



185020099

OR FISCAL YEAR BEGINNING _____ 2018, ENDING _____

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 _____

Current Mailing Address Line 1 (Street No. and Street Name or PO Box) _____

Current Mailing Address Line 2 (Apt No., Suite No., Floor No.) _____ City or Town _____ State _____ ZIP Code + 4 _____

REQUIRED: Maryland Physical address as of December 31, 2018 or last day of the taxable year for fiscal year taxpayers. See Instruction 6. Part-year residents see Instruction 26.

4 Digit Political Subdivision Code (See Instruction 6) _____ Maryland Political Subdivision (See Instruction 6) _____

Maryland Physical Address Line 1 (Street No. and Street Name) (No PO Box) _____

Maryland Physical Address Line 2 (Apt No., Suite No., Floor No.) (No PO Box) _____

City _____ MD State ZIP Code + 4 _____ Maryland County _____

FILING STATUS

CHECK ONE BOX

See Instruction 1 if you are required to file.

- 1. Single (If you can be claimed on another person's tax return, use Filing Status 6.)
2. Married filing joint return or spouse had no income
3. Married filing separately, Spouse SSN
4. Head of household
5. Qualifying widow(er) with dependent child
6. Dependent taxpayer (Enter 0 in Exemption Box (A) - See Instruction 7.)

PART-YEAR RESIDENT

See Instruction 26.

Dates of Maryland Residence (MM DD YYYY) FROM _____ TO _____

Other state of residence: _____

If you began or ended legal residence in Maryland in 2018 place a P in the box. MILITARY: If you or your spouse has non-Maryland military income, place an M in the box.

Enter Military Income amount here: _____

EXEMPTIONS

See Instruction 10. Check appropriate box(es). NOTE: If you are claiming dependents, you must attach the Dependents' Information Form 502B to this form to receive the applicable exemption amount.

- A. Yourself Spouse
B. 65 or over Blind
C. Enter number from line 3 of Dependent Form 502B
D. Enter Total Exemptions (Add A, B and C.) Total Amount



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NAME _____ SSN _____

INCOME See Instruction 11.	1. Adjusted gross income from your federal return ▶ 1. _____	
	1a. Wages, salaries and/or tips ▶ 1a. _____	
	1b. Earned income ▶ 1b. _____	
	1c. Capital Gain or (loss) ▶ 1c. _____	
	1d. Taxable Pensions, IRAs, Annuities (Attach Form 502R.) ▶ 1d. _____	
	1e. Place a "Y" in this box if the amount of your investment income is more than \$3,500. ▶ <input type="checkbox"/>	
ADDITIONS TO INCOME See Instruction 12.	2. Tax-exempt interest on state and local obligations (bonds) other than Maryland ▶ 2. _____	
	3. State retirement pickup ▶ 3. _____	
	4. Lump sum distributions (from worksheet in Instruction 12.) ▶ 4. _____	
	5. Other additions (Enter code letter(s) from Instruction 12.) ▶ 5. _____	
	6. Total additions to Maryland income (Add lines 2 through 5.) ▶ 6. _____	
	7. Total federal adjusted gross income and Maryland additions (Add lines 1 and 6.) ▶ 7. _____	
	SUBTRACTIONS FROM INCOME See Instruction 13.	8. Taxable refunds, credits or offsets of state and local income taxes included in line 1 ▶ 8. _____
9. Child and dependent care expenses ▶ 9. _____		
10a. Pension exclusion from worksheet (13A) Yourself ▶ <input type="checkbox"/> Spouse ▶ <input type="checkbox"/> ▶ 10a. _____		
10b. Pension exclusion from worksheet (13E) Yourself ▶ <input type="checkbox"/> Spouse ▶ <input type="checkbox"/> ▶ 10b. _____		
11. Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line 1 ▶ 11. _____		
12. Income received during period of nonresidence (See Instruction 26.) ▶ 12. _____		
13. Subtractions from attached Form 502SU ▶ 13. _____		
14. Two-income subtraction from worksheet in Instruction 13 ▶ 14. _____		
15. Total subtractions from Maryland income (Add lines 8 through 14.) ▶ 15. _____		
16. Maryland adjusted gross income (Subtract line 15 from line 7.) ▶ 16. _____		
All taxpayers must select one method and check the appropriate box.		
▶ <input type="checkbox"/> STANDARD DEDUCTION METHOD (Enter amount on line 17.)		
▶ <input type="checkbox"/> ITEMIZED DEDUCTION METHOD (Complete lines 17a and 17b.)		
17a. Total federal itemized deductions (from line 17, federal Schedule A) ▶ 17a. _____		
17b. State and local income taxes (See Instruction 14.) ▶ 17b. _____		
Subtract line 17b from line 17a and enter amount on line 17.		
17. Deduction amount (Part-year residents see Instruction 26 (l and m).) ▶ 17. _____		
18. Net income (Subtract line 17 from line 16.) ▶ 18. _____		
19. Exemption amount from Exemptions area (See Instruction 10.) ▶ 19. _____		
20. Taxable net income (Subtract line 19 from line 18.) ▶ 20. _____		
MARYLAND TAX COMPUTATION	21. Maryland tax (from Tax Table or Computation Worksheet Schedules I or II) ▶ 21. _____	
	22. Earned income credit (EIC)(See Instruction 18.) ▶ 22. _____	
	23. Poverty level credit (See Instruction 18.) ▶ 23. _____	
	24. Other income tax credits for individuals from Part AA, line 12 of Form 502CR (Attach Form 502CR.) ▶ 24. _____	
	25. Business tax credits You must file this form electronically to claim business tax credits on Form 500CR.	
	26. Total credits (Add lines 22 through 25.) ▶ 26. _____	
	27. Maryland tax after credits (Subtract line 26 from line 21.) If less than 0, enter 0. ▶ 27. _____	
LOCAL TAX COMPUTATION	28. Local tax (See Instruction 19 for tax rates and worksheet.) Multiply line 20 by your local tax rate .0 ____ or use the Local Tax Worksheet ▶ 28. _____	
	29. Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.) ▶ 29. _____	
	30. Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19.) ▶ 30. _____	
	31. Local tax credit from Part BB, line 1 of Form 502CR (Attach Form 502CR.) ▶ 31. _____	
	32. Total credits (Add lines 29 through 31.) ▶ 32. _____	
	33. Local tax after credits (Subtract line 32 from line 28.) If less than 0, enter 0 ▶ 33. _____	
	34. Total Maryland and local tax (Add lines 27 and 33.) ▶ 34. _____	
CONTRIBUTIONS See Instruction 20.	35. Contribution to Chesapeake Bay and Endangered Species Fund ▶ 35. _____	
	36. Contribution to Developmental Disabilities Services and Support Fund ▶ 36. _____	
	37. Contribution to Maryland Cancer Fund ▶ 37. _____	
	38. Contribution to Fair Campaign Financing Fund ▶ 38. _____	
	39. Total Maryland income tax, local income tax and contributions (Add lines 34 through 38.) ▶ 39. _____	



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NAME _____ SSN _____

	40. Total Maryland and local tax withheld (Enter total from your W-2 and 1099 forms and attach if MD tax is withheld.)	▶ 40. _____
	41. 2018 estimated tax payments, amount applied from 2017 return, payment made with an extension request, and Form MW506NRS	▶ 41. _____
	42. Refundable earned income credit (from worksheet in Instruction 21)	▶ 42. _____
	43. Refundable income tax credits from Part CC, line 6 of Form 502CR (Attach Form 502CR . See Instruction 21.)	43. _____
	44. Total payments and credits (Add lines 40 through 43.)	44. _____
	45. Balance due (If line 39 is more than line 44, subtract line 44 from line 39. See Instruction 22.)	▶ 45. _____
	46. Overpayment (If line 39 is less than line 44, subtract line 39 from line 44.)	▶ 46. _____
	47. Amount of overpayment TO BE APPLIED TO 2019 ESTIMATED TAX ▶ 47. _____	
REFUND	48. Amount of overpayment TO BE REFUNDED TO YOU (Subtract line 47 from line 46.) See line 51	REFUND ▶ 48. _____
	49. Interest charges from Form 502UP _____ or for late filing _____ (See Instruction 22.) Total.	▶ 49. _____
AMOUNT DUE	50. TOTAL AMOUNT DUE (Add lines 45 and 49.) IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN. INCLUDE FORM PV.	50. _____

DIRECT DEPOSIT OF REFUND (See Instruction 22.) Be sure the account information is correct. **For Splitting Direct Deposit**, see Form 588. If this refund will go to an account outside of the United States, then to comply with banking rules, place a "Y" in this box and see Instruction 22. For the direct deposit option, complete the following information clearly and legibly.

51a. Type of account: Checking Savings

51b. Routing Number (9-digits) ▶ _____ 51c. Account Number ▶ _____

▶ _____ Daytime telephone no. _____ Home telephone no. _____ CODE NUMBERS (3 digits per line)

Check here if you authorize your preparer to discuss this return with us. Check here if you authorize your paid preparer not to file electronically. Check here if you agree to receive your 1099G Income Tax Refund statement electronically (See Instruction 24.)

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

Your signature Date

Spouse's signature Date

Signature of preparer other than taxpayer

Street address of preparer

City, State, ZIP Code + 4

Telephone number of preparer Preparer's PTIN (required by law)

For returns filed without payments, mail your completed return to:

Comptroller of Maryland
Revenue Administration Division
110 Carroll Street
Annapolis, MD 21411-0001

For returns filed with payments, attach check or money order to Form PV. Make checks payable to Comptroller of Maryland. Do not attach Form PV or check/money order to Form 502. Place Form PV with attached check/money order on TOP of Form 502 and mail to:

Comptroller of Maryland
Payment Processing
PO Box 8888
Annapolis, MD 21401-8888



18502B099

▶ Your Social Security Number

▶ Spouse's Social Security Number

Print Using Blue or Black Ink Only

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) ▶ 1. _____
- 2. Enter the total number checked below for dependents 65 or over (5) ▶ 2. _____
- 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.) 3. _____

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

▶ 1. First Name _____ MI _____ Last Name _____	DEPENDENT 1	
▶ 2. Social Security Number _____ Relationship _____ Regular _____ 65 or over _____		
▶ 3. _____	▶ 4. _____	▶ 5. _____

▶ 1. First Name _____ MI _____ Last Name _____	DEPENDENT 2	
▶ 2. Social Security Number _____ Relationship _____ Regular _____ 65 or over _____		
▶ 3. _____	▶ 4. _____	▶ 5. _____

▶ 1. First Name _____ MI _____ Last Name _____	DEPENDENT 3	
▶ 2. Social Security Number _____ Relationship _____ Regular _____ 65 or over _____		
▶ 3. _____	▶ 4. _____	▶ 5. _____

▶ 1. First Name _____ MI _____ Last Name _____	DEPENDENT 4	
▶ 2. Social Security Number _____ Relationship _____ Regular _____ 65 or over _____		
▶ 3. _____	▶ 4. _____	▶ 5. _____

▶ 1. First Name _____ MI _____ Last Name _____	DEPENDENT 5	
▶ 2. Social Security Number _____ Relationship _____ Regular _____ 65 or over _____		
▶ 3. _____	▶ 4. _____	▶ 5. _____

▶ 1. First Name _____ MI _____ Last Name _____	DEPENDENT 6	
▶ 2. Social Security Number _____ Relationship _____ Regular _____ 65 or over _____		
▶ 3. _____	▶ 4. _____	▶ 5. _____



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NAME _____ SSN _____

▶ 1.	First Name _____	MI _____	Last Name _____			
▶ 2.	Social Security Number _____	Relationship _____	Regular _____	65 or over _____		DEPENDENT 7
		3. _____	4. _____	5. _____		

▶ 1.	First Name _____	MI _____	Last Name _____			
▶ 2.	Social Security Number _____	Relationship _____	Regular _____	65 or over _____		DEPENDENT 8
		3. _____	4. _____	5. _____		

▶ 1.	First Name _____	MI _____	Last Name _____			
▶ 2.	Social Security Number _____	Relationship _____	Regular _____	65 or over _____		DEPENDENT 9
		3. _____	4. _____	5. _____		

▶ 1.	First Name _____	MI _____	Last Name _____			
▶ 2.	Social Security Number _____	Relationship _____	Regular _____	65 or over _____		DEPENDENT 10
		3. _____	4. _____	5. _____		

▶ 1.	First Name _____	MI _____	Last Name _____			
▶ 2.	Social Security Number _____	Relationship _____	Regular _____	65 or over _____		DEPENDENT 11
		3. _____	4. _____	5. _____		

▶ 1.	First Name _____	MI _____	Last Name _____			
▶ 2.	Social Security Number _____	Relationship _____	Regular _____	65 or over _____		DEPENDENT 12
		3. _____	4. _____	5. _____		