

FORM 502 MARYLAND RESIDENT INCOME TAX RETURN



2009

OR FISCAL YEAR BEGINNING 2009, 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
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. (See Instruction 6)		Maryland/Eqwp\	City, town or taxing area

Check Only One Box

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)

PART-YEAR RESIDENT: If you began or ended legal residence in Maryland in 2009 place a **P** in the box (See Instruction 26).

Give dates of Maryland Residence
 FROM MO DAY YR TO MO DAY YR

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. Check here if you are: Spouse is:

(A) Yourself <input type="checkbox"/>	Spouse <input type="checkbox"/>	(B) <input type="checkbox"/> 65 or over <input type="checkbox"/> Blind	Spouse is: <input type="checkbox"/> 65 or over <input type="checkbox"/> Blind	Exemption Amount
(A) Enter No. Checked.....	<input type="text"/>	See Instruction 10	\$	
(B) Enter No. Checked.....	<input type="text"/> × \$1,000		\$	
(C) Enter No. Checked in Columns 6 & 7.....	<input type="text"/>	See Instruction 10	\$	
(D) Enter the Total Exemptions (Add A, B, and C) <input type="checkbox"/>	Total Amount		\$	

(1) First name		(2) Social Security number		(3) Relationship	(4) Check if Dep. under age 19	(5) If (4) is checked, does child have health insurance now?		(6) Regular	(7) 65 or Over
First name	Last name				Yes	No			

INCOME

1. Adjusted gross income from your federal return (See Instruction 11)..... **1** _____

1a. Wages, salaries and/or tips (See Instruction 11)..... **1a** _____

ADDITIONS TO INCOME (See Instruction 12)

2. Tax-exempt interest on state and local obligations (bonds) other than Maryland..... **2** _____

3. State retirement pickup..... **3** _____

4. Lump sum distributions (from worksheet in Instruction 12)..... **4** _____

5. Other additions (Enter code letter(s) from Instruction 12)..... **5** _____

6. Total additions to Maryland income (Add lines 2 through 5)..... **6** _____

7. Total federal adjusted gross income and Maryland additions (Add lines 1 and 6)..... **7** _____

SUBTRACTIONS FROM INCOME (See Instruction 13)

8. Taxable refunds, credits or offsets of state and local income taxes included in line 1 above..... **8** _____

9. Child and dependent care expenses..... **9** _____

10. Income from U.S. obligations..... **10** _____

11. Pension exclusion from worksheet in Instruction 13..... **11** _____

12. Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line 1 above..... **12** _____

13. Income received during period of nonresidence (See Instructions 26 and 29)..... **13** _____

14. Other subtractions (Enter code letter(s) from Instruction 13)..... **14** _____

15. Subtotal (Add lines 8 through 14)..... **15** _____

16. Two-income subtraction from worksheet in Instruction 13..... **16** _____

17. Total subtractions from Maryland income (Add lines 15 and 16)..... **17** _____

18. Maryland adjusted gross income (Subtract line 17 from line 7)..... **18** _____

DEDUCTION METHOD See Instruction 16 (All taxpayers must select one method and *check the appropriate box*)

STANDARD DEDUCTION METHOD (Enter amount on line 19)

ITEMIZED DEDUCTION METHOD Complete lines 19a and 19b

Total federal itemized deductions (from line 29, 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.

Deduction amount (Part-year residents see Instruction 26 (l and m) and military personnel see Instruction 29)..... **19** _____

20. Net income (Subtract line 19 from line 18)..... **20** _____

21. Exemption amount from Exemptions area above (See Instruction 10)..... **21** _____

22. Taxable net income (Subtract line 21 from line 20)..... **22** _____

Place CHECK or MONEY ORDER on top of your W-2 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 31-51. 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, 2009 estimated tax payments, refundable earned income credit, refundable income tax credits, total payments and credits, balance due, overpayment, amount of overpayment to be applied to 2010 estimated tax, amount of overpayment to be refunded to you, interest charges, and total amount due.

For credit card or electronic payment check here [] and see Instruction 24.

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

In order to comply with new banking rules, please, check [] here if this refund will go to an account outside the United States. If checked, see Instruction 22.

For the direct deposit option, complete the following information clearly and legibly. 52a. Type of account: [] Checking [] Savings

52b. Routing Number (9-digit) []

52c. Account number []

Daytime telephone no. [] Home telephone no. [] 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. Check [] here if you authorize your paid preparer not to file electronically.

Make checks payable and mail to: Comptroller of Maryland, Revenue Administration Division, Annapolis, Maryland 21411-0001. It is recommended that you include your Social Security number on check.

Your signature _____ Date _____ Preparer's SSN or PTIN (required by law) _____ Signature of preparer other than taxpayer _____ Spouse's signature _____ Date _____ Address and telephone number of preparer _____