



SOCIAL SECURITY #, SPOUSE'S SOCIAL SECURITY #, Your First Name, Spouse's First Name, PRESENT ADDRESS, 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, 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

Table with columns: (A) Yourself, (B) Spouse, (C) Dependents (First name, Last name, Social Security number, Relationship), (4) Regular, (5) 65 or Over. Includes exemption amounts and total exemptions.

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.

Main tax calculation grid with lines 1-23. Includes fields for Adjusted gross income, Standard deduction, Net income, Exemption amount, Taxable net income, Maryland tax, Earned income credit, Local tax, Total Maryland and local tax, Contributions, Total Maryland income tax, Total Maryland and local tax withheld, Refundable earned income credit, Total payments and credit, Balance due, Overpayment, and TOTAL AMOUNT DUE.

DIRECT DEPOSIT OF REFUND (See Instruction 22) Please be sure the account information is correct. 24a. Type of account: Checking, Savings. 24b. Routing number, 24c. Account number. Includes daytime and home telephone numbers and code numbers.

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.

Signature and information section: 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 2007; have part or all of your 2006 refund applied to your 2007 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? |