

FORM **503** MARYLAND TAX RETURN
RESIDENT



2000
\$

Please Print
Blue or Black Ink Only

Your first name	Initial	Last name						
Spouse's first name	Initial	Last name						

Present address (No. 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. (See Instruction 6) _____ Maryland county _____ City, town or taxing area _____

SOCIAL SECURITY NUMBER(S) (REQUIRED)

- YOUR FILING STATUS**—See Instruction 1 to determine if you are required to file.
- Single (If you can be claimed on another person's tax return, use Filing Status 6.)
 - Married filing joint return or spouse had no income
 - Married filing separately _____
SPOUSE'S SOCIAL SECURITY NUMBER _____
 - Head of household
 - Qualifying widow(er) with dependent child
 - Dependent taxpayer (Enter 0 in Exemption Box (A)—See Instruction 7)

EXEMPTIONS—See Instruction 10

(A) Yourself Spouse Enter No. Checked (A) × \$1,850 \$ _____ Exemption Amount

Check here if you are: 65 or over Blind Spouse is: 65 or over Blind

(B) Enter No. Checked (B) × \$1,000 \$ _____

(C) Dependent Children: Name(s) _____ Social Security number(s) _____

(D) Other Dependents: Regular or 65 or over Enter No. (D) × \$1,850 \$ _____
Name(s) and Relationship(s) _____ Social Security number(s) _____

(E) Total Exemptions (Add A, B, C and D) (E) Total Amount \$ _____

	Dollars	Cents
1. Adjusted gross income from your federal return (See Instruction 11)	1	
1a. How much of line 1 represents wages, salaries and/or tips?	1a	
2. Standard deduction (See Instruction 16)	2	
3. Net income (Subtract line 2 from line 1)	3	
4. Exemption amount as computed above	4	
5. Taxable net income (Subtract line 4 from line 3. GO TO TAX TABLE, page 18.)	5	
6. Maryland tax (from Tax Table or Computation Worksheet)	6	
7. Earned income credit ▶ 7a _____ Poverty level credit ▶ 7b _____ (See Instruction 18) Total	7	
8. Maryland tax after credits (Subtract line 7 from line 6) If less than 0, enter 0.	8	
9. Local tax (See Instruction 19 for tax rates and worksheet.) Multiply line 5 by your local tax rate <u>0</u> or use the local tax worksheet	9	
10. Local: Earned income credit ▶ 10a _____ Poverty level credit ▶ 10b _____ (See Instruction 19) Total	10	
11. Local tax after credits (Subtract line 10 from line 9) If less than 0, enter 0.	11	
12. Total Maryland and local tax (Add lines 8 and 11)	12	
13. Contribution to Chesapeake Bay and Endangered Species Fund (See Instruction 20)	13	
14. Contribution to Fair Campaign Financing Fund (See Instruction 20)	14	
15. Total Maryland income tax, local income tax and contributions (Add lines 12, 13 and 14)	15	
16. Total Maryland and local tax withheld (Enter total from and attach your W-2 and 1099 forms if MD tax is withheld)	16	
17. Refundable earned income credit (from worksheet in Instruction 21)	17	
18. Total payments and credit (Add lines 16 and 17)	18	
19. Balance due (If line 15 is more than line 18, subtract line 18 from line 15)	19	
20. Overpayment (If line 15 is less than line 18, subtract line 15 from line 18) See line 23 REFUND	20	
21. Interest charges from Form 502UP _____ or for late filing _____ (See Instruction 22) Total	21	
22. TOTAL AMOUNT DUE (Add lines 19 and 21) IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN	22	

Place your check or money order on top of your wage and tax statements and attach here with ONE staple.

DIRECT DEPOSIT OF REFUND (See Instruction 22) Please be sure the account information is correct.

23. To choose the direct deposit option, complete the following information: 23a. Type of account: Checking Savings

23b. Routing number ▶ _____ 23c. Account number ▶ _____

Daytime telephone no. _____ Home telephone no. _____ CODE NUMBER _____ FOR OFFICE USE ONLY _____

Check here if you use a paid preparer and do not want Maryland forms mailed to you next year.

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. Check here if you authorize your preparer to discuss this return with us.

Make checks payable to: **COMPTROLLER OF MARYLAND.**
Write social security no. on check using blue or black ink.
Mail to: **Comptroller of Maryland, Revenue Administration Division,**
Annapolis, Maryland 21411-0001

Your signature _____ Date _____ Signature of preparer other than taxpayer _____ Date _____
Spouse's signature _____ Date _____ Address and telephone number of preparer _____

**WHO MAY USE THIS FORM?**

You may use this short form (Form 503) if you answer "NO" to ALL of these questions

- | YES | NO | | YES | NO | |
|-----------------------------|--------------------------|--|-----------------------------|--------------------------|---|
| 1. <input type="checkbox"/> | <input type="checkbox"/> | Will you have any Additions to Income or Subtractions from Income on your Maryland return? If you are eligible for a subtraction, such as the pension exclusion, it will be to your benefit to use Form 502. | 5. <input type="checkbox"/> | <input type="checkbox"/> | Were you a nonresident of Maryland? |
| 2. <input type="checkbox"/> | <input type="checkbox"/> | Do you want to itemize deductions? | 6. <input type="checkbox"/> | <input type="checkbox"/> | Were you a part-year resident of Maryland? |
| 3. <input type="checkbox"/> | <input type="checkbox"/> | Did you make estimated payments in 2000, have part or all of your 1999 refund applied to your 2000 estimated account or make a payment with an extension request, Form 502E? | 7. <input type="checkbox"/> | <input type="checkbox"/> | Does your return cover less than a 12 month period? |
| 4. <input type="checkbox"/> | <input type="checkbox"/> | Are you claiming a tax credit on Maryland Form | 8. <input type="checkbox"/> | <input type="checkbox"/> | Were you a fiscal year taxpayer? |
| | | | 9. <input type="checkbox"/> | <input type="checkbox"/> | Will you want part or all of your refund credited to next year's estimated account? |
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