

FORM **503** 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
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	

SOCIAL SECURITY NUMBER(S) (REQUIRED)										

**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 <input type="checkbox"/>	Spouse <input type="checkbox"/>	Enter No. Checked	(A) <input type="text"/>	× \$1,850	\$ <input type="text"/>
Check here if you are:		Spouse is:			
(B) <input type="checkbox"/>	<input type="checkbox"/>	(B) <input type="checkbox"/>	× \$1,000	\$ <input type="text"/>	
65 or over	Blind	65 or over	Blind		
(C) Dependent Children		Enter No. Checked	(C) <input type="text"/>	× \$1,850	\$ <input type="text"/>
(D) Other Dependents		Enter No. Checked	(D) <input type="text"/>	× \$1,850	\$ <input type="text"/>
Name(s)		Regular		65 or over	
(E) Total Exemptions (Add A, B, C and D)					Total Exemption Amount \$ <input type="text"/>

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

	Dollars	Cents
1. Adjusted gross income from your federal return (See Instruction 11) . . . . . ▶	1	<input type="text"/>
1a. How much of line 1 represents wages, salaries and/or tips? . . . . . <input type="text"/>	1a	<input type="text"/>
2. Standard deduction (See Instruction 16) . . . . . ▶	2	<input type="text"/>
3. Net income (Subtract line 2 from line 1) . . . . . ▶	3	<input type="text"/>
4. Exemption amount as computed above . . . . . ▶	4	<input type="text"/>
5. Taxable net income (Subtract line 4 from line 3. GO TO TAX TABLE, page 18.) . . . . . ▶	5	<input type="text"/>
6. Maryland tax (from Tax Table or Computation Worksheet) . . . . . ▶	6	<input type="text"/>
7. Earned income credit ▶ <input type="text"/> 7a. <input type="text"/> Poverty level credit ▶ <input type="text"/> 7b. <input type="text"/> (See Instruction 18) Total	7	<input type="text"/>
8. Maryland tax after credits (Subtract line 7 from line 6) If less than 0, enter 0. . . . . ▶	8	<input type="text"/>
9. Local tax (See Instruction 19 for tax rates and worksheet) Multiply line 5 by your local tax rate <input type="text"/> 0 or use the local tax worksheet . . . . . ▶	9	<input type="text"/>
10. Local: Earned income credit ▶ <input type="text"/> 10a. <input type="text"/> Poverty level credit ▶ <input type="text"/> 10b. <input type="text"/> (See Instruction 19) Total	10	<input type="text"/>
11. Local tax after credits (Subtract line 10 from line 9) If less than 0, enter 0. . . . . ▶	11	<input type="text"/>
12. Total Maryland and local tax (Add lines 8 and 11) . . . . . ▶	12	<input type="text"/>
13. Contribution to Chesapeake Bay and Endangered Species Fund (See Instruction 20) . . . . . ▶	13	<input type="text"/>
14. Contribution to Fair Campaign Financing Fund (See Instruction 20) . . . . . ▶	14	<input type="text"/>
15. Total Maryland income tax, local income tax and contributions (Add lines 12, 13 and 14) . . . . . ▶	15	<input type="text"/>
16. Total Maryland and local tax withheld (Enter total from and attach your W-2 and 1099 forms if MD tax is withheld) . . . . . ▶	16	<input type="text"/>
17. Refundable earned income credit (from worksheet in Instruction 21) . . . . . ▶	17	<input type="text"/>
18. Total payments and credit (Add lines 16 and 17) . . . . . ▶	18	<input type="text"/>
19. Balance Due (If line 15 is more than line 18, subtract line 18 from line 15) . . . . . ▶	19	<input type="text"/>
20. Overpayment (If line 15 is less than line 18, subtract line 15 from line 18) See line 23 . . . . . <b>This is your REFUND</b> ▶	20	<input type="text"/>
21. Interest charges from Form 502UP ▶ <input type="text"/> or for late filing <input type="text"/> (See Instruction 22) Total ▶	21	<input type="text"/>
22. TOTAL AMOUNT DUE (Add lines 19 and 21) . . . . . <b>IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN</b>	22	<input type="text"/>

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

23. To choose the direct deposit option, complete the following information: 23a. Type of account:  Checking  Savings

23b. Routing number ▶  23c. 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**

Your signature	Date	Signature of preparer other than taxpayer	Date
Spouse's signature	Date	Address and telephone number of preparer	
Daytime telephone no.	Home telephone no.	▶ <input type="checkbox"/> Check here if you use a paid preparer and do not want Maryland forms mailed to you next year.	
<input type="text"/>	<input type="text"/>	CODE NUMBER	FOR OFFICE USE ONLY

1999 MARYLAND FORM 503  
**WHO MAY USE THIS FORM?**



You may use this short form (Form 503) if you answer "NO" to ALL of these questions

- YES NO
1.   Will you have any Additions to Income or Subtractions from Income on your Maryland return? If you are eligible for a subtraction, such as the pension exclusion, it will be to your benefit to use Form 502.
2.   Do you want to itemize deductions?
3.   Did you make estimated payments in 1999, have part or all of your 1998 refund applied to your 1999 estimated account or make a payment with an extension request, Form 502E?
4.   Are you claiming a tax credit on Maryland Form 500CR or Form 502CR?

- YES NO
5.   Were you a nonresident of Maryland?
6.   Were you a part-year resident of Maryland?
7.   Does your return cover less than a 12 month period?
8.   Were you a fiscal year taxpayer?
9.   Will you want part or all of your refund credited to next year's estimated account?