



175020150

NAME [redacted] SSN [redacted]

INCOME Section: 1. Adjusted gross income from your federal return... 1a. Wages, salaries and/or tips... 1b. Earned income... 1c. Capital Gain or (loss)... 1d. Taxable Pension, IRA, Annuities (Attach Form 502R.)... 1e. Place a "Y" here in this box if the amount of your investment income is more than \$3,450

ADDITIONS TO INCOME Section: 2. Tax-exempt interest on state and local obligations (bonds) other than Maryland... 3. State retirement pickup... 4. Lump sum distributions (from worksheet in Instruction 12.)... 5. Other additions (Enter code letter(s) from Instruction 12.)... 6. Total additions to Maryland income (Add lines 2 through 5.)... 7. Total federal adjusted gross income and Maryland additions (Add lines 1 and 6.)

SUBTRACTIONS FROM INCOME Section: 8. Taxable refunds, credits or offsets of state and local income taxes included in line 1... 9. Child and dependent care expenses... 10. Pension exclusion from worksheet in Instruction 13... 11. Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line 1... 12. Income received during period of nonresidence (See Instruction 26.)... 13. Subtractions from attached Form 502SU... 14. Two-income subtraction from worksheet in Instruction 13... 15. Total subtractions from Maryland income (Add lines 8 through 14.)... 16. Maryland adjusted gross income (Subtract line 15 from line 7.)

DEDUCTION METHOD Section: All taxpayers must select one method and check the appropriate box. STANDARD DEDUCTION METHOD (Enter amount on line 17.) ITEMIZED DEDUCTION METHOD (Complete lines 17a and 17b.) 17a. Total federal itemized deductions (from line 29, federal Schedule A)... 17b. State and local income taxes (See Instruction 14.)... Subtract line 17b from line 17a and enter amount on line 17. 17. Deduction amount (Part-year residents see Instruction 26 (l and m).)

18. Net income (Subtract line 17 from line 16.)... 19. Exemption amount from Exemptions area (See Instruction 10.)... 20. Taxable net income (Subtract line 19 from line 18.)

MARYLAND TAX COMPUTATION Section: 21. Maryland tax (from Tax Table or Computation Worksheet Schedules I or II)... 22. Earned income credit (1/2 of federal earned income credit. See Instruction 18.)... 23. Poverty level credit (See Instruction 18.)... 24. Other income tax credits for individuals from Part K, line 11 of Form 502CR (Attach Form 502CR.)... 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.)... 27. Maryland tax after credits (Subtract line 26 from line 21.) If less than 0, enter 0.

LOCAL TAX COMPUTATION Section: 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... 29. Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.)... 30. Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19.)... 31. Local tax credit from Part L, line 1 of Form 502CR (Attach Form 502CR.)... 32. Total credits (Add lines 29 through 31.)... 33. Local tax after credits (Subtract line 32 from line 28.) If less than 0, enter 0.

34. Total Maryland and local tax (Add lines 27 and 33.)... 35. Contribution to Chesapeake Bay and Endangered Species Fund (See Instruction 20.)... 36. Contribution to Developmental Disabilities Services and Support Fund (See Instruction 20.)... 37. Contribution to Maryland Cancer Fund (See Instruction 20.)... 38. Contribution to Fair Campaign Financing Fund (See Instruction 20.)... 39. Total Maryland income tax, local income tax and contributions (Add lines 34 through 38.)



175020250

NAME [redacted] SSN [redacted]

Table with 2 columns: Description and Amount. Rows include: 40. Total Maryland and local tax withheld, 41. 2017 estimated tax payments, 42. Refundable earned income credit, 43. Refundable income tax credits, 44. Total payments and credits, 45. Balance due, 46. Overpayment, 47. Amount of overpayment TO BE APPLIED TO 2018 ESTIMATED TAX, 48. Amount of overpayment TO BE REFUNDED TO YOU, 49. Interest charges, 50. TOTAL AMOUNT DUE.

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.

Signature lines for: Your signature, Date, Spouse's signature, Date, Signature of preparer other than taxpayer, Street address of preparer, City, State, ZIP, 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 IND PV. Make checks payable to Comptroller of Maryland. Do not attach Form IND PV or check/money order to Form 502. Place Form IND 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



Your Social Security Number Spouse's Social Security Number

Your First Name Initial

Your Last Name

Spouse's First Name Initial

Spouse's Last Name

Print Using Blue or Black Ink Only

Summary

- 1. Enter the total number checked below for Regular dependents (4)
2. Enter the total number checked below for dependents 65 or over (5)
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.)

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

Form for Dependent 1 with fields for First Name, Initial, Last Name, Social Security Number, Relationship, Regular, 65 or over.

Form for Dependent 2 with fields for First Name, Initial, Last Name, Social Security Number, Relationship, Regular, 65 or over.

Form for Dependent 3 with fields for First Name, Initial, Last Name, Social Security Number, Relationship, Regular, 65 or over.

Form for Dependent 4 with fields for First Name, Initial, Last Name, Social Security Number, Relationship, Regular, 65 or over.

Form for Dependent 5 with fields for First Name, Initial, Last Name, Social Security Number, Relationship, Regular, 65 or over.

Form for Dependent 6 with fields for First Name, Initial, Last Name, Social Security Number, Relationship, Regular, 65 or over.



17502B150

NAME _____ SSN _____

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

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

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

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

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

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