

**FORM 505 MARYLAND NONRESIDENT INCOME TAX RETURN**



**2006**

OR FISCAL YEAR BEGINNING 2006, 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

**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)

**RESIDENCE INFORMATION**—See Instruction 9

Enter your state of legal residence. Were you a resident for the entire year of 2006?  
 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 2005? Yes  No   
 If "Yes," was it a  Resident or a  Nonresident return?

Advise dates you resided within Maryland for 2006. If none, enter "NONE"

FROM \_\_\_\_\_ TO \_\_\_\_\_

**EXEMPTIONS**—See Instruction 10

(A) Yourself  Spouse   
 Check here if you are: Spouse is:

(B)  65 or over  Blind  65 or over  Blind

Enter No. Checked (A)  × \$2,400 \$ \_\_\_\_\_  
 Enter No. Checked (B)  × \$1,000 \$ \_\_\_\_\_  
 Enter No. Checked in columns 4 & 5 (C)  × \$2,400 \$ \_\_\_\_\_  
 Enter the Total Exemptions (Add A, B, and C) (D)  Total Amount \$ \_\_\_\_\_

(1) First name	(C) Dependents: Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Regular	(5) 65 or Over
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**INCOME AND ADJUSTMENTS INFORMATION** (See Instruction 11)

	FEDERAL INCOME (LOSS)	MARYLAND INCOME (LOSS)	NON-MARYLAND INCOME (LOSS)
1. Wages, salaries, tips, etc.	1		
2. Taxable interest income	2		
3. Dividend income	3		
4. Taxable refunds, credits or offsets of state and local income taxes	4		
5. Alimony received	5		
6. Business income or (loss)	6		
7. Capital gain or (loss)	7		
8. Other gains or (losses) (from federal Form 4797)	8		
9. Taxable amount of pensions, IRA distributions, and annuities	9		
10. Rents, royalties, partnerships, estates, trusts, etc. (Circle appropriate item)	10		
11. Farm income or (loss)	11		
12. Unemployment compensation (insurance)	12		
13. Taxable amount of social security and tier 1 railroad retirement benefits	13		
14. Other income (including lottery or other gambling winnings)	14		
15. Total income (Add lines 1 through 14)	15		
16. Total adjustments to income from federal return (IRA, alimony, etc.)	16		
17. Adjusted gross income (Subtract line 16 from 15)	17		

**ADDITIONS TO INCOME** (See Instruction 12)

18. Non-Maryland loss 18

19. Other (Enter code letter(s) from Instruction 12) 19

20. Total additions (Add lines 18 and 19) 20

21. Total federal adjusted gross income & Maryland additions (Add lines 17 (Column 1) and 20) 21

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

22. Non-Maryland income 22

23. Other (Enter code letter(s) from Instruction 13) 23

24. Total subtractions (Add lines 22 and 23) 24

25. Maryland adjusted gross income (Subtract line 24 from line 21) 25

**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) 26b

State and local income taxes included in federal Schedule A, line 5 26c

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

26. Deduction amount (Multiply lines 26a or 26d by the MD income factor) 26

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



NAME \_\_\_\_\_ SSN \_\_\_\_\_

Dollars Cents

Table with 3 columns: Line number, Description, and Amount. Lines 27-31 include Net income, Total exemption amount, Maryland income factor, Maryland exemption allowance, and Taxable net income.

MARYLAND TAX COMPUTATION

Table with 3 columns: Line number, Description, and Amount. Lines 32a-54 include Maryland tax, special nonresident tax, earned income credit, poverty level credit, other income tax credits, business tax credits, total credits, Maryland tax after credits, contributions to various funds, total Maryland income tax and contributions, total Maryland tax withheld, 2006 estimated tax payments, refundable earned income credit, nonresident tax paid, refundable income tax credits, total payments and credits, balance due, overpayment, and amount of overpayment.

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.

Form for direct deposit of refund including fields for 55a. Type of account (Checking/Savings), 55b. Routing number, and 55c. Account number.

Form for daytime and home telephone numbers and code numbers (3 digits per box).

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 using blue or black ink. Mail to: Comptroller of Maryland, Revenue Administration Division, Annapolis, Maryland 21411-0001

Form for signatures and preparer information including fields for Your signature, Date, Spouse's signature, Date, Preparer's SSN or PTIN, Signature of preparer other than taxpayer, and Address and telephone number of preparer.