

FORM  
**502X** AMENDED MARYLAND TAX RETURN

Your first name and initial	Last name	Social security number	Check here if you are: <input type="checkbox"/> 65 or over <input type="checkbox"/> Blind		
Spouse's first name and initial	Last name	Social security number	Check here if your spouse is: <input type="checkbox"/> 65 or over <input type="checkbox"/> Blind		
Present address (No. and street)		City or town	State	Zip code	Daytime telephone number
Name of County in which you were a resident on the last day of the tax year. (Baltimore City residents leave blank)			Maryland county	Name of incorporated city, town, or special taxing area in which you were a resident on the last day of the tax year.	

Tax year being amended

**IMPORTANT NOTE: Read the instructions and complete page 2. Failure to complete page 2 may delay your refund or increase interest charges on a balance due.**

Is this address different than the address on your original return?  YES  NO

Check: Full-year resident  Part-year resident  or Nonresident

If part-year resident or nonresident enter dates you resided in Maryland \_\_\_\_\_-\_\_\_\_\_. Any changes from the original filing must be explained in Part III on the back of this form.

Did you request an extension of time to file the original return?  YES  NO  
 If yes, enter the date the return was filed \_\_\_\_\_.

Is an amended Federal return being filed?  YES  NO  
**If yes, submit copy.**

Has your original Federal return been changed or corrected by the Internal Revenue Service?  YES  NO  
**If yes, submit copy of the IRS notice.**

**CHANGE OF FILING STATUS**

Original	Amended	
1. <input type="checkbox"/>	<input type="checkbox"/>	Single
2. <input type="checkbox"/>	<input type="checkbox"/>	Married filing joint return or spouse had no income
4. <input type="checkbox"/>	<input type="checkbox"/>	Married filing separately _____ <small>SPOUSE'S SOCIAL SECURITY NO.</small>
5. <input type="checkbox"/>	<input type="checkbox"/>	Head of household
6. <input type="checkbox"/>	<input type="checkbox"/>	Qualifying widow(er) with dependent child
7. <input type="checkbox"/>	<input type="checkbox"/>	Dependent taxpayer

	A. As originally reported or as previously adjusted (See instructions)	B. Net change – increase or (decrease) – explain on page 2	C. Correct amount		
51. Federal adjusted gross income	51.				
52. Additions to income	52.				
53. Total (Add lines 51 and 52)	53.				
54. Subtractions from income	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	56.				
<b>STANDARD DEDUCTION METHOD</b> <input type="checkbox"/> Use percentage applicable for year of return. (See Instruction 5)					
<b>ITEMIZED DEDUCTION METHOD</b> <input type="checkbox"/> Enter total Maryland itemized deductions from Part I on page 2.					
57. Net income (Subtract line 56 from line 55)	57.				
58. Exemption amount (See Instruction 5)	58.				
59. Taxable net income (Subtract line 58 from line 57)	59.				
60. Maryland tax (from Tax Table or Computation Worksheet)	60.				
61. Earned income credit (1/2 of the federal earned income credit)	61.				
62a. Adjusted Maryland tax (Subtract line 61 from line 60)	62a.				
62b. Local income tax (Use rate applicable to year of return) Enter _____% of line 62a. (See Instruction 7)	62b.				
62c. Total Maryland and local income tax (Add lines 62a and 62b)	62c.				
63. Contribution: Chesapeake Bay & Endangered Species Fund Fair Campaign Financing Fund (not for use prior to 1988) <input type="text"/> (not for use prior to 1995) <input type="text"/> Enter total contributions	63.				
64. Total Maryland income tax, local income tax and contribution (Add lines 62c and 63)	64.				
65. Total Maryland tax withheld	65.				
66. Estimated tax payments and payment made with an extension request, Form 502E	66.				
67. Credit for income tax paid another state (Attach Form 502CR)	67.				
68. Business and rehabilitation tax credits (Attach Form 500Z, 500CR or 502H)	68.				
69. Total payments and credits (Add lines 65 through 68)	69.				
70. Balance due (if line 64 is more than line 69)	70.				
71. Overpayment (if line 64 is less than line 69)	71.				
72. Tax paid with original return, plus additional tax paid after it was filed (Do not include any interest or penalty)	72.				
73. Prior overpayment (total all refunds previously issued)	73.				
74. REFUND DUE YOU (if line 70 is less than 72, subtract line 70 from 72) (if line 73 is less than 71, subtract line 73 from 71) (Add line 71 to 72)	74.				<b>REFUND</b>
75. BALANCE DUE (if line 70 is more than 72, subtract line 72 from 70) (Add line 70 to 73) (if line 71 is less than 73, subtract line 71 from 73)	75.				
76. Interest and/or penalty charges on tax due and/or from Form 502UP (See instruction 11)	76.				
77. TOTAL AMOUNT DUE (Add line 75 and line 76)	77.				<b>PAY IN FULL WITH THIS RETURN</b>

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)

Your signature	Date	Signature of preparer other than taxpayer	Date
Spouse's signature	Date	Address of preparer	

