

**MARYLAND TAX RETURN**  
(OR FISCAL YEAR BEGINNING , 2003, ENDING )



SOCIAL SECURITY #		SPOUSE'S SOCIAL SECURITY #	
First Name	Initial	Last Name	
Spouse's First Name	Initial	Last Name	
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.

1.  Single (If you can be claimed on another person's tax return, use Filing Status 6)
2.  Married filing joint return or spouse had no income
- ▶ 3.  Married filing separately  SPOUSE'S SOCIAL SECURITY NUMBER
4.  Head of household
5.  Qualifying widow(er) with dependent child
6.  Dependent taxpayer (Enter 0 in Exemption Box (A)—See Instruction 8)

**RESIDENCE INFORMATION**—See Instructions

Enter your state of legal residence.  Were you a resident for the entire year of 2003?  
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 2002? Yes  No

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

Advise dates you resided within Maryland for 2003. 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="text"/>	× \$2,400 \$	Exemption Amount
Check here if you are:		Spouse is:		
(B) ▶ <input type="checkbox"/> 65 or over	▶ <input type="checkbox"/> Blind	Enter No. Checked (B) <input type="text"/>	× \$1,000 \$	
(C) Dependent Children:		Enter Total (C) <input type="text"/>	× \$2,400 \$	
Name(s) <input type="text"/>		Social Security number(s) <input type="text"/>		
(D) Other Dependents: Regular <input type="checkbox"/> 65 or over <input type="checkbox"/>		Enter Total (D) <input type="text"/>	× \$2,400 \$	
Name(s) and Relationship(s) <input type="text"/>		Social Security number(s) <input type="text"/>		
(E) Enter Total Exemptions (Add A, B, C and D) ▶ (E) <input type="text"/>				Total Amount \$ <input type="text"/>

**See Instruction 4 if you're filing for Maryland taxes withheld in error.**  
**INCOME AND ADJUSTMENTS INFORMATION** (See Instructions)

- Place your check or money order on top of your wage and tax statements and attach here with ONE staple.
1. Wages, salaries, tips, etc. ....
  2. Taxable interest income .....
  3. Dividend income .....
  4. Taxable refunds, credits or offsets of state and local income taxes .....
  5. Alimony received .....
  6. Business income or (loss) .....
  7. Capital gain or (loss) .....
  8. Other gains or (losses) (from federal Form 4797) .....
  9. Taxable amount of pensions, IRA distributions, and annuities .....
  10. Rents, royalties, partnerships, estates, trusts, etc. (Circle appropriate item) ..
  11. Farm income or (loss) .....
  12. Unemployment compensation (insurance) .....
  13. Taxable amount of social security and tier 1 railroad retirement benefits .....
  14. Other income (including lottery or other gambling winnings) .....
  15. Total income (Add lines 1 through 14) .....
  16. Total adjustments to income from federal return (IRA, alimony, etc.) ..
  - ▶ 17. 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)

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

Dollars	
18	<input type="text"/>
19	<input type="text"/>
▶ 20	<input type="text"/>
21	<input type="text"/>

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

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

22	<input type="text"/>
23	<input type="text"/>
▶ 24	<input type="text"/>
25	<input type="text"/>

**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  26a.

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

Total federal itemized deductions (from line 28 federal Schedule A) .....

State and local income taxes included in federal Schedule A, line 5 .....

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

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

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Dollars

- 27. Net income (Subtract line 26 from line 25) ..... 27
- 28. Total exemption amount (from EXEMPTIONS area, page 1) See Instruction 10 ..... 28
- 29. Enter your Maryland income factor (from worksheet in Instruction 14) ..... 29
- 30. Maryland exemption allowance (Multiply line 28 by line 29) ..... 30
- 31. Taxable net income (Subtract line 30 from line 27) Figure tax on this amount ..... 31

**MARYLAND TAX COMPUTATION**

- 32. **Maryland tax** (from Tax Table or Computation Worksheet) ..... 32
- 33. Earned income credit from worksheet in Instruction 20. .... ▶ 33
- 34. Poverty level credit from worksheet in Instruction 20. .... ▶ 34
- 35. Personal income tax credits from Part H, line 9 of Form 502CR. (Attach Form 502CR) ..... 35
- 36. Business tax credits (Attach Form 500CR). .... ▶ 36
- 37. Total credits (Add lines 33 through 36) ..... 37
- 38. Maryland tax after credits (Subtract line 37 from line 32) If less than 0, enter 0. .... 38
- 39. Contribution to Chesapeake Bay and Endangered Species Fund (See Instruction 21) .... ▶ 39
- 40. Contribution to Fair Campaign Financing Fund (See Instruction 21) .... ▶ 40
- 41. **Total Maryland income tax and contributions** (Add lines 38, 39 and 40) ..... 41
- 42. Total Maryland tax withheld (Enter total from and attach your W-2 and 1099 forms if MD tax is withheld) ..... ▶ 42
- 43. 2003 estimated tax payments, amount applied from 2002 return and payment made with an extension request Form 502E ..... ▶ 43
- 44. Refundable earned income credit from worksheet in Instruction 20 ..... ▶ 44
- 45. Nonresident tax paid by S corporations, or other unincorporated business entities (Attach statement) ..... ▶ 45
- 46. Refundable personal income tax credits from Part J, line 4 of Form 502CR (Attach Form 502CR. See Instruction 22) ..... 46
- 47. Total payments and credits (Add lines 42 through 46) ..... 47
- 48. Balance due (If line 41 is more than line 47, subtract line 47 from line 41) ..... ▶ 48
- 49. Overpayment (If line 41 is less than line 47, subtract line 41 from line 47) ..... ▶ 49
- 50. Amount of overpayment **TO BE APPLIED TO 2004 ESTIMATED TAX** . ▶ 50
- 51. Amount of overpayment **TO BE REFUNDED TO YOU** (Subtract line 50 from line 49) ..... **REFUND** ▶ 51
- 52. Interest charges from Form 502UP  or for late filing  (See Instruction 23) Total ▶ 52
- 53. **TOTAL AMOUNT DUE** (Add line 48 and line 52) ..... **IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN.** 53

**For credit card payment check here  and see Instruction 25. Direct debit is available only if you file electronically.**

**DIRECT DEPOSIT OF REFUND** (See Instruction 23) Please be sure the account information is correct.

- 54. To choose the direct deposit option, complete the following information: **54a.** Type of account: ▶  Checking  Savings
- 54b. Routing number ▶
- 54c. Account number ▶

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

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 ..... Preparer's SSN or PTIN

Spouse's signature ..... Date .....      Address and telephone number of preparer .....