is not marked
	51b	Routing Number	9	Numeric		Must be nine numbers
	51c	Account Number	17	Alpha-Numeric		Alpha-Numeric
	1	Davtime Phone Number	10	Numeric Numeric		
	J		10			No parenthesis, hyphens or spaces
	K	Code number	3	Numeric		3 digit code
	K	Code number	3	Numeric		3 digit code
	K	Code number	3	Numeric		3 digit code
3	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
9	L	Opt in to elect to receive 1099G info electronically	1	Aloha		Blank or "Y". "Y" = box is marked, Blank = box is not marked
	М					
, ,						6 - 9 digits
	***	Preparer's PTIN	*FOD* <cp></cp>	Alpha-Numeric		6 - 9 digits
1	N	Trailer	*EOD* <cr></cr>	Fixed		6 - 9 digits END OF BARCODE I
	***	Trailer	*EOD* <cr></cr>			
	N	Trailer BARCODE 2 - FORM 502-B		Fixed		END OF BARCODE 1
	N	Trailer BARCODE 2 - FORM 502-B DESCRIPTION	*EOD* <cr></cr>	FIXED TYPE		END OF BARCODE 1 COMMENTS, ACCEPTABLE VALUES, EDITS
	N	Trailer BARCODE 2 - FORM 502-B		Fixed		END OF BARCODE 1
	N	Trailer BARCODE 2 - FORM 502-B DESCRIPTION		FIXED TYPE		END OF BARCODE 1 COMMENTS, ACCEPTABLE VALUES, EDITS
	N FIELD Header Header	Trailer BARCODE 2 - FORM 502-B DESCRIPTION Header Version Number Developer Code		Fixed FIELD TYPE Alpha-Numeric		END OF BARCODE I COMMENTS, ACCEPTABLE VALUES, EDITS "T1"
#	FIELD Header Header Header	Trailer BARCODE 2 - FORM 502-B DESCRIPTION Header Version Number Developer Code Jurisdiction Code		Fixed FIELD TYPE Alpha-Numeric Numeric Alpha		END OF BARCODE I COMMENTS, ACCEPTABLE VALUES, EDITS "I" NACTP Vendor Code MD
	FIELD Header Header Header Header	Trailer BARCODE 2 - FORM 502-B DESCRIPTION Header Version Number Developer Code Jurisdiction Code Description		Fixed FIELD TYPE Alpha-Numeric Numeric Alpha Alpha Alpha-Numeric		END OF BARCODE 1 COMMENTS, ACCEPTABLE VALUES, EDITS "T1" NACTP Vendor Code
	N Header Header Header Header	Trailer BARCODE 2 - FORM 502-B DESCRIPTION Header Version Number Developer Code Jurisdiction Code Description Specification Version Specification Version		Fixed FIELD TYPE Alpha-Numeric Numeric Alpha Alpha Alpha Alpha Numeric Numeric		END OF BARCODE 1 COMMENTS, ACCEPTABLE VALUES, EDITS "T1" NACTP Vendor Code MD 5028 1
	FIELD Header Header Header Header	Trailer BARCODE 2 - FORM 502-B DESCRIPTION Header Version Number Developer Code Jurisdiction Code Description		Fixed FIELD TYPE Alpha-Numeric Numeric Alpha Alpha Alpha-Numeric		END OF BARCODE 1 COMMENTS, ACCEPTABLE VALUES, EDITS "1" NACTP Vendor Code MD 5028 1 00-99
	N Header Header Header Header	Trailer BARCODE 2 - FORM 502-B DESCRIPTION Header Version Number Developer Code Jurisdiction Code Description Specification Version Specification Version		Fixed FIELD TYPE Alpha-Numeric Numeric Alpha Alpha Alpha Alpha Numeric Numeric		END OF BARCODE 1 COMMENTS, ACCEPTABLE VALUES, EDITS "T1" NACTP Vendor Code MD 5028 1
	FIELD Header Header Header Header Header Header	Trailer BARCODE 2 - FORM 502-B DESCRIPTION Header Version Number Developer Code Jurisdiction Code Description Specification Version Software Form Version		Fixed FIELD TYPE Alpha-Numeric Numeric Alpha Alpha-Numeric Numeric Numeric Numeric Numeric		END OF BARCODE 1 COMMENTS, ACCEPTABLE VALUES, EDITS "1" NACTP Vendor Code MD 5028 1 00-99
	N Header Header Header Header Header Header Header Summary Summary	Trailer BARCODE 2 - FORM 502-B DESCRIPTION Header Version Number Developer Code Jurisdiction Code Description Specification Version Software Form Version Total Regular Dependents Total Dependents over 65	HELD SIZE 2 4 2 2 2 2 2 2 2 2	Fixed FIELD TYPE Alpha-Numeric Numeric Alpha-Numeric Numeric Numeric Numeric Numeric Numeric Numeric Numeric		END OF BARCODE 1 COMMENTS, ACCEPTABLE VALUES, EDITS "T1" NACTP Vendor Code MD 5028 1 00-99 00-99 00-99
	FIELD Header Header Header Header Header Header Header Summary 1st Dep	Trailer BARCODE 2 - FORM 502-B DESCRIPTION Header Version Number Developer Code Jurisdiction Code Description Specification Version Software Form Version Total Regular Dependents Total Dependents over 65 Dependent's Last Name		Fixed Field TYPE Alpha-Numeric Numeric Alpha Alpha-Numeric Numeric Numeric Numeric Numeric Numeric Numeric Numeric Alpha Alpha-Numeric Alpha Alpha-Numeric Alpha	xx	END OF BARCODE 1 COMMENTS, ACCEPTABLE VALUES, EDITS "I" NACTP Vendor Code MD 5028 1 00-99 00-99 10-99 Last Name of Dependent
	N Header Header Header Header Header Header Summary Summary Summary Sumbary Summary Sumbary Summary Summary Summary	Trailer BARCODE 2 - FORM 502-B DESCRIPTION Header Version Number Developer Code Jurisdiction Code Description Specification Version Specification Version Software Form Version Total Regular Dependents Total Dependents over 65 Dependent's Last Name Dependent's SSN	HELD SIZE 2 4 2 2 2 2 2 2 2 2	Fixed FIELD TYPE Alpha-Numeric Alpha Alpha-Numeric Numeric		END OF BARCODE I COMMENTS, ACCEPTABLE VALUES, EDITS "I" NACTP Vendor Code MD 502B 1 00-99 00-99 00-99 00-99 10-9
	N FIELD Header Header Header Header Header Header Header Summary 1st Dep 1st Dep	Trailer BARCODE 2 - FORM 502-B DESCRIPTION Header Version Number Developer Code Jurisdiction Code Description Specification Version Software Form Version Total Regular Dependents Total Dependents over 65 Dependent's Last Name Dependent's Last Name Dependent's Gos not have health care coverage	HELD SIZE 2 4 2 2 2 2 2 2 2 2 1 1	Fixed Fieto Type Alpha-Numeric Alpha-Numeric Alpha Alpha-Numeric Numeric Numeric Numeric Numeric Numeric Numeric Numeric Numeric Numeric Alpha	xx xx	END OF BARCODE 1 COMMENTS, ACCEPTABLE VALUES, EDITS "T1" NACTP Vendor Code MD 502B 1 00-99 00-99 00-99 Last Name of Dependent required if line above has data Blank or "V", "Y" = box is marked, Blank = box is not marked
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	N FIELD Header Header Header Header Header Header Header Summary 1st Dep 1st Dep	Trailer BARCODE 2 - FORM 502-B DESCRIPTION Header Version Number Developer Code Jurisdiction Code Description Specification Version Software Form Version Total Regular Dependents Total Dependents over 65 Dependent's Last Name Dependent's Last Name Dependent's Gos not have health care coverage	HELD SIZE 2 4 2 2 2 2 2 2 2 2 1 1	Fixed Fieto Type Alpha-Numeric Alpha-Numeric Alpha Alpha-Numeric Numeric Numeric Numeric Numeric Numeric Numeric Numeric Numeric Numeric Alpha	xx xx	END OF BARCODE 1 COMMENTS, ACCEPTABLE VALUES, EDITS "T1" NACTP Vendor Code MD 502B 1 00-99 00-99 00-99 Last Name of Dependent required if line above has data Blank or "V", "Y" = box is marked, Blank = box is not marked
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	N FIELD Header Jummary Jist Dep	Trailer BARCODE 2 - FORM 502-B DESCRIPTION Header Version Number Developer Code Jurisdiction Code Description Specification Version Software Form Version Total Regular Dependents Total Regular Dependents Total Dependent's Last Name Dependent's SSN Dependent's Company Dependent Dos Dependent Dos Dependent Dos Dependent Dos Dependent's Last Name Dependent's Last Name	FIELD SIZE 2 4 2 2 4 2 2 2 2 2 2 2 1 1 10	Fixed Fieto Type Alpha-Numeric Alpha-Numeric Alpha Alpha-Numeric Numeric Numeric Numeric Numeric Numeric Numeric Alpha Alpha Numeric	xx xx xx	END OF BARCODE 1 COMMENTS, ACCEPTABLE VALUES, EDITS "T1" NACTP Vendor Code MD 502B 1 00-99 00-99 00-99 1 Last Name of Dependent required if line above has data Blank or "V", "Y" = box is marked, Blank = box is not marked Numeric, required if line above has data
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	N Header Header Header Header Header Header Header Header Header Summary Summary 1st Dep 1st Dep 1st Dep 2nd Dep 2nd Dep 2nd Dep	Trailer BARCODE 2 - FORM 502-B DESCRIPTION Header Version Number Developer Code Jurisdiction Code Description Specification Version Software Form Version Total Regular Dependents Total Dependents over 65 Dependent's Last Name Dependent's Soft Dependent os on thave health care coverage Dependent DOB Dependent Last Name Dependent Lobs Dependent Soft Dependent DOB Dependent Lobs Dependent's SSN Dependent does not have health care coverage	FIELD SIZE 2 4 2 2 4 2 2 2 2 2 1 1 10 20 9 1	Fixed Fixed Alpha-Numeric Numeric Alpha-Numeric Numeric Numeric Numeric Numeric Numeric Alpha	XX XX XX XX XX XX	END OF BARCODE I COMMENTS, ACCEPTABLE VALUES, EDITS "I" NACTP Vendor Code MD 502B 1 00-99 00-99 1 200-99 1 200-99 200-99 Last Name of Dependent required if line above has data Blank or "N", "Y" = box is marked, Blank = box is not marked Numeric; required if line above has "Y" Last Name of Dependent required if line above has data Blank or "N", "N" = box is marked, Blank = box is not marked
и	N Header	Trailer BARCODE 2 - FORM 502-B DESCRIPTION Header Version Number Developer Code Jurisdiction Code Description Specification Version Software Form Version Total Regular Dependents Total Dependents over 65 Dependent's Last Name Dependent's SSN Dependent does not have health care coverage Dependent's SSN Dependent's SSN Dependent's SSN Dependent's SSN Dependent does not have health care coverage Dependent does not have health care coverage	FIELD SIZE 2 4 2 2 4 2 2 2 2 2 1 10 20 9 1 10 10 10	Fixed Field TYPE Alpha-Numeric Numeric Alpha-Numeric Numeric Numeric Numeric Numeric Numeric Numeric Numeric Alpha Numeric	XX XX XX XX XX XX XX	END OF BARCODE I COMMENTS, ACCEPTABLE VALUES, EDITS "I" NACTP Vendor Code MD 5028 1 00-99 00-99 00-99 00-99 10-12st Name of Dependent required if line above has data Blank or "V". "Y" = box is marked, Blank = box is not marked Numeric; required if line above has data last Name of Dependent required if line above has "Y" Last Name of Dependent required if line above has "All Sandard Sa
#	N Header Header Header Header Header Header Header Header Header Summary Summary 1st Dep 1st Dep 1st Dep 2nd Dep 2nd Dep 2nd Dep 2nd Dep 2nd Dep 3rd Dep 3rd Dep 3rd Dep	Trailer BARCODE 2 - FORM 502-B DESCRIPTION Header Version Number Developer Code Jurisdiction Code Description Specification Version Software Form Version Total Regular Dependents Total Dependents over 65 Dependent's Last Name Dependent ose not have health care coverage Dependent DOB Dependent DOB Dependent does not have health care coverage Dependent does not have health care coverage Dependent does not have health care coverage Dependent DoB Dependent SSN Dependent DoB Dependent SSN Dependent DoB Dependent SSN Dependent DoB Dependent SLast Name	FIELD SIZE 2 4 2 2 4 2 2 2 2 2 1 10 20 9 1 10 10 10	Fixed FitOTYPE Alpha-Numeric Numeric Alpha-Numeric Numeric Numeric Numeric Numeric Numeric Alpha Numeric	xx xx xx xx xx xx xx xx	END OF BARCODE I COMMENTS, ACCEPTABLE VALUES, EDITS "I" NACTP Vendor Code MD 502B 1 00-99 00-99 1 1 1 1 1 1 1 1 1 1 1 1
#	N Header Summary Summary 1st Dep 1st Dep 1st Dep 2nd Dep 2nd Dep 2nd Dep 2nd Dep 3rd Dep 3rd Dep 3rd Dep 3rd Dep	Trailer BARCODE 2 - FORM 502-B DESCRIPTION Header Version Number Developer Code Jurisdiction Code Description Software Form Version Software Form Version Total Regular Dependents Total Dependents over 65 Dependent's Last Name Dependent SSSN Dependent does not have health care coverage Dependent's SSN Dependent's SSN Dependent's SSN Sopendent's SSN Sopendent DOB Dependent DOB Sopendent SSN Sopendent SSN Sopendent SSN Sopendent SSN Sopendent SSN Sopendent DOB Dependent DOB Sopendent SSN SSN Sopendent SSN SSN Sopendent Dos SSN SSN SOPENDENT SSN SSN SSN SSN SSN SSN SSN SSN SSN S	FIELD SIZE 2 4 2 2 4 2 2 2 2 2 2 2 2 2 1 1 10 20 9 1 1 10 20 9 1	Fixed Alpha-Numeric Alpha-Numeric Alpha-Numeric Numeric Numeric Numeric Numeric Alpha	xx xx xx xx xx xx xx xx	END OF BARCODE I COMMENTS, ACCEPTABLE VALUES, EDITS "12" NACTP Vendor Code MD SOZB 1 00-99 00-99 00-99 1 Last Name of Dependent required if line above has data Blank or "V". "Y" = box is marked, Blank = box is not marked Numeric, required if line above has "Y" Last Name of Dependent required if line above has "Y" Last Name of Dependent required if line above has "Y" Last Name of Dependent required if line above has "Y" Last Name of Dependent required if line above has "Above has "Y" Last Name of Dependent required if line above has "Above has "Y" Last Name of Dependent required if line above has "Above has "Y" Last Name of Dependent required if line above has data Blank or "Y". "Y" = box is marked, Blank = box is not marked
#	N FIELD Header Jat Dep 1st Dep 1st Dep 1st Dep 2nd Dep 2nd Dep 2nd Dep 3rd Dep 3rd Dep 3rd Dep 3rd Dep 3rd Dep 3rd Dep	Trailer BARCODE 2 - FORM 502-B DESCRIPTION Header Version Number Developer Code Jurisdiction Code Description Specification Version Software Form Version Software Form Version Total Regular Dependents Total Regular Dependents Total Dependent's Last Name Dependent's Last Name Dependent's Last Name Dependent does not have health care coverage Dependent DoB Dependent OBB Dependent OBB Dependent OBB Dependent OBB Dependent DOB Dependent DOB Dependent DOB Dependent Stast Name Dependent DOB Dependent Stast Name Dependent OBB Dependent Stast Name Dependent DOB Dependent Stast Name Dependent DOB Dependent Stast Name	FIELD SIZE 2 4 2 2 4 2 2 2 2 1 10 20 9 1 10 20 9 1 10 10 20 9 1 10 10 10 10 10 10 10 10 10 10	Fixed Field Type Alpha-Numeric Alpha-Numeric Alpha Alpha-Numeric Numeric Numeric Numeric Numeric Numeric Numeric Numeric Numeric Alpha Numeric	XX	END OF BARCODE I COMMENTS, ACCEPTABLEVALUES, EDITS "T1" NACTP Vendor Code MD 502B 1 00-99 00-99 00-99 1 Last Name of Dependent required if line above has data Blank or "". "Y" = box is marked, Blank = box is not marked Numeric; required if line above has fata Blank or "". "" = "box is marked, Blank = box is not marked Numeric; required if line above has "y" Last Name of Dependent required if line above has "y" Last Name of Dependent required if line above has "y" Last Name of Dependent if line above has "y" Last Name of Dependent fine above has "y" Last Name of Dependent fine above has marked Numeric; required if line above has data Blank or "". "y" = box is marked, Blank = box is not marked Numeric; required if line above has "y"
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37 8th Dep	Dependent DOB Dependent's Last Name	20	Alpha	XX 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 does not have health care coverage Dependent DOB	10	Numeric	xx	Numeric; required if line above has "Y"
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43 9th Dep	Dependent does not have health care coverage	1	Alpha	^^	Blank or "Y". "Y" = box is marked, Blank = box is not marked
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47 10th Dep	Dependent does not have health care coverage	1	Alpha	^^	Blank or "Y". "Y" = box is marked, Blank = box is not marked
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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></cr>	Fixed		END OF BARCODE 2
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