

LINE NUMBER	FIELD	DESCRIPTION	FIELD SIZE	FIELD TYPE	COMMENTS, ACCEPTABLE VALUES, EDITS
1	Header	Header Version Number	2	Alpha-Numeric	"T1"
2	Header	Developer Code	4	Numeric	NACTP Vendor Code
3	Header	Jurisdiction Code	2	Alpha	MD
4	Header	Description	3	Numeric	515
5	Header	Specification Version	2	Numeric	00-99
6	Header	Software Form Version	2	Numeric	00-99
7	A	Primary Social Security Number	9	Numeric	
8	A	Secondary Social Security Number	9	Numeric	
9	B	Primary Last Name	20	Alpha	Last Name of Taxpayer
10	B	Primary First Name	20	Alpha	First Name of Taxpayer
11	B	Primary Middle Initial	1	Alpha	Middle Initial of Taxpayer
12	B	Spouse Last Name	20	Alpha	Last Name of Spouse
13	B	Spouse First Name	20	Alpha	First Name of Spouse
14	B	Spouse Middle Initial	1	Alpha	Middle Initial of Spouse
15	B	Street Address 1	30	Alpha-Numeric	Street address or Post Office Box
16	B	Street Address 2	30	Alpha-Numeric	Street address continued if necessary
17	B	City	20	Alpha-Numeric	City, Town, or Post Office, Include Foreign Country
18	B	State	2	Alpha	Standard Post Office 2 letter abbreviation
19	B	Zip	10	Alpha-Numeric	5 + 4 US Zip code or up to 10 character foreign ZIP
20	C	Filing Status - Single	1	Numeric	Blank or "1". "1" = box is marked, Blank = box is not marked
21	C	Filing Status - Married Joint	1	Numeric	Blank or "2". "2" = box is marked, Blank = box is not marked
22	C	Filing Status - Married Separate	1	Numeric	Blank or "3". "3" = box is marked, Blank = box is not marked
23	C	Filing Status - Head of Household	1	Numeric	Blank or "4". "4" = box is marked, Blank = box is not marked
24	C	Filing Status - Qualifying widow(er) with dependent child	1	Numeric	Blank or "5". "5" = box is marked, Blank = box is not marked
25	C	Filing Status - Dependent Taxpayer	1	Numeric	Blank or "6". "6" = box is marked, Blank = box is not marked
26	D	Exemptions - You are over 65	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
27	D	Exemptions - You are Blind	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
28	D	Exemptions - Spouse is over 65	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
29	D	Exemptions - Spouse is Blind	1	Alpha	Blank or "Y". "Y" = box is marked, Blank = box is not marked
30	D	Exemptions - Total	2	Numeric	0 - 99 or Blank
31	D	Dependent's SSN	9	Numeric	
32	D	Dependent's SSN	9	Numeric	
33	D	Dependent's SSN	9	Numeric	
34	D	Dependent's SSN	9	Numeric	
35	D	Dependent's SSN	9	Numeric	
36	D	Dependent's SSN	9	Numeric	
37	17 (Col. 1)	Federal Adjusted Gross Income	15	Numeric	Whole dollars only
38	17 (Col. 3)	Non-Maryland Adjusted Gross Income	15	Numeric	Whole dollars only
39	19	Other Additions Code Letter	2	Alpha	Code can be 1 or 2 letters. Single letter codes must be in first position
40	19	Other Additions Code Letter	2	Alpha	Code can be 1 or 2 letters. Single letter codes must be in first position
41	19	Other Additions Code Letter	2	Alpha	Code can be 1 or 2 letters. Single letter codes must be in first position
42	20	Total Additions to Maryland Income	15	Numeric	Whole dollars only
43	22	Total Military Income of Nonresident	15	Numeric	Whole dollars only
44	23	Other Subtractions Code Letter	2	Alpha	Code can be 1 or 2 letters. Single letter codes must be in first position
45	23	Other Subtractions Code Letter	2	Alpha	Code can be 1 or 2 letters. Single letter codes must be in first position
46	23	Other Subtractions Code Letter	2	Alpha	Code can be 1 or 2 letters. Single letter codes must be in first position
47	24	Total Subtractions to Maryland Income	15	Numeric	Whole dollars only
48	27	Deduction Method - Standard	1	Alpha	Check box, Blank or "S". "S" = box is marked, Blank = box is not marked
49	27	Deduction Method - Itemized	1	Alpha	Check box, Blank or "I". "I" = box is marked, Blank = box is not marked
50	27	Deduction Amount	15	Numeric	Whole dollars only

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51	34	Earned Income Credit	15	Numeric	Whole dollars only
52	35	Poverty Level Credit	15	Numeric	Whole dollars only
53	37	Business Tax Credits	15	Numeric	Whole dollars only
54	46	Contribution to Chesapeake Bay/Endangered Species	15	Numeric	Whole dollars only
55	47	Contribution to Fair Campaign Financing Fund	15	Numeric	Whole dollars only
56	48	Contribution to Maryland Cancer Fund	15	Numeric	Whole dollars only
57	50	Total Maryland and Local Tax Withheld	15	Numeric	Whole dollars only
58	51	Est Tax paid, applied from Prior Year Return and Amt Paid with Ext. Request	15	Numeric	Whole dollars only
59	52	Refundable Earned Income Credit	15	Numeric	Whole dollars only
60	53	Maryland Tax from line 39 (if PA resident)	15	Numeric	Whole dollars only
61	56	Balance Due	15	Numeric	Whole dollars only
62	57	Overpayment	15	Numeric	Whole dollars only
63	58	Amount of Overpayment to be applied to Estimated Tax	15	Numeric	Whole dollars only
64	59	Amount of Overpayment to be refunded	15	Numeric	Whole dollars only
65	60	Total Interest Charges	15	Numeric	Whole dollars only
66	E	Daytime Telephone Number	10	Numeric	No parenthesis, hyphens or spaces
67	F	Code number	9	Numeric	up to 3, 3 digit code #'s in positions 1-3, 4-6 & 7-9
68	H	Preparer's PTIN or SSN	9	Alpha/Numeric	6 - 9 digits
69	I	Trailer			*EOD* <CR>