

FORM  
**505 MARYLAND TAX RETURN**  
 NONRESIDENT (OR FISCAL YEAR BEGINNING) 2001, ENDING )



2001  
 \$

**Please Print**  
 Blue or Black Ink Only

Your first name	Initial	Last name			
			SOCIAL SECURITY NUMBER(S) (REQUIRED)		
Spouse's first name	Initial	Last name			
			SOCIAL SECURITY NUMBER(S) (REQUIRED)		
Present address (No. and street)			City or town	State	Zip code

**YOUR FILING STATUS**—See Instruction 4 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 8)

**RESIDENCE INFORMATION**—See Instruction 9

Enter your state of legal residence. Were you a resident for the entire year of 2001?  
 Yes  No  If no, attach explanation.

Are you or your spouse a member of the military? Yes  No

Did you file a Maryland income tax return for 2000? Yes  No

If "Yes," was it a  Resident or a  Nonresident return?

Advise dates you resided within Maryland for 2001. If none, enter "NONE."  
 FROM \_\_\_\_\_ TO \_\_\_\_\_

**EXEMPTIONS**—See Instruction 10

(A) Yourself <input type="checkbox"/>	Spouse <input type="checkbox"/>	Enter No. Checked (A) <input type="checkbox"/>	× \$2,100 \$ _____	Exemption Amount
(B) <input type="checkbox"/> 65 or over	<input type="checkbox"/> Blind	Spouse is: <input type="checkbox"/> 65 or over	<input type="checkbox"/> Blind	Enter No. Checked (B) <input type="checkbox"/>
			× \$1,000 \$ _____	
(C) Dependent Children:		Enter No. Checked (C) <input type="checkbox"/>	× \$2,100 \$ _____	
Name(s) _____		Social Security number(s) _____		
(D) Other Dependents: Regular <input type="checkbox"/>		65 or over <input type="checkbox"/>	Enter No. Checked (D) <input type="checkbox"/>	× \$2,100 \$ _____
Name(s) and Relationship(s) _____		Social Security number(s) _____		
(E) Enter Total Exemptions (Add A, B, C and D) ▶ (E) <input type="checkbox"/>				Total Amount \$ _____

**See Instruction 4 if you're filing for Maryland taxes withheld in error.**

**INCOME AND ADJUSTMENTS INFORMATION** (See Instruction 11)

- Wages, salaries, tips, etc. ....
- Taxable interest income ....
- Dividend income ....
- Taxable refunds, credits or offsets of state and local income taxes ....
- Alimony received ....
- Business income or (loss) ....
- Capital gain or (loss) ....
- Other gains or (losses) (from federal Form 4797) ....
- Taxable amount of pensions, IRA distributions, and annuities ....
- Rents, royalties, partnerships, estates, trusts, etc. (Circle appropriate item) ....
- Farm income or (loss) ....
- Unemployment compensation (insurance) ....
- Taxable amount of social security and tier 1 railroad retirement benefits ....
- Other income (including lottery or other gambling winnings) ....
- Total income (Add lines 1 through 14) ....
- Total adjustments to income from federal return (IRA, alimony, etc.) ....
- Adjusted gross income (Subtract line 16 from 15) ▶

	FEDERAL INCOME (LOSS)	MARYLAND INCOME (LOSS)	NON-MARYLAND INCOME (LOSS)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			

**ADDITIONS TO INCOME** (See Instruction 12)

- Non-Maryland loss
- Other (Enter code letter(s) from Instruction 12)
- Total additions (Add lines 18 and 19) ▶
- Total federal adjusted gross income & Maryland additions (Add lines 17 (Column 1) and 20) ▶

	Dollars	Cents
18		
19		
20		
21		

**SUBTRACTIONS FROM INCOME** (See Instruction 13)

- Non-Maryland income
- Other (Enter code letter(s) from Instruction 13)
- Total subtractions (Add lines 22 and 23) ▶
- Maryland adjusted gross income (Subtract line 24 from line 21) ▶

22		
23		
24		
25		

**DEDUCTION METHOD** (All taxpayers must select one method and check the appropriate box)

**STANDARD DEDUCTION METHOD** See Instruction 15 and worksheet. Enter amount on line 26a

**ITEMIZED DEDUCTION METHOD** Complete lines 26b, c and d

Total federal itemized deductions (from line 28 federal Schedule A)  26a. \_\_\_\_\_

State and local income taxes included in federal Schedule A, line 5  26b. \_\_\_\_\_

Net itemized deductions (Subtract line 26c from line 26b)  26c. \_\_\_\_\_

26d. \_\_\_\_\_

26. Deduction amount (Multiply lines 26a or 26d by the MD income factor) 26e. \_\_\_\_\_ % (from worksheet in Instruction 14) ▶ 26 \_\_\_\_\_

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

