## SUBTRACTIONS FROM INCOME

ATTACH TO YOUR TAX RETURN



|       | Only        |
|-------|-------------|
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| IL US | ack         |
| Ξ.    | B           |
| 7     | o           |
|       | <u>l</u> ne |

| our First Name                | Initial            | Your Last Name   | Your Social Security Number     |
|-------------------------------|--------------------|--|---------------------------------|
| ipouse's First Name           | Initial            | Spouse's Last Name   | Spouse's Social Security Number |
| n Resident Booklet for m      |                    | which subtractions from income apply to you.<br>on.        | See Instruction 13              |
| a. Pavments from a pensio     | n system to firem  | nen and policemen for job-related injuries or disabilities |                                 |
|                               |                    | in your total income)                                      | . a.                            |
|                               |                    | rom pass-through entities not attributable to decoupling   |                                 |
|                               |                    | a fiduciary  |                                 |
|                               |                    | fiduciary, if income tax has been paid by the fiduciary    |                                 |
|                               |                    | unt included in your total income)                         | . d.                            |
|                               |                    | sale or exchange of bonds issued by the State or local     |                                 |
|                               |                    | ,                    | . e.                            |
|                               |                    | which State income tax was paid prior to 1967.             | •                               |
|                               |                    |  | . f.                            |
| g. Amount of wages and sa     | alaries disallowed | as a deduction due to the work opportunity credit          | •                               |
| allowed under the Interr      | nal Revenue Code   | Section 51   | . g                             |
|                               |                    | d person for a reader, or up to \$1,000 incurred by        | · ·                             |
|                               |                    | loyee  | . h                             |
| i. Expenses incurred for re   | forestation or tim | nber stand improvement of commercial forest land           | . i                             |
| j. The amount added to ta     | xable income for   | the use of an official vehicle by a member of a state,     |                                 |
| county or local police or     | fire department.   | The amount is listed separately on your W-2                | . j                             |
| k. Up to \$6,000 in expense   | es incurred by par | rents to adopt a child with special needs through a public | 5                               |
| or nonprofit adoption ag      | ency; up to \$5,0  | 00 for adoption of a child without special needs           | . k                             |
| I. Purchase and installation  | costs of certain   | enhanced agricultural management equipment.                |                                 |
| Attach a copy of the c        | ertification       |  | . l                             |
| m. Deductible artist's contri | bution. Complete   | e and attach Form 502AC                                    | m                               |
| n. Payment received under     | a fire, rescue, or | ambulance personnel length of service award program        |                                 |
| that is funded by any co      | unty or municipa   | I corporation of the State                                 | . n                             |
| o. Value of farm products y   | ou donated to a    | gleaning cooperative.                                      |                                 |
| Attach a copy of the c        | ertification       |  | . 0                             |
| p. Overseas military subtra   | ction (Use works   | heet from Instruction 13.)                                 | . p                             |
| q. Unreimbursed vehicle tra   | avel expenses. Co  | omplete and attach Form 502V                               | . q•                            |
| r. Amount of pickup contri    | bution shown on    | Form 1099R from the State retirement or pension            |                                 |
| systems included in fede      | eral adjusted gros | s income   | . r                             |
| s. Amount of interest and     | dividend income (  | (including capital gain distributions) of a dependent      |                                 |
| child that is included in     | the parent's fede  | ral gross income under the Internal Revenue Code           |                                 |
| Section 1(g)(7)               |                    |  | . S                             |
|                               |                    | ved from the State of Maryland under Title 12              |                                 |
|                               |                    |  | . t                             |
| •                             |                    | at least 65 years of age on the last day of the taxable    |                                 |
|                               |                    | retirement income received in the taxable year.            |                                 |
|                               |                    | st day of the taxable year may claim up to \$5,000 of      |                                 |
|                               |                    | e taxable year   | . u•                            |
|                               |                    | er Fire, Rescue and Emergency Medical Services             |                                 |
|                               |                    | m. Attach a copy of the certification                      | va•                             |
|                               |                    | er Police Personnel Subtraction Modification Program.      |                                 |
|                               |                    |  |                                 |
| w. Unreimbursed expenses      | incurred by a fos  | ter parent on behalf of a foster child                     | .W•                             |

## **MARYLAND FORM 502SU**

NAME

## **SUBTRACTIONS FROM** INCOME ATTACH TO YOUR TAX RETURN

SSN

xa. Up to \$2,500 per contract purchased for advanced tuition payments made to the Maryland Prepaid College Trust. See Administrative Release 32......xa. \_\_ xb. Up to \$2,500 per account holder per beneficiary of the total of all amounts contributed to investment accounts under the Maryland College Investment Plan and Maryland Broker-Dealer College Investment Plan. See Administrative Release 32. . . . . . . . . . . . . . . . xb. \_ y. Any income that is related to tangible or intangible property that was seized, misappropriated or lost as a result of the actions or policies of Nazi Germany towards a Holocaust victim.....y. \_ z. Expenses incurred to buy and install handrails in an existing elevator in a qualified healthcare facility or other building in which at least 50% of the space is used for medical purposes . . . . . . . . aa. Payments from a pension system to the surviving spouse or other beneficiary of a law enforcement officer or firefighter whose death arises out of or in the course of their employment.....aa. \_\_\_\_\_a\_ bb. Net subtraction modification to Maryland taxable income when claiming the federal depreciation allowances from which the State of Maryland has decoupled. Complete and attach Form 500DM. cc. Net subtraction modification to Maryland taxable income when using the federal special 5-year carryback period for a net operating loss under federal law compared to Maryland taxable income without regard to federal provisions. Complete and attach Form 500DM. See Administrative Release 38......cc. cd. Net subtraction modification to Maryland taxable income resulting from the federal ratable inclusion of deferred income arising from business indebtedness discharged by reacquisition of a debt dd. Income derived within arts and entertainment district(s) by a qualifying residing artist. dm. Net subtraction modification from multiple decoupling provisions. Complete and attach dp. Net subtraction decoupling modification from a pass-through entity. Complete and attach ee. Amount received as a grant under the Solar Energy Grant Program administered by the Maryland Energy Administration but not more than the amount included in your total income . . . . . . . ee. \_\_ ff. Amount of the cost difference between a conventional on-site sewage disposal system and a system that utilizes nitrogen removal technology, for which the Department of Environment's hh. Net subtraction to adjust phase out of exemptions as a result of including U.S. obligations in ii. Interest on any Build America Bond that is included in your federal adjusted gross income. See ij. Gain resulting from a payment from the Maryland Department of Transportation as a result of the kk. Qualified conservation program expenses up to \$500 for an application approved by the II. Payment received as a result of a foreclosure settlement negotiated by the Maryland mm. Amount received by a claimant for noneconomic damages as a result of a claim of unlawful nn. Amount of student loan indebtedness discharged due to total or permanent disability or death. Attach notice ......nn. \_\_\_\_ oo. Amount of qualified principal residence indebtedness included in federal adjusted gross income that was allowable as an exclusion under the Mortgage Debt Relief Act of 2007, as amended . . . oo. \_\_\_\_\_ 1. TOTAL. Add lines a through oo and enter this amount on line 13 of Form 502 with the