FORM
502B

Maryland Dependents' Information

(Attach to Form 502, 505 or 515)

2011

Print Using Blue or Black Ink Only

Social Security number		Spouse's Social Security number
Your first name	Initial	Last name
Spouse's first name	Initial	Last name

Total

1. The total number of boxes checked below for Regular dependents (6) and dependents 65 or over (7). Enter this number on line (C) of Form 502, 505 or 515, Exemptions area . . . . ________

If claiming business income and refundable earned income credit, please identify Federal employer identification number, Combined Registration Number, or License Number of the business. . . . . ________

Dependents

(1) First name ________ M.I. ____ ▶ Last name ________

▶ (2) Social Security number ________ Relationship ________ (4) ▶ ☐ if under 19

(5) Has medical insurance? Yes ▶ ☐ No ▶ ☐ (For Form 502, resident taxpayers only) (6) ☐ Regular (7) ☐ 65 or Over

(1) First name ________ M.I. ____ ▶ Last name ________

▶ (2) Social Security number ________ Relationship ________ (4) ▶ ☐ if under 19

(5) Has medical insurance? Yes ▶ ☐ No ▶ ☐ (For Form 502, resident taxpayers only) (6) ☐ Regular (7) ☐ 65 or Over

(1) First name ________ M.I. ____ ▶ Last name ________

▶ (2) Social Security number ________ Relationship ________ (4) ▶ ☐ if under 19

(5) Has medical insurance? Yes ▶ ☐ No ▶ ☐ (For Form 502, resident taxpayers only) (6) ☐ Regular (7) ☐ 65 or Over

(1) First name ________ M.I. ____ ▶ Last name ________

▶ (2) Social Security number ________ Relationship ________ (4) ▶ ☐ if under 19

(5) Has medical insurance? Yes ▶ ☐ No ▶ ☐ (For Form 502, resident taxpayers only) (6) ☐ Regular (7) ☐ 65 or Over

(1) First name ________ M.I. ____ ▶ Last name ________

▶ (2) Social Security number ________ Relationship ________ (4) ▶ ☐ if under 19

(5) Has medical insurance? Yes ▶ ☐ No ▶ ☐ (For Form 502, resident taxpayers only) (6) ☐ Regular (7) ☐ 65 or Over

FORM
502B

Maryland Dependents' Information
(Attach to Form 502, 505 or 515)

NAME ______________________ SSN ______________________

Dependents

(1) First name ______ M.I. ______ ▶ Last name ______

▶ (2) Social Security number ______ Relationship ______ (4) ▶ ☐ if under 19

(5) Has medical insurance? Yes ▶ ☐ No ▶ ☐ (For Form 502, resident taxpayers only) (6) ☐ Regular (7) ☐ 65 or Over

(1) First name ______ M.I. ______ ▶ Last name ______

▶ (2) Social Security number ______ Relationship ______ (4) ▶ ☐ if under 19

(5) Has medical insurance? Yes ▶ ☐ No ▶ ☐ (For Form 502, resident taxpayers only) (6) ☐ Regular (7) ☐ 65 or Over

(1) First name ______ M.I. ______ ▶ Last name ______

▶ (2) Social Security number ______ Relationship ______ (4) ▶ ☐ if under 19

(5) Has medical insurance? Yes ▶ ☐ No ▶ ☐ (For Form 502, resident taxpayers only) (6) ☐ Regular (7) ☐ 65 or Over

(1) First name ______ M.I. ______ ▶ Last name ______

▶ (2) Social Security number ______ Relationship ______ (4) ▶ ☐ if under 19

(5) Has medical insurance? Yes ▶ ☐ No ▶ ☐ (For Form 502, resident taxpayers only) (6) ☐ Regular (7) ☐ 65 or Over

(1) First name ______ M.I. ______ ▶ Last name ______

▶ (2) Social Security number ______ Relationship ______ (4) ▶ ☐ if under 19

(5) Has medical insurance? Yes ▶ ☐ No ▶ ☐ (For Form 502, resident taxpayers only) (6) ☐ Regular (7) ☐ 65 or Over

(1) First name ______ M.I. ______ ▶ Last name ______

▶ (2) Social Security number ______ Relationship ______ (4) ▶ ☐ if under 19

(5) Has medical insurance? Yes ▶ ☐ No ▶ ☐ (For Form 502, resident taxpayers only) (6) ☐ Regular (7) ☐ 65 or Over