

FORM **502** MARYLAND TAX RETURN  
 (OR FISCAL YEAR BEGINNING 1999, ENDING )  
 RESIDENT



1999  
\$

Please Print

**Blue or Black Ink Only**

|                     |         |           |
|---------------------|---------|-----------|
| Your first name     | Initial | Last name |
| Spouse's first name | Initial | Last name |

Present address (No. and street) \_\_\_\_\_ City or town \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

|                                       |  |  |  |
|---------------------------------------|--|--|--|
|                                       |  |  |  |
| SOCIAL SECURITY NUMBER (S) (REQUIRED) |  |  |  |
|                                       |  |  |  |

|  |                 |                           |
|--|-----------------|---------------------------|
| <b>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)</b> | 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

(A) Yourself  Spouse  Enter No. Checked (A) \_\_\_\_\_ × \$1,850 \$ \_\_\_\_\_

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) \_\_\_\_\_ × \$1,850 \$ \_\_\_\_\_

(D) Other Dependents  Regular  65 or over Enter No. (D) \_\_\_\_\_ × \$1,850 \$ \_\_\_\_\_

Name(s) \_\_\_\_\_ Relationship(s) \_\_\_\_\_

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

**PART-YEAR RESIDENTS AND MILITARY:** Check here if you began or ended legal residence in Maryland in 1999 (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 \_\_\_\_\_

**INCOME**

|  | Dollars | Cents |
|--|---------|-------|
| 1. Adjusted gross income from your federal return (See Instruction 11) . . . . . | 1       |       |
| 1a. How much of line 1 represents wages, salaries and/or tips? . . . . .         | 1a      |       |

**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 during 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. Exemption amount (from Exemptions area above) (See Instruction 10) . . . . .                                     | 21 |  |
| 22. Taxable net income (Subtract line 21 from line 20) . . . . .   | 22 |  |

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



MARYLAND TAX COMPUTATION

- 23. Amount from line 22 (taxable net income) GO TO TAX TABLE, page 18. Enter the tax on line 24.
24. Maryland tax (from Tax Table or Computation Worksheet)
25. Earned income credit (1/2 of federal earned income credit. See Instruction 18)
26. Poverty level credit (See Instruction 18)
27. Credit for income tax paid to another state (Attach Form 502CR)
28. Business and rehabilitation tax credits (Attach Form 500CR and/or Form 502H).
29. Total credits (Add lines 25 through 28)
30. Maryland tax after credits (Subtract line 29 from line 24) If less than 0, enter 0.

Table with columns Dollars and Cents, rows 23-30 for Maryland Tax Computation.

LOCAL TAX COMPUTATION

- 31. Local tax (See Instruction 19 for tax rates and worksheet) Multiply line 23 by your local tax rate . 0 or use the Local Tax Worksheet
32. Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19)
33. Local poverty level credit (from Local Poverty Level Worksheet in Instruction 19)
34. Total credits (Add lines 32 and 33)
35. Local tax after credits (Subtract line 34 from line 31) If less than 0, enter 0

Table with columns Dollars and Cents, rows 31-35 for Local Tax Computation.

- 36. Total Maryland and local tax (Add lines 30 and 35)
37. Contribution to Chesapeake Bay and Endangered Species Fund (See Instruction 20)
38. Contribution to Fair Campaign Financing Fund (See Instruction 20).
39. Total Maryland income tax, local income tax and contributions (Add lines 36, 37 and 38)

Table with columns Dollars and Cents, rows 36-39 for Total Tax and Contributions.

- 40. Total Maryland and local tax withheld (Enter total from and attach your W-2 and 1099 forms if MD tax is withheld)
41. 1999 estimated tax payments, amount applied from 1998 return and payment made with an extension request Form 502E
42. Refundable earned income credit (from worksheet in Instruction 21)
43. Neighborhood preservation credit (Attach certification. See Instruction 21)
44. Total payments and credits (Add lines 40 through 43)

Table with columns Dollars and Cents, rows 40-44 for Total Payments and Credits.

- 45. Balance due (If line 39 is more than line 44, subtract line 44 from line 39)
46. Overpayment (If line 39 is less than line 44, subtract line 39 from line 44)

Table with columns Dollars and Cents, rows 45-46 for Balance Due and Overpayment.

- 47. Amount of overpayment TO BE APPLIED TO 2000 ESTIMATED TAX
48. Amount of overpayment TO BE REFUNDED TO YOU (Subtract line 47 from line 46) See line 51
49. Interest charges from Form 502UP or for late filing (See Instruction 22) Total
50. TOTAL AMOUNT DUE (Add lines 45 and 49) .IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN

Table with columns Dollars and Cents, rows 47-50 for Total Amount Due.

DIRECT DEPOSIT OF REFUND (See Instruction 22) Please be sure the account information is correct.

- 51. To choose the direct deposit option, complete the following information: 51a. Type of account: Checking Savings
51b. Routing number
51c. Account number

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

Signature and date fields for taxpayer and spouse, and telephone number fields.

Signature and date fields for preparer, and address and telephone number of preparer.

CODE NUMBER and FOR OFFICE USE ONLY fields.

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