

FORM 502 MARYLAND RESIDENT INCOME TAX RETURN

OR FISCAL YEAR BEGINNING 2005, ENDING



2005

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 taxable period. (See Instruction 6)		Maryland County	City, Town or Taxing Area

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 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 7)

PART-YEAR RESIDENT: If you began or ended legal residence in Maryland in 2005 place a **P** in the box (See Instruction 26)

Give dates of Maryland Residence

MO	DAY	YR	MO	DAY	YR	<input type="checkbox"/>
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FROM _____ TO _____

Other state of residence _____

MILITARY: If you or your spouse has **no n-Maryland** military income, place an **M** in the box. Enter amount here _____ (See Instruction 29).

EXEMPTIONS—See Instruction 10

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

Print your numbers like this - 0123456789 - not like this 047

Place your CHECK or MONEY ORDER on top of your wage and tax statements and attach here with ONE staple.

INCOME		Dollars	Cents
1. Adjusted gross income from your federal return (See Instruction 11)	<input type="text" value="_____"/>	<input type="text" value="_____"/>	<input type="text" value="_____"/>
1a. Wages, salaries and/or tips (See Instruction 11)	<input type="text" value="_____"/>	<input type="text" value="_____"/>	<input type="text" value="_____"/>
ADDITIONS TO INCOME (See Instruction 12)			
2. Tax-exempt interest on state and local obligations (bonds) other than Maryland	<input type="text" value="_____"/>	<input type="text" value="_____"/>	<input type="text" value="_____"/>
3. State retirement pickup	<input type="text" value="_____"/>	<input type="text" value="_____"/>	<input type="text" value="_____"/>
4. Lump sum distributions (from worksheet in Instruction 12)	<input type="text" value="_____"/>	<input type="text" value="_____"/>	<input type="text" value="_____"/>
5. Other additions (Enter code letter(s) from Instruction 12)	<input type="text" value="_____"/>	<input type="text" value="_____"/>	<input type="text" value="_____"/>
6. Total additions to Maryland income (Add lines 2 through 5)	<input type="text" value="_____"/>	<input type="text" value="_____"/>	<input type="text" value="_____"/>
7. Total federal adjusted gross income and Maryland additions (Add lines 1 and 6)	<input type="text" value="_____"/>	<input type="text" value="_____"/>	<input type="text" value="_____"/>

SUBTRACTIONS FROM INCOME (See Instruction 13)			
8. Taxable refunds, credits or offsets of state and local income taxes included in line 1 above	<input type="text" value="_____"/>	<input type="text" value="_____"/>	<input type="text" value="_____"/>
9. Child and dependent care expenses	<input type="text" value="_____"/>	<input type="text" value="_____"/>	<input type="text" value="_____"/>
10. Income from U.S. obligations	<input type="text" value="_____"/>	<input type="text" value="_____"/>	<input type="text" value="_____"/>
11. Pension exclusion from worksheet in Instruction 13	<input type="text" value="_____"/>	<input type="text" value="_____"/>	<input type="text" value="_____"/>
12. Taxable social security and RR benefits (Tier I, II and supplemental) included in line 1 above	<input type="text" value="_____"/>	<input type="text" value="_____"/>	<input type="text" value="_____"/>
13. Income received during period of nonresidence (See Instructions 26 and 29)	<input type="text" value="_____"/>	<input type="text" value="_____"/>	<input type="text" value="_____"/>
14. Other subtractions (Enter code letter(s) from Instruction 13)	<input type="text" value="_____"/>	<input type="text" value="_____"/>	<input type="text" value="_____"/>
15. Subtotal (Add lines 8 through 14)	<input type="text" value="_____"/>	<input type="text" value="_____"/>	<input type="text" value="_____"/>
16. Two-income subtraction from worksheet in Instruction 13	<input type="text" value="_____"/>	<input type="text" value="_____"/>	<input type="text" value="_____"/>
17. Total subtractions from Maryland income (Add lines 15 and 16)	<input type="text" value="_____"/>	<input type="text" value="_____"/>	<input type="text" value="_____"/>
18. Maryland adjusted gross income (Subtract line 17 from line 7)	<input type="text" value="_____"/>	<input type="text" value="_____"/>	<input type="text" value="_____"/>

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

STANDARD DEDUCTION METHOD See Instruction 16 and worksheet. (Enter amount on line 19)

ITEMIZED DEDUCTION METHOD Complete lines 19a and 19b

19a. Total federal itemized deductions (from line 28, federal Schedule A)

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.

19. Deduction amount (Part-year residents see Instruction 26 (l and m) and military personnel see Instruction 29)	<input type="text" value="_____"/>	<input type="text" value="_____"/>	<input type="text" value="_____"/>
20. Net income (Subtract line 19 from line 18)	<input type="text" value="_____"/>	<input type="text" value="_____"/>	<input type="text" value="_____"/>
21. Exemption amount from Exemptions area above (See Instruction 10)	<input type="text" value="_____"/>	<input type="text" value="_____"/>	<input type="text" value="_____"/>
22. Taxable net income (Subtract line 21 from line 20)	<input type="text" value="_____"/>	<input type="text" value="_____"/>	<input type="text" value="_____"/>



Name

Social Security #

MARYLAND TAX COMPUTATION

Table with 2 columns: Description (lines 23-30) and Amount (Dollars and Cents). Includes Maryland tax, credits, and total tax after credits.

LOCAL TAX COMPUTATION

Table with 2 columns: Description (lines 31-47) and Amount (Dollars and Cents). Includes local tax, credits, and total Maryland and local tax.

Table with 2 columns: Description (lines 48-51) and Amount (Dollars and Cents). Includes overpayment, refund, and interest charges.

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

Form for direct deposit information including account type (Checking/Savings), routing number, and account number.

Daytime telephone no. and Home telephone no. fields.

CODE NUMBERS (3 digits per box) field.

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.

Make checks payable to: COMPTROLLER OF MARYLAND. It is recommended that you include your social security no. on check using blue or black ink.

Your signature and Date, Spouse's signature and Date fields.

Preparer's SSN or PTIN, Signature of preparer other than taxpayer, and Address and telephone number of preparer fields.