



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.

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)

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)

Table with columns: (1) First name, (C) Spouse's Last 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 047

1. Adjusted gross income from your federal return (See Instruction 11)
1a. Wages, salaries and/or tips (See Instruction 11)
2. Standard deduction (See Instruction 16)
3. Net income (Subtract line 2 from line 1)
4. Exemption amount as computed above
5. Taxable net income (Subtract line 4 from line 3. GO TO TAX TABLE, page 18.)
6. Maryland tax (from Tax Table or Computation Worksheet)
7. Earned income credit 7a, Poverty level credit 7b (See Instruction 18) Total
8. Maryland tax after credits (Subtract line 7 from line 6) If less than 0, enter 0.
9. Local tax (See Instruction 19 for tax rates and worksheet.) Multiply line 5 by your local tax rate . 0
10. Local: Earned income credit 10a, Poverty level credit 10b (See Instruction 19) Total
11. Local tax after credits (Subtract line 10 from line 9) If less than 0, enter 0.
12. Total Maryland and local tax (Add lines 8 and 11)
13. Contributions to Chesapeake Bay and Endangered Species Fund
14. Contributions to Fair Campaign Financing Fund
15. Contributions to Maryland Cancer Fund
16. Total Maryland income tax, local income tax and contributions (Add lines 12 through 15)
17. Total Maryland and local tax withheld (Enter total from and attach your W-2 and 1099 forms if MD tax is withheld)
18. Refundable earned income credit (from worksheet in Instruction 21)
19. Total payments and credit (Add lines 17 and 18)
20. Balance due (If line 16 is more than line 19, subtract line 19 from line 16)
21. Overpayment (If line 16 is less than line 19, subtract line 16 from line 19) See line 24 . . . This is your REFUND
22. Interest charges from Form 502UP or for late filing (See Instruction 22) Total
23. TOTAL AMOUNT DUE (Add lines 20 and 22) IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN

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

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.

24. To choose the direct deposit option, complete the following information: 24a. Type of account: Checking Savings, 24b. Routing number, 24c. Account number

Daytime telephone no., Home telephone no., CODE NUMBERS (3 digits per box) 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. It is recommended that you include your social security number on check. Mail to: Comptroller of Maryland, Revenue Administration Division, Annapolis, Maryland 21411-0001

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



NAME _____ SSN _____

WHO MAY USE THIS FORM?

You may use this short form (Form 503) if you answer "NO" to ALL of these questions

- | YES | NO | | YES | NO | |
|-----------------------------|--------------------------|---|-----------------------------|--------------------------|---|
| 1. <input type="checkbox"/> | <input type="checkbox"/> | Will you have any Additions to Income or Subtractions from Income on your Maryland return? If you are eligible for a subtraction, such as the pension exclusion, it will be to your benefit to use Form 502. If you have a state pickup amount on your Form W-2, you must use Form 502. | 5. <input type="checkbox"/> | <input type="checkbox"/> | Were you a nonresident of Maryland? |
| 2. <input type="checkbox"/> | <input type="checkbox"/> | Do you want to itemize deductions? | 6. <input type="checkbox"/> | <input type="checkbox"/> | Were you a part-year resident of Maryland? |
| 3. <input type="checkbox"/> | <input type="checkbox"/> | Did you make estimated payments in 2006, have part or all of your 2005 refund applied to your 2006 estimated account or make a payment with an extension request, Form 502E? | 7. <input type="checkbox"/> | <input type="checkbox"/> | Does your return cover less than a 12 month period? |
| 4. <input type="checkbox"/> | <input type="checkbox"/> | Are you claiming a tax credit on Maryland Form 500CR or Form 502CR? | 8. <input type="checkbox"/> | <input type="checkbox"/> | Were you a fiscal year taxpayer? |
| | | | 9. <input type="checkbox"/> | <input type="checkbox"/> | Will you want part or all of your refund credited to next year's estimated account? |
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