



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

CHECK ONLY ONE BOX YOUR FILING STATUS: 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

PART-YEAR RESIDENT: If you began or ended legal residence in Maryland in 2008 place a P in the box. 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.

EXEMPTIONS: (A) Yourself, Spouse, (B) 65 or over, Blind, Spouse is: 65 or over, Blind. Exemption Amount table.

Table with columns: (1) First name, Last name, (2) Social Security number, (3) Relationship, (4) Check if Dep. Child, (5) If Dependent Child is checked, does child have health care?, (6) Regular, (7) 65 or Over.

INCOME: 1. Adjusted gross income from your federal return (See Instruction 11). 1a. Wages, salaries and/or tips. ADDITIONS TO INCOME: 2. Tax-exempt interest on state and local obligations, 3. State retirement pickup, 4. Lump sum distributions, 5. Other additions, 6. Total additions to Maryland income, 7. Total federal adjusted gross income and Maryland additions.

SUBTRACTIONS FROM INCOME: 8. Taxable refunds, credits or offsets of state and local income taxes, 9. Child and dependent care expenses, 10. Income from U.S. obligations, 11. Pension exclusion, 12. Taxable Social Security and RR benefits, 13. Income received during period of nonresidence, 14. Other subtractions, 15. Subtotal, 16. Two-income subtraction, 17. Total subtractions from Maryland income, 18. Maryland adjusted gross income.

DEDUCTION METHOD: STANDARD DEDUCTION METHOD, ITEMIZED DEDUCTION METHOD. 19. Deduction amount, 20. Net income, 21. Exemption amount, 22. Taxable net income.

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: Description and Amount. Rows 23-30. Includes Maryland tax, earned income credit, poverty level credit, other income tax credits, business tax credits, total credits, and Maryland tax after credits.

LOCAL TAX COMPUTATION

Table with 2 columns: Description and Amount. Rows 31-47. Includes local tax, local earned income credit, local poverty level credit, total credits, local tax after credits, total Maryland and local tax, contributions to various funds, total Maryland income tax, total Maryland and local tax withheld, 2008 estimated tax payments, refundable earned income credit, refundable income tax credits, total payments and credits, balance due, and overpayment.

Table with 2 columns: Description and Amount. Rows 48-51. Includes amount of overpayment to be applied to 2009 estimated tax, amount of overpayment to be refunded to you, interest charges from Form 502UP, and total amount due.

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

Form for direct deposit of refund information, including account type (Checking/Savings), routing number, and 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. Mail to: Comptroller of Maryland, Revenue Administration Division, Annapolis, Maryland 21411-0001

Signature lines for taxpayer, spouse, preparer, and preparer other than taxpayer, along with date and address/telephone number of preparer.