

For the year January 1 - December 31, 2000

➤ See instructions on back.

Attach Label

Taxpayer's first name and middle initial		Last name		Social Security number	
Spouse's first name and middle initial		Last name		Social Security number	
Present address (number and street)		City or town		State	ZIP code
Name of county and incorporated city, town or special taxing area in which you were a resident on the last day of the taxable period.		Maryland county		City, town or taxing area	

Part I Tax Return Information (whole dollars only)

1. Adjusted gross income from your federal return	➤	
22. Taxable net income	➤	
39. Total Maryland income tax, local income tax and contributions	➤	
44. Total payments and credits	➤	
47. Amount of overpayment to be applied to 2001 estimated tax	➤	
48. Amount of overpayment to be refunded to you	➤	REFUND
50. Total amount due (Pay in full by April 16, 2001. See instructions.)	➤	

Part II Consent to Direct Deposit of Refund

Attach Wage and Tax Statements Here

51a. Type of account Checking Savings

51b. Routing number

51c. Account number

I consent that my refund be directly deposited as designated above, and declare that the information shown on lines 51a through 51c is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. By consenting, I also agree to disclose to the Maryland State Treasurer's Office certain income tax information including name, amount of refund and the above bank information. This disclosure is necessary to effect direct deposit.

NOTE: If you check this box, your refund will be directly deposited to the bank account numbers shown above. Please be sure these numbers are correct.

➤ _____ Date _____ ➤ _____ Date _____

Taxpayer's signature _____ Spouse's signature (if joint return, both must sign) _____

Please sign here

I do not want direct deposit of my refund or am not receiving a refund.

Part III Declaration of Taxpayer

Under penalties of perjury, I declare that I have compared the information contained on my electronic return with the information that I provided to my electronic return originator and that the name(s), address and amounts described above agree with the amounts shown on the corresponding lines of my 2000 Maryland electronic income tax return. To the best of my knowledge and belief, my return is true, correct and complete. I consent that my return, including accompanying schedules and statements, be sent to the Maryland Revenue Administration Division by my electronic return originator through the state-selected third party network. This declaration is to be retained at the site of the electronic return originator.

Please Sign Here

➤ _____ Date _____ ➤ _____ Date _____

Taxpayer's signature _____ Spouse's signature (if joint return, both must sign) _____

Please wait ten (10) days after the electronic return preparer receives a valid acknowledgement before calling 410-260-7701 from Central Maryland, or 1-800-218-8160 from elsewhere, about your refund.

Part IV Declaration of Electronic Return Preparer

I declare that I have reviewed the taxpayer's return and that the entries on this form are complete and correct to the best of my knowledge. I have obtained the taxpayer's signature before submitting the return to the Maryland Revenue Administration Division, have provided the taxpayer with a copy of all forms and information to be filed with the Maryland Revenue Administration Division, and have followed all other requirements described in Publication EFL 2, *Handbook for Electronic Filers of Maryland Personal Income Tax Returns* (Tax Year 2000).

Electronic Return Originator Use Only

Originator's signature _____ Date _____ Your Social Security number _____

Firm's name (or yours if self-employed) and address _____ EFIN _____

ZIP code _____ Phone _____

Form 502EL Instructions

Do not mail this form to the Revenue Administration Division.

This form must be retained for three years at the site of the electronic return originator.

Name, Address, Social Security Number and Subdivision Information

Print or type the information in the spaces provided. Enter the correct county and taxing area information. All information including the name, address and Social Security number must match the information as transmitted. **Do not use the originator's address.**

Part I - Tax Return Information

Enter the amounts as entered on the corresponding fields on the Form 502.

If there is an amount due on line 50, a completed Form 502PV must be provided for the taxpayer for payment options.

Part II - Direct Deposit of Refund

Complete lines 51a, b and c using the information from your electronic return if you elected to have direct deposit of your refund.

Part III - Declaration of Taxpayer

An electronically transmitted income tax return will be considered incomplete unless and until a correctly completed Form 502EL is signed by the taxpayer. If a joint return is filed, both taxpayers must sign. The taxpayer(s) must sign the completed 502EL *before* the electronic record is transmitted.

If the originator makes changes to the electronic return after Form 502EL has been signed by the taxpayer, but before the return is transmitted, the originator must have the taxpayer sign a corrected Form 502EL. See Exceptions in Publication EFL 2, *Handbook for Electronic Filers of Maryland Personal Income Tax Returns* (Tax Year 2000), Chapter 6, Section 5, "Corrections."

Part IV - Declaration of Electronic Return Originator

The originator must sign this form. Enter your Social Security number and electronic filer identification number (EFIN).