

**FORM 502 MARYLAND RESIDENT INCOME TAX RETURN**



**2010**  
\$

OR FISCAL YEAR BEGINNING 2010, ENDING

Print Using Blue or Black Ink Only

Social Security number		Spouse's Social Security number	
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 resided on the last day of the taxable period. (See Instruction 6)		Maryland County	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 2010 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 26).

**EXEMPTIONS**— See Instruction 10

(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="text"/>	Total Amount	\$	

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

Check here if you authorize us to share your tax information with the Medical Assistance Program for help finding health insurance.

**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. Pension exclusion from worksheet in Instruction 13.....  **10**

11. Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line 1 above.....  **11**

12. Income received during period of nonresidence (See Instructions 26).....  **12**

13. Subtractions from attached Form 502SU (See Instruction 13).....     **13**

14. Two-income subtraction from worksheet in Instruction 13.....  **14**

15. Total subtractions from Maryland income (Add lines 8 through 14).....  **15**

16. Maryland adjusted gross income (Subtract line 15 from line 7).....  **16**

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

**STANDARD DEDUCTION METHOD** (Enter amount on line 17)

**ITEMIZED DEDUCTION METHOD** (Complete lines 17a and 17b)

Total federal itemized deductions (from line 29, federal Schedule A).....  **17a.**

State and local **income** taxes included in federal Schedule A, line 5.....  **17b.**

Subtract line 17b from line 17a and enter amount on line 17.

17. Deduction amount [Part-year residents see Instruction 26 (l and m)].....  **17**

18. Net income (Subtract line 17 from line 16).....  **18**

19. Exemption amount from Exemptions area above (See Instruction 10).....  **19**

20. Taxable net income (Subtract line 19 from line 18).....  **20**

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 31-47. 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, 2010 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 2011 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. For Splitting Direct Deposit, see Form 588. 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. 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 \_\_\_\_\_