



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...

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 2006 place a P in the box (See Instruction 26).

Give dates of Maryland Residence FROM TO

Other state of residence

MILITARY: If you or your spouse has non-Maryland military income, place an M in the box. Enter amount here (See Instruction 29).

EXEMPTIONS—See Instruction 10

(A) Yourself, Spouse, (B) 65 or over, Blind, Exemption Amount, Enter No. Checked, (A) x \$2,400, (B) x \$1,000, (C) x \$2,400, Enter the Total Exemptions (Add A, B, and C) (D) Total Amount

Table with 5 columns: (1) First name, (2) Dependent's social security number, (3) Dependent's relationship to you, (4) Regular, (5) 65 or Over

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

INCOME 1. Adjusted gross income from your federal return (See Instruction 11) Dollars Cents

ADDITIONS TO INCOME (See Instruction 12) 2. Tax-exempt interest on state and local obligations (bonds) other than Maryland
3. State retirement pickup
4. Lump sum distributions (from worksheet in Instruction 12)
5. Other additions (Enter code letter(s) from Instruction 12)
6. Total additions to Maryland income (Add lines 2 through 5)
7. Total federal adjusted gross income and Maryland additions (Add lines 1 and 6)

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

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
Total federal itemized deductions (from line 28, federal Schedule A) 19a
State and local income taxes included in federal Schedule A, line 5 (or from worksheet in Instruction 14) 19b
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)
20. Net income (Subtract line 19 from line 18)
21. Exemption amount from Exemptions area above (See Instruction 10)
22. Taxable net income (Subtract line 21 from line 20)

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



NAME _____ SSN _____

MARYLAND TAX COMPUTATION

Table with 2 columns: Dollars, Cents. Rows 23-30 for Maryland Tax Computation.

LOCAL TAX COMPUTATION

Table with 2 columns: Dollars, Cents. Rows 31-51 for Local Tax Computation.

For credit card payment check here [] and see Instruction 24. Direct debit is available only if you file electronically.

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

Form for direct deposit of refund with fields for account type, routing number, and account number.

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.

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