



Social Security number		Spouse's Social Security number	
Your First Name	Initial	Last Name	
Spouse's First Name	Initial	Last Name	

Subtractions from income. Determine which subtractions from income apply to you. See instruction 13 in Resident Booklet for more information.

- a. Disability payments from a pension system to firemen and policemen for job-related injuries or disabilities (but not more than the amount included in your total income) a _____
- b. Net allowable subtractions from income from pass-through entities not attributable to decoupling. b _____
- c. Net subtractions from income reported by a fiduciary c _____
- d. Distributions of accumulated income by a fiduciary, if income tax has been paid by the fiduciary to the State (but not more than the amount included in your total income) d _____
- e. Profit (without regard to losses) from the sale or exchange of bonds issued by the State or local governments of Maryland e _____
- f. Benefits received from a Keogh plan on which State income tax was paid prior to 1967. Attach statement f _____
- g. Amount of wages and salaries disallowed as a deduction due to the work opportunity credit allowed under the Internal Revenue Code Section 51. g _____
- h. Expenses up to \$5,000 incurred by a blind person for a reader, or up to \$1,000 incurred by an employer for a reader for a blind employee. h _____
- i. Expenses incurred for reforestation or timber stand improvement of commercial forest land i _____
- j. The amount added to taxable income for the use of an official vehicle by a member of a state, county or local police or fire department. The amount is listed separately on your W2 j _____
- k. Up to \$6,000 in expenses incurred by parents to adopt a child with special needs through a public or nonprofit adoption agency; up to \$5,000 for adoption of a child without special needs k _____
- l. Purchase and installation costs of certain conservation tillage equipment. Attach a copy of the certification. l _____
- m. Deductible artist's contribution. Complete and attach Form 502AC m _____
- n. Payment received under a fire, rescue, or ambulance personnel length of service award program that is funded by any county or municipal corporation of the State n _____
- o. Value of farm products you donated to a gleaning cooperative. Attach a copy of the certification o _____
- p. Overseas military subtraction (use worksheet from Instruction 13) p _____
- q. Unreimbursed vehicle travel expenses. Complete and attach Form 502V q _____
- r. Amount of pickup contribution shown on Form 1099R from the State retirement or pension systems included in federal adjusted gross income. r _____
- s. Amount of interest and dividend income (including capital gain distributions) of a dependent child that is included in the parent's federal gross income under the Internal Revenue Code Section 1 (g)(7). . . . s _____
- t. Relocation and assistance payments received from the State of Maryland under Title 12 Subtitle 2 of the Real Property Article t _____
- u. Up to \$5,000 of military retirement income received by a qualifying individual during the tax year. See Instruction 13 on who is a qualifying individual u _____
- v. The Honorable Louis L. Goldstein Volunteer Police, Fire, Rescue, and Emergency Medical Services Personnel Subtraction Modification Program. Attach a copy of the certification v _____
- w. Purchase cost of certain poultry or livestock manure spreading equipment. Attach a copy of the certification w _____

**SUBTRACTIONS
FROM INCOME**
ATTACH TO YOUR TAX RETURN



NAME _____ SSN _____

- x. Up to \$2,500 per contract purchased for advanced tuition payments made to the Maryland Prepaid College Trust; maximum of \$2,500 per taxpayer per beneficiary for investment accounts for same beneficiary under the Maryland College Investment Plan and the Maryland Broker-Dealer College Investment Plan. See Administrative Release 32 x _____
- y. Any income that is related to tangible or intangible property that was seized, misappropriated or lost as a result of the actions or policies of Nazi Germany towards a Holocaust victim y _____
- z. Expenses incurred to buy and install handrails in an existing elevator in a qualified healthcare facility or other building in which at least 50% of the space is used for medical purposes z _____
- aa. Payments from a pension system to the surviving spouse or other beneficiary of a law enforcement officer or firefighter whose death arises out of or in the course of their employment. aa _____
- ab. Income from U.S. Government Obligations (See Instruction 13). ab _____
- bb. Net subtraction modification to Maryland taxable income when claiming the federal depreciation allowances from which the State of Maryland has decoupled. Complete and attach Form 500DM . See Administrative Release 38 bb _____
- cc. Net subtraction modification to Maryland taxable income when using the federal special 5-year carryback period for a net operating loss under federal law compared to Maryland taxable income without regard to federal provisions. Complete and attach Form 500DM. See Administrative Release 38. cc _____
- cd. Net subtraction modification to Maryland taxable income resulting from the federal ratable inclusion of deferred income arising from business indebtedness discharged by reacquisition of a debt instrument. Complete and attach Form 500DM. See Administrative Release 38 cd _____
- dd. Income derived within an arts and entertainment district by a qualifying residing artist. Complete and attach Form 502AE. dd _____
- dm. Net subtraction modification from multiple decoupling provisions. Complete and attach Form 500DM. dm _____
- dp. Net subtraction decoupling modification from a pass-through entity. Complete and attach Form 500DM. See Administrative Release 38. dp _____
- ee. Amount received as a grant under the Solar Energy Grant Program administered by the Maryland Energy Administration but not more than the amount included in your total income ee _____
- ff. Amount of the cost difference between a conventional on-site sewage disposal system and a system that utilizes nitrogen removal technology, for which the Department of Environment's payment assistance program does not cover. ff _____
- hh. Net subtraction to adjust phase out of exemptions as a result of including U.S. Obligations in your adjusted gross income hh _____

- 1. TOTAL.** Add lines **a through hh** and enter this amount on line 13 of Form 502 with the appropriate code letters **TOTAL** 1 _____