

FORM 502 MARYLAND TAX RETURN 1996



RESIDENT (OR FISCAL YEAR BEGINNING 1996, ENDING 1997) \$

Your first name	Initial	Last name	Social security number	<input type="checkbox"/> Check here if you use a paid preparer and do not want Maryland forms mailed to you next year.
Spouse's first name	Initial	Last name	Social security number	

ATTACH LABEL

Present address (No. and street or rural rt.)	City or Town	State	Zip Code
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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 County	City, Town or Taxing Area
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YOUR FILING STATUS—See Instruction 1 to determine if you are required to file.

- Single (If you can be claimed on another person's tax return, use Filing Status 7)
- Married filing joint return or spouse had no income
- Married filing separately SPOUSE'S SOCIAL SECURITY NUMBER
- Head of household
- Qualifying widow(er) with dependent child
- Dependent taxpayer (Enter 0 in Exemption Box (A)—See Instruction 7)

EXEMPTIONS—See Instruction 10

(A) Yourself Spouse Enter No. Checked (A) × \$1,200 \$ _____ Exemption Amount

Check here if you are: 65 or over Blind Spouse is: 65 or over Blind Enter No. Checked (B) × \$1,000 \$ _____

(C) Dependent Children Enter No. (C) × \$1,200 \$ _____

(D) Other Dependents Regular 65 or over Enter No. (D) × \$1,200 \$ _____

Name(s) _____ Relationship(s) _____

(E) Total Exemptions (Add A, B, C and D) Total Exemption Amount \$ _____

PART-YEAR RESIDENTS AND MILITARY: Check here if you began or ended legal residence in Maryland in 1996 (See Instruction 26) or if you have non-Maryland military income (See Instruction 27).

Give dates of Maryland Residence

MO DAY YR FROM TO

Other state of residence

INCOME AND ADJUSTMENTS FROM FEDERAL RETURN

- Wages, salaries, tips, etc.
- Taxable interest income
- Tax-exempt interest income (You may have to include this on line 18. See Instruction 12)
- Dividend income
- Taxable refunds, credits, or offsets of state and local income taxes
- Alimony received
- Business income or (loss)
- Capital gain or (loss) (including capital gain distributions)
- Other gains or (losses) (from federal Form 4797)
- Total IRA distributions **9b.** Taxable amount
- Total pensions and annuities **9d.** Taxable amount
- Rents, royalties, partnerships, S corporations, estates, trusts, etc. (Circle appropriate item)
- Farm income or (loss)
- Unemployment compensation
- Social security and Tier I RR benefits **13b.** Taxable amount
- Other income
- Total income (Add lines 1 through 14)
- Total adjustments to income from federal return (IRA, alimony, etc.)
- Federal adjusted gross income (Subtract line 16 from 15) **Enter on line 51**

	Dollars	Cents
1		
2a		
3		
4		
5		
6		
7		
8		
9b		
9d		
10		
11		
12		
13b		
14		
15		
16		
17		

ADDITIONS TO INCOME (See Instruction 12)

- Tax-exempt interest on state and local obligations (bonds) other than Maryland from line 2b
- Taxable tax preference items (Attach Form 502TP)
- Lump sum distributions
- Other (Enter code letter(s) from Instruction 12)
- Total (Add lines 18 through 21) **Enter on line 52**

18		
19		
20		
21		
22		

SUBTRACTIONS FROM INCOME (See Instruction 13)

- Taxable refunds, credits, or offsets of state and local income taxes from line 4 above
- Child and dependent care expenses
- Income from U.S. obligations
- Pension exclusion from worksheet, page 5
- Taxable social security or RR benefits (Tier I, II and supplemental) included in line 9d or 13b above
- Poverty level income from worksheet, page 6
- Income received during period of nonresidence (See Instructions 26 and 27)
- Other (Enter code letter(s) from Instruction 13)
- Subtotal (Add lines 23 through 30)
- Two-income subtraction from worksheet, page 8
- Total (Add lines 31 and 32) **Enter on line 54**

23		
24		
25		
26		
27		
28		
29		
30		
31		
32		
33		

Place your check or money order on top of your wage and tax statements and fasten here with one staple.

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ITEMIZED DEDUCTIONS AND MARYLAND ADJUSTMENTS (See Instruction 14)

Dollars Cents

34. Total federal itemized deductions (from line 28, federal Schedule A)	34		
35. State and local income taxes included in federal Schedule A, line 5 (or from worksheet in Instruction 14)	35		
36. Net itemized deductions (Subtract line 35 from line 34) (Part-year residents see Instruction 26(m)) Enter on line 56	36		

(Lines 37-50 are reserved for future use. Continue on line 51) Carefully enter all amounts in the appropriate boxes.

51. Federal adjusted gross income (from line 17 on the front of this form)	51		
52. Additions to income (from line 22 on the front of this form)	52		
53. Total (Add lines 51 and 52)	53		
54. Subtractions from income (from line 33 on the front of this form)	54		
55. Total Maryland adjusted gross income (Subtract line 54 from line 53)	55		

56. All taxpayers must complete this line—CHECK ONLY ONE METHOD

STANDARD DEDUCTION METHOD See Instruction 16 and worksheet (Part-year residents also see Instruction 26)

ITEMIZED DEDUCTION METHOD Enter total deductions from line 36 (Part-year residents see Instruction 26 (m))

56. Net income (Subtract line 56 from line 55)	56		
57. Exemption amount (from Exemptions area on the front of this form. See Instruction 10)	57		
58. Taxable net income (Subtract line 58 from line 57) GO TO TAX TABLE, page 18	58		
59. Maryland tax (from Tax Table or Computation Worksheet)	59		
60. Earned income credit (½ of federal earned income credit) Prorate according to number of months covered by this return	60		
61. Adjusted Maryland tax (Subtract line 61 from line 60) If less than 0, enter 0.	61		
62a. Local income tax (See Instruction 19) Enter _____% of line 62a	62a		
62b. Total Maryland and local income tax (Add lines 62a and 62b)	62b		
62c. Contribution to: Chesapeake Bay & Endangered Species Fund Fair Campaign Financing Fund	62c		

63a. <input type="checkbox"/> Enter total contributions	63b. <input type="checkbox"/> Enter total contributions	
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63. Total Maryland income tax, local income tax and contributions (Add lines 62c and 63)	63		
64. Total Maryland tax withheld (Enter total from and attach your W-2, MW509, & 1099 Forms if MD tax is withheld)	64		
65. 1996 estimated tax payments, amount applied from 1995 return and payment made with an extension request Form 502E	65		
66. Credit for income tax paid another state (Attach Form 502CR)	66		
67. Business tax credits (Attach Form 500CR)	67		
68. Total payments and credits (Add lines 65 through 68)	68		
69. Balance due (If line 64 is more than line 69, subtract line 69 from line 64)	69		
70. Overpayment (If line 64 is less than line 69, subtract line 64 from line 69)	70		

71. Amount of overpayment on line 71 TO BE APPLIED TO 1997 ESTIMATED TAX	71		
72. Amount of overpayment on line 71 TO BE REFUNDED TO YOU (Subtract line 72 from line 71)	72		REFUND
73. Interest charges from Form 502UP (for persons who paid too little estimated tax) or for late filing	73		
74. TOTAL AMOUNT DUE (Add line 70 and line 74) IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN	74		

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.

Make checks payable to: **COMPTROLLER OF THE TREASURY.**
Write Social Security No. on check using blue or black ink.
 Mail to: **Comptroller of the Treasury, Revenue Administration Division,**
Annapolis, Maryland 21411-0001

Your signature _____	Date _____
Spouse's signature _____	Date _____
Daytime Phone No. <input style="width: 150px;" type="text"/>	Home Phone No. <input style="width: 150px;" type="text"/>

Signature of preparer other than taxpayer _____	Date _____
Address and telephone number of preparer _____	

<input style="width: 50px; height: 20px;" type="text"/>	<input style="width: 50px; height: 20px;" type="text"/>
CODE NUMBER	FOR OFFICE USE ONLY