



OR FISCAL YEAR BEGINNING 2004, ENDING

SOCIAL SECURITY #, SPOUSE'S SOCIAL SECURITY #, 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 tax period (See Instructions)

YOUR FILING STATUS—See Instruction 1 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 4. Head of household 5. Qualifying widow(er) with dependent child 6. Dependent taxpayer (Enter 0 in Exemption Box (A)—See Instruction 7)

PART-YEAR RESIDENT: If you began or ended legal residence in Maryland in 2004 place a P in the box (See Instruction 26). Give dates of Maryland Residence FROM MO DAY YR TO MO DAY YR Other state of residence MILITARY: If you or your spouse has non-Maryland military income, place an M in the box. Enter amount here

EXEMPTIONS—See Instruction 10 Exemption Amount (A) Yourself (B) Spouse (C) Dependent Children (D) Other Dependents (E) Enter Total Exemptions (Add A, B, C and D)

Print your numbers like this - 0 1 2 3 4 5 6 7 8 9 - not like this 047

Table with columns for line numbers (1-18), descriptions (Adjusted gross income, ADDITIONS TO INCOME, SUBTRACTIONS FROM INCOME), and dollar/cents amounts.

DEDUCTION METHOD (All taxpayers must select one method and check the appropriate box) STANDARD DEDUCTION METHOD ITEMIZED DEDUCTION METHOD 19a. Total federal itemized deductions 19b. State and local income taxes included in federal Schedule A, line 5 (or from worksheet in Instruction 14) Subtract line 19b from line 19a and enter amount on line 19. 20. Net income 21. Exemption amount 22. Taxable net income



Name \_\_\_\_\_ Social Security # \_\_\_\_\_

MARYLAND TAX COMPUTATION

Table with 2 columns: Description and Amount. Rows 23-30. Includes Maryland tax, earned income credit, poverty level credit, personal income tax credits, business tax credits, total credits, and Maryland tax after credits.

LOCAL TAX COMPUTATION

Table with 2 columns: Description and Amount. Rows 31-35. Includes local tax, local earned income credit, local poverty level credit, total credits, and local tax after credits.

Table with 2 columns: Description and Amount. Rows 36-40. Includes total Maryland and local tax, contributions to Chesapeake Bay and Endangered Species Fund, Fair Campaign Financing Fund, Maryland Cancer Fund, and total Maryland income tax.

Table with 2 columns: Description and Amount. Rows 41-45. Includes total Maryland and local tax withheld, 2004 estimated tax payments, refundable earned income credit, refundable income tax credits, and total payments and credits.

Table with 2 columns: Description and Amount. Rows 46-47. Includes balance due and overpayment.

Table with 2 columns: Description and Amount. Rows 48-51. Includes amount of overpayment to be applied to 2005 estimated tax, amount of overpayment to be refunded to you, interest charges, and total amount due.

DIRECT DEPOSIT OF REFUND (See Instruction 22) Please be sure the account information is correct. 52. To choose the direct deposit option, complete the following information: 52a. Type of account: [ ] Checking [ ] Savings 52b. Routing number [ ] 52c. Account number [ ]

Daytime telephone no. [ ] Home telephone no. [ ] CODE NUMBERS 049

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 \_\_\_\_\_ Preparer's SSN or PTIN [ ] Signature of preparer other than taxpayer \_\_\_\_\_ Spouse's signature \_\_\_\_\_ Date \_\_\_\_\_ Address and telephone number of preparer \_\_\_\_\_