



SOCIAL SECURITY #, SPOUSE'S SOCIAL SECURITY #, Your First Name, Spouse's First Name, PRESENT ADDRESS, City or Town, State, Zip Code, Name of county and incorporated city, town or special taxing area...

YOUR FILING STATUS—See Instruction 1 to determine if you are required to file. 1. Single, 2. Married filing joint return or spouse had no income, 3. Married filing separately, 4. Head of household, 5. Qualifying widow(er) with dependent child, 6. Dependent taxpayer

PART-YEAR RESIDENT: If you began or ended legal residence in Maryland in 2004 place a P in the box. Give dates of Maryland Residence FROM TO, Other state of residence, MILITARY: If you or your spouse has non-Maryland military income, place an M in the box.

EXEMPTIONS—See Instruction 10. (A) Yourself, Spouse, (B) 65 or over, Blind, (C) Dependent Children, (D) Other Dependents, (E) Enter Total Exemptions

Print your numbers like this - 0 1 2 3 4 5 6 7 8 9 - not like this 047

Table with columns for Description, Line Number, Dollars, and Cents. Rows include INCOME (Adjusted gross income), ADDITIONS TO INCOME (Tax-exempt interest, State retirement pickup, Lump sum distributions, Other additions), SUBTRACTIONS FROM INCOME (Taxable refunds, Child and dependent care expenses, Income from U.S. obligations, Pension exclusion, Taxable social security and RR benefits, Income received during period of nonresidence, Other subtractions), and DEDUCTION METHOD (STANDARD DEDUCTION METHOD, ITEMIZED DEDUCTION METHOD).



Name \_\_\_\_\_ Social Security # \_\_\_\_\_

MARYLAND TAX COMPUTATION

Table with 2 columns: Description and Amount. Rows 23-30. Includes Maryland tax, credits, and total Maryland tax after credits.

LOCAL TAX COMPUTATION

Table with 2 columns: Description and Amount. Rows 31-47. Includes local tax, credits, and balance due/overpayment.

Table with 2 columns: Description and Amount. Rows 48-51. Includes overpayment to be applied, refund, interest charges, and total amount due.

DIRECT DEPOSIT OF REFUND (See Instruction 22) Please be sure the account information is correct. 52. To choose the direct deposit option, complete the following information: 52a. Type of account: [ ] Checking [ ] Savings 52b. Routing number [ ] 52c. Account number [ ]

Daytime telephone no. [ ] Home telephone no. [ ] [ ] 049 [ ] CODE NUMBERS

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. Check here [ ] if you authorize your preparer to discuss this return with us. Make checks payable to: COMPTROLLER OF MARYLAND. Write social security no. on check using blue or black ink. Mail to: Comptroller of Maryland, Revenue Administration Division, Annapolis, Maryland 21411-0001

Your signature \_\_\_\_\_ Date \_\_\_\_\_ Spouse's signature \_\_\_\_\_ Date \_\_\_\_\_ Preparer's SSN or PTIN [ ] Signature of preparer other than taxpayer \_\_\_\_\_ Address and telephone number of preparer \_\_\_\_\_