

FORM 502 MARYLAND TAX RETURN 1998



RESIDENT (OR FISCAL YEAR BEGINNING 1998, ENDING 1999) \$

Please Print

ATTACH LABEL

Check here if you use a paid preparer and do not want Maryland forms mailed to you next year.

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----------------|---------------------------|
| Your first name | Initial | Last name | Social security number |
| Spouse's first name | Initial | Last name | Social security number |
| 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 were a resident on the last day of the taxable period. (See Instruction 6) | | Maryland county | City, town or taxing area |

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)

EXEMPTIONS—See Instruction 10

State Exemption Amount

(A) Yourself Spouse Enter No. Checked (A) × \$1,750 \$ _____

Check here if you are: 65 or over Blind Spouse is: 65 or over Blind

(B) Enter No. Checked (B) × \$1,000 \$ _____

(C) Dependent Children Enter No. (C) × \$1,750 \$ _____

(D) Other Dependents Regular 65 or over Enter No. (D) × \$1,750 \$ _____

Name(s) _____ Relationship(s) _____

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

PART-YEAR RESIDENTS AND MILITARY: Check here if you began or ended legal residence in Maryland in 1998 (See Instruction 26) or if you have non-Maryland military income (See Instruction 29).

Give dates of Maryland Residence

MO DAY YR TO MO DAY YR

FROM _____ TO _____

Other state of residence _____

| | Dollars | Cents |
|------------------------------------------------------------------------|---------|-------|
| 1. Adjusted gross income from your federal return (See Instruction 11) | 1 | |

ADDITIONS TO INCOME (See Instruction 12)

| | | |
|-----------------------------------------------------------------------------------|---|--|
| 2. Tax-exempt interest on state and local obligations (bonds) other than Maryland | 2 | |
| 3. Taxable tax preference items (Attach Form 502 TP) | 3 | |
| 4. Lump sum distributions | 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. Income from U.S. obligations | 10 | |
| 11. Pension exclusion from worksheet (page 5) | 11 | |
| 12. Taxable social security and RR benefits (Tier I, II and supplemental) included in line 1 above | 12 | |
| 13. Income received from period of nonresidence (See Instruction 26 and 29) | 13 | |
| 14. Other subtractions (Enter code letter(s) from Instruction 13) | 14 | |
| 15. Subtotal (Add lines 8 through 14) | 15 | |
| 16. Two-income subtraction from worksheet (page 7) | 16 | |
| 17. Total subtractions from Maryland income (Add lines 15 and 16) | 17 | |
| 18. Maryland adjusted gross income (Subtract line 17 from line 7) | 18 | |

DEDUCTION METHOD (All taxpayers must select one method)

STANDARD DEDUCTION METHOD See Instruction 16 and worksheet. (Enter amount on line 19)

ITEMIZED DEDUCTION METHOD Complete lines 19a, b and c

Total federal itemized deductions (from line 28, federal Schedule A) 19a. _____

State and local taxes included in federal Schedule A, line 5 (or from worksheet on page 7) 19b. _____

Net itemized deductions (Subtract line 19b from line 19a) (Enter amount on line 19) 19c. _____

| | | |
|------------------------------------------------------------------------------------------------------------|----|--|
| 19. Deduction amount (Part-year residents see Instruction 26(m) and military personnel see Instruction 29) | 19 | |
| 20. Net income (Subtract line 19 from line 18) | 20 | |
| 21. State exemption amount (from Exemptions area above) (See Instruction 10) | 21 | |
| 22. Taxable net income (Subtract line 21 from line 20) GO TO TAX TABLE, page 18. Enter the tax on line 23. | 22 | |

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

