SPECIFICATION VERSION 01 - 20180918

		BARCODE 1 - FORM 502				Incomplete required fields do not highlight red	
LINE #	FIELD	DESCRIPTION	FIELD SIZE	FIELD TYPE	REQUIRED	COMMENTS, ACCEPTABLE VALUES, EDITS	TEST DATA
1	Header	Header Version Number	2	Alpha-Numeric		"T1"	T1
2	Header	Developer Code	4	Numeric		NACTP Vendor Code	1258
3	Header	Jurisdiction Code	2	Alpha		MD	MD
4	Header	Description	3	Numeric		502	502
5	Header	Specification Version	2	Numeric		1	01
6	Header	Software Form Version	2	Numeric		00-99	00
7	A	Primary Social Security Number	9	Numeric	X		554552123
8	A	Secondary Social Security Number	9	Numeric			987654321
9	B	Primary Last Name	20	Alpha	X		P LAST NAME 123
10	B	Primary First Name	15	Alpha	X		allow apostrophe
11	B	Primary Middle Initial	1	Alpha			P
12	B	Spouse Last Name	20	Alpha			S LAST NAME
13	B	Spouse First Name	15	Alpha			allow apostrophe
14	B	Spouse Middle Initial	1	Alpha			S
15	B	Street Address 1	30	Alpha-Numeric	X		allow apostrophe
16	B	Street Address 2	30	Alpha-Numeric			allow apostrophe
17	B	City	20	Alpha-Numeric	X		allow apostrophe
18	B	State	2	Alpha	X		MD
19	B	Zip	10	Alpha-Numeric	X	5 + 4 US Zip code, or up to 10 character foreign ZIP	12345 ABCD
20	C	Physical Street Address - 4 Digit Political Subdivision Code	4	Numeric	X	Must be 4 digits	Must be 4 numbers
21	C	Maryland Political Subdivision	30	Alpha-Numeric	X		allow apostrophe
22	C	Physical Street Address Line 1	30	Alpha-Numeric	X		allow apostrophe
23	C	Physical Street Address Line 2	30	Alpha-Numeric			allow apostrophe
24	C	Physical Street Address - City	20	Alpha-Numeric	X		allow apostrophe
25	C	Physical Street Address - State	2	Alpha	X	Must be "MD" - no other states accepted	MD
26	C	Physical Street Address - Zip	10	Numeric	X	5+4 US Zip Code - digits only - Add space	numeric only - remove dash from form
27	C	Physical Street Address - Maryland County	20	Alpha	X	Maryland County - If Baltimore City, leave blank	MARYLAND COUNTY
28	D	Filing Status - Single	1	Numeric	X	Blank or "1". "1" = box is marked, Blank = box is not marked	1
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	spouse SSN required if selected
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 widow(er) 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	warning should read "To the right of"
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	0
37	F	Exemptions - You are Blind	1	Alpha		Blank or "Y". "Y" = box is marked, Blank = box is not marked	Y
38	F	Exemptions - Spouse 65 or over	1	Alpha		Blank or "Y". "Y" = box is marked, Blank = box is not marked	Y
39	F	Exemptions - Spouse is Blind	1	Alpha		Blank or "Y". "Y" = box is marked, Blank = box is not marked	Y
40	F	Exemptions - Total	2	Numeric	X	0 - 99 or Blank	18
41	1	Adjusted Gross Income from Federal Return	12	Numeric		Whole dollars only	123456789012
42	1a	Wages, Salaries & Tips	12	Numeric		Whole dollars only	100
43	1b	Earned Income	12	Numeric		Whole dollars only	100
44	1c	Capital Gain or (loss)	12	Numeric		Whole dollars only	100
45	1d	Taxable Pension, IRA, Annuities	12	Numeric		Whole dollars only	200
46	1e	Investment income greater than $3,400	1	Alpha		Blank or "Y". "Y" = box is marked, Blank = box is not marked	Must be a "Y"
47	2	Tax Exempt Interest	12	Numeric		Whole dollars only	200
48	3	State Retirement Plan	12	Numeric		Whole dollars only	300
49	4	Lump Sum Distributions	12	Numeric		Whole dollars only	400
50	5	Other Additions Code Letter	2	Alpha		Code can be 1 or 2 letters. Single letter codes must be in the first position	AA
51	5	Other Additions Code Letter	2	Alpha		Code can be 1 or 2 letters. Single letter codes must be in the first position	AS
52	5	Other Additions Code Letter	2	Alpha		Code can be 1 or 2 letters. Single letter codes must be in the first position	QQ
53	5	Other Additions Code Letter	2	Alpha		Code can be 1 or 2 letters. Single letter codes must be in the first position	WW
54	5a	Total of Other Additions	12	Numeric		Whole dollars only	500
55	6	Total Additions to Maryland Income	12	Numeric		Whole dollars only	600
56	8	Refunds, Credits & Offsets included in Line 1	12	Numeric		Whole dollars only	800
57	9	Child and dependent care expenses	12	Numeric		Whole dollars only	900
58	10a	Yourself Checkbox	1	Numeric		Blank or "Y". "Y" = box is marked, Blank = box is not marked	
59	10a	Spouse Checkbox	1	Numeric		Blank or "S". "S" = box is marked, Blank = box is not marked	
60	10a	Pension Exclusion (Worksheet 13A)	12	Numeric		Whole Dollars only	1000
61	10b	Yourself Checkbox	1	Numeric		Blank or "Y". "Y" = box is marked, Blank = box is not marked	
62	10b	Spouse Checkbox	1	Numeric		Blank or "S". "S" = box is marked, Blank = box is not marked	
63	10b	Pension Exclusion (Worksheet 13E)	12	Numeric		Whole Dollars only	1000
64	11	Taxable Social Security and Rail Road benefits	12	Numeric		Whole dollars only	1100
65	12	Income Received During Period of Nonresidence	12	Numeric		Whole dollars only	1200
66	13	Other Subtractions Code Letter	2	Alpha		Code can be 1 or 2 letters. Single letter codes must be in first position	WW
67	13	Other Subtractions Code Letter	2	Alpha		Code can be 1 or 2 letters. Single letter codes must be in first position	WW

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68	13	Other Subtractions Code Letter	2	Alpha		Code can be 1 or 2 letters. Single letter codes must be in first position	WW
69	13	Other Subtractions Code Letter	2	Alpha		Code can be 1 or 2 letters. Single letter codes must be in first position	WW
70	13a	Total of Other Subtractions	12	Numeric		Whole dollars only	1300
71	14	Two-income Subtraction	12	Numeric		Whole dollars only	1400
72	15	Total Subtractions to Maryland Income	12	Numeric		Whole dollars only	1500
73	17	Deduction Method -Standard	1	Alpha	X	Check box, Blank or "S". "S" = box is marked, Blank = box is not marked	S
74	17	Deduction Method - Itemized	1	Alpha	X	Check box, Blank or "I". "I" = box is marked, Blank = box is not marked	
75	17a	Total Federal Itemized Deductions (from federal Schedule A)	12	Numeric		Whole dollars only	1700
76	17b	State and Local Income Taxes	12	Numeric		Whole dollars only	1700
77	17	Deduction Amount	12	Numeric		Whole dollars only	1800
78	22	Earned Income Credit	12	Numeric		Whole dollars only	2200
79	23	Poverty Level Credit	12	Numeric		Whole dollars only	2300
80	35	Contribution to Chesapeake Bay/Endangered Species	12	Numeric		Whole dollars only	3500
81	36	Contribution to Developmental Disabilities Services and Support Fund	12	Numeric		Whole dollars only	3600
82	37	Contribution to Maryland Cancer Fund	12	Numeric		Whole dollars only	3700
83	38	Contribution to Fair Campaign Financing Fund	12	Numeric		Whole dollars only	3800
84	40	Total Maryland and Local Tax Withheld	12	Numeric		Whole dollars only	400
85	41	Estimated Tax paid, applied from prior year return and Amt paid with Ext. Request	12	Numeric		Whole dollars only	410
86	42	Refundable Earned Income Credit	12	Numeric		Whole dollars only	420
87	45	Balance Due	12	Numeric		Whole dollars only	450
88	46	Overpayment	12	Numeric		Whole dollars only	460
89	47	Amount of Overpayment to be applied as estimated tax	12	Numeric		Whole dollars only	470
90	48	Amount of Overpayment to be refunded - dollars	12	Numeric		Whole dollars only	480
91	48	Amount of Overpayment to be refunded - cents	2	Numeric		Cents	99
92	49	Total Interest Charges	12	Numeric		Whole dollars only	490
93	G	Foreign Account Indicator	1	Alpha		Blank or "Y". "Y" = box is marked, Blank = box is not marked	Must be a "Y"
94	51a	Checking Account	1	Alpha		Blank or "C". "C" = box is marked, Blank = box is not marked	
95	51a	Savings Account	1	Alpha		Blank or "S". "S" = box is marked, Blank = box is not marked	S
96	51b	Routing Number	9	Numeric		Must be nine numbers	123456789
97	51c	Account Number	17	A-N		Alpha-Numeric	1234567890ABCDEF1
98	H	Daytime Phone Number	10	Numeric		No parenthesis, hyphens or spaces	9162733605
99	I	Code number	9	Numeric		up to 3, 3 digit code #'s in positions 1-3, 4-6 & 7-9	999999888
100	J	Opt out of ef. Check box for authorizing your paid preparer not to file electronically	1	Alpha		Blank or "Y". "Y" = box is marked, Blank = box is not marked	Y
101	K	Opt in to elect to receive 1099G info electronically	1	Alpha		Blank or "Y". "Y" = box is marked, Blank = box is not marked	Y
102	L	Preparer's PTIN	9	Alpha/Numeric		6 - 9 digits	P56421322

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