



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)									

YOUR FILING STATUS—See Instruction 4 to determine if you are required to file.

- Single (If you can be claimed on another person's tax return, use Filing Status 6)
- Married filing joint return or spouse had no income
- Married filing separately SPOUSE'S SOCIAL SECURITY NUMBER
- Head of household
- Qualifying widow(er) with dependent child
- Dependent taxpayer (Enter 0 in Exemption Box (A)—See Instruction 8)

RESIDENCE INFORMATION—See Instruction 9

Enter your state of legal residence. _____ Were you a resident for the entire year of 1999?
 Yes No If no, attach explanation.

Are you or your spouse a member of the military? Yes No

Did you file a Maryland income tax return for 1998? Yes No
 If "Yes," was it a Resident or a Nonresident return? (See Instruction 1.)
 Advise dates you resided within Maryland for 1999. If none, enter "NONE"
 FROM _____ TO _____

EXEMPTIONS—See Instruction 10

Exemption Amount

(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) Total Exemption Amount \$ _____

See Instruction 4 if you're filing for Maryland taxes withheld in error.

INCOME AND ADJUSTMENTS INFORMATION (See Instruction 11)

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

	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 12)

- Non-Maryland loss
- Other (Enter code letter(s) from Instruction 12)
- Total additions (Add lines 18 and 19)
- Total federal adjusted gross income & Maryland additions (Add lines 17 (Column 1) and 20)

	Dollars	Cents
18		
19		
20		
21		

SUBTRACTIONS FROM INCOME (See Instruction 13)

- Non-Maryland income
- Other (Enter code letter(s) from Instruction 13)
- Total subtractions (Add lines 22 and 23)
- Maryland adjusted gross income (Subtract line 24 from line 21)

22		
23		
24		
25		

MARYLAND INCOME FACTOR (See Instruction 14)

- Enter your federal adjusted gross income (from line 17, Column 1)
- Maryland income factor. (Divide line 25 by line 26) If greater than 1, enter 1

26		
27		



28. Maryland adjusted gross income (from line 25 on the front of this form) Dollars Cents

DEDUCTION METHOD (All taxpayers must select one method)

STANDARD DEDUCTION METHOD See Instruction 15 and enter amount 29a. _____
ITEMIZED DEDUCTION METHOD Complete lines 29b, c and d
 Total federal itemized deductions (from line 28 federal Schedule A) 29b. _____
 State and local taxes included in federal Schedule A, line 5 29c. _____
 Net itemized deductions (Subtract line 29c from line 29b) 29d. _____

29. Deduction amount (multiply lines 29a or 29d by the MD income factor (29e) _____% (line 27)) 29
 30. Net income (Subtract line 29 from line 28) 30
 31. Total exemption amount (from EXEMPTIONS area, page 1) See Instruction 10 31
 32. Enter your Maryland income factor (from line 27) 32
 33. Maryland exemption allowance (Multiply line 31 by line 32) 33
 34. Taxable net income (Subtract line 33 from line 30) Figure tax on this amount 34

MARYLAND TAX COMPUTATION

35. Maryland tax (from Tax Table or Computation Worksheet) 35
 36. Earned income credit (1/2 of federal earned income credit). See Instruction 20. 36
 37. Poverty level credit (See Instruction 20) 37
 38. Business and rehabilitation tax credit (Attach Form 500CR and/or Form 502H). 38
 39. Total credits (Add lines 36, 37 and 38) 39
 40. Maryland tax after credits (Subtract line 39 from line 35) If less than 0, enter 0. 40
 41. Contribution to Chesapeake Bay and Endangered Species Fund (See Instruction 21) 41
 42. Contribution to Fair Campaign Financing Fund (See Instruction 21) 42
 43. **Total Maryland income tax and contributions** (Add lines 40, 41 and 42) 43
 44. Total Maryland tax withheld (Enter total from and attach your W-2 and 1099 forms if MD tax is withheld) 44
 45. Refundable earned income credit (from worksheet in Instruction 20) 45
 46. 1999 estimated tax payments, amount applied from 1998 return and payment made with an extension request Form 502E 46
 47. Nonresident tax paid by S corporations, partnerships or Maryland limited liability companies (Attach statement) 47
 48. Total payments and credits (Add lines 44 through 47) 48
 49. Balance due (If line 43 is more than line 48, subtract line 48 from line 43) 49
 50. Overpayment (If line 43 is less than line 48, subtract line 43 from line 48) 50
 51. Amount of overpayment **TO BE APPLIED TO 2000 ESTIMATED TAX** 51
 52. Amount of overpayment **TO BE REFUNDED TO YOU** (Subtract line 51 from line 50) **REFUND** 52
 53. Interest charges from Form 502UP or for late filing (See Instruction 23) .Total 53
 54. **TOTAL AMOUNT DUE** (Add line 49 and line 53) **IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN.** 54

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 _____

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

CODE NUMBER FOR OFFICE USE ONLY