

MARYLAND TAX RETURN 1998



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

Please Print

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	

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 employed 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 2 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 9

(A) Yourself <input type="checkbox"/> Spouse <input type="checkbox"/>	Enter No. Checked	(A) <input type="checkbox"/>	× \$1,750	\$ _____	Exemption Amount
Check here if you are: <input type="checkbox"/> 65 or over <input type="checkbox"/> Blind Spouse is: <input type="checkbox"/> 65 or over <input type="checkbox"/> Blind	Enter No. Checked	(B) <input type="checkbox"/>	× \$1,000	\$ _____	
(C) Dependent Children	Enter No. Checked	(C) <input type="checkbox"/>	× \$1,750	\$ _____	
(D) Other Dependents <input type="checkbox"/> Regular <input type="checkbox"/> 65 or over	Enter No. Checked	(D) <input type="checkbox"/>	× \$1,750	\$ _____	
(E) Total Exemptions (Add A, B, C and D)				(E) <input type="checkbox"/>	Total Exemption Amount \$ _____

RESIDENCE INFORMATION

Enter your state of legal residence. _____
If not a resident for a full year, give dates. _____

FROM _____ **TO** _____

In what local taxing jurisdiction did you reside on the last day of the taxable period? _____

Did you file a Maryland income tax return for 1997? Yes No
If "Yes," was it a Resident or a Nonresident Return?

INCOME AND ADJUSTMENTS INFORMATION (See Instruction 10)

1. Wages, salaries, tips, etc.	1
2. Taxable interest income	2
3. Dividend income	3
4. Taxable refunds, credits or offsets of state and local income taxes	4
5. Alimony received	5
6. Business income or (loss)	6
7. Capital gain or (loss)	7
8. Other gains or (losses) (from federal Form 4797)	8
9. Taxable amount of pensions, IRA distributions, and annuities	9
10. Rents, royalties, partnerships, estates, trusts, etc. (Circle appropriate item)	10
11. Farm income or (loss)	11
12. Unemployment compensation (insurance)	12
13. Taxable amount of social security and tier 1 railroad retirement benefits	13
14. Other income (including lottery or other gambling winnings)	14
15. Total income (Add lines 1 through 14)	15
16. Total adjustments to income from federal return (IRA, alimony, etc.)	16
17. Adjusted gross income (Subtract line 16 from 15)	17

	COLUMN 1 FEDERAL INCOME (LOSS)	COLUMN 2 MARYLAND INCOME (LOSS)	COLUMN 3 NON-MARYLAND INCOME (LOSS)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			

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

ADDITIONS TO INCOME (See Instruction 11)

18. Non-Maryland loss	18	Dollars	Cents
19. Other (Enter code letter(s) from Instruction 11) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	19		
20. Total federal adjusted gross income & Maryland additions (Add lines 17 (Column 1), 18 and 19)	20		

SUBTRACTIONS FROM INCOME (See Instruction 12)

21. Non-Maryland income	21	Dollars	Cents
22. Other (Enter code letter(s) from Instruction 12) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	22		
23. Total Subtractions (Add lines 21 and 22)	23		
24. Maryland adjusted gross income (Subtract line 23 from line 20)	24		

DEDUCTION METHOD (All taxpayers must select one method)

25. **STANDARD DEDUCTION METHOD** See Instruction 14 and enter amount

ITEMIZED DEDUCTION METHOD See Instruction 15 and enter amount

26. Net income (Subtract line 25 from line 24)



	Dollars	Cents
27. Net income (from line 26 on the front of this form)	27	
28. Total exemption amount (from EXEMPTIONS area, page 1, See Instruction 17)	28	
29. Enter your Maryland income factor (from the worksheet in Instruction 13)	29	
30. Maryland exemption allowance (Multiply line 28 by line 29)	30	
31. Taxable net income (Subtract line 30 from line 27) Figure tax on this amount	31	

MARYLAND TAX COMPUTATION

32. Maryland tax (from Tax Table or Computation Worksheet)	32	
33. Earned income credit (1/2 of federal earned income credit, See Instruction 19)	33	
34. Maryland tax due after earned income credit (Subtract line 33 from line 32) If less than 0, enter 0.	34	
35. Poverty level credit (See Instruction 19)	35	
36. Adjusted Maryland tax (Subtract line 35 from line 34) If less than 0, enter 0.	36	

LOCAL TAX COMPUTATION (See Instruction 20)

37. Enter net income (from line 27)	37	
38. Adjustment to two-income subtraction (from Two Income Adjustment Worksheet in Instruction 20)	38	
39. Local net income (Subtract line 38 from line 37)	39	
40. Local exemption amount (from Exemption Worksheet in Instruction 20)	40	
41. Local net taxable income (Subtract line 40 from line 39)	41	
42. Local base amount (from Local Base Worksheet in Instruction 20)	42	
43. Local earned income credit (enter the amount from line 33)	43	
44. Local base amount after earned income credit (Subtract line 43 from line 42) If less than 0, enter 0.	44	
45. Local poverty level credit (enter the amount from line 35)	45	
46. Local adjusted base amount (Subtract line 45 from line 44) If less than 0, enter 0.	46	
47. Local tax - enter ____% of line 46. (See Instruction 20)	47	
48. Total Maryland and local tax (Add lines 36 and 47)	48	
49. Contribution to Chesapeake Bay and Endangered Species Fund	49	
50. Contribution to Fair Campaign Financing Fund	50	
51. Total Maryland income tax, local income tax and contributions (Add lines 48, 49 and 50)	51	
52. Total Maryland tax withheld (Enter total from and attach your W-2 and 1099 forms if MD tax is withheld)	52	
53. Refundable earned income credit (from worksheet in Instruction 19)	53	
54. 1998 estimated tax payments, amount applied from 1997 return and payment made with an extension request Form 502E	54	
55. Enter amount of Maryland tax from line 36 if Pennsylvania resident	55	
56. Total payments and credits (Add lines 52 through 55)	56	
57. Balance due (If line 51 is more than line 56, subtract line 56 from line 51)	57	
58. Overpayment (If line 51 is less than line 56, subtract line 51 from line 56)	58	
59. Amount of overpayment TO BE APPLIED TO 1999 ESTIMATED TAX	59	
60. Amount of overpayment TO BE REFUNDED TO YOU (Subtract line 59 from line 58)	60	
61. Interest charges from Form 502UP (for persons who paid too little estimated tax) or for late filing	61	
62. TOTAL AMOUNT DUE (Add line 57 and line 61)IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN.	62	

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 telephone no. Home telephone no.
| | | - | | | - | | | | |

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

CODE NUMBER FOR OFFICE USE ONLY