



SOCIAL SECURITY #		SPOUSE'S SOCIAL SECURITY #	
First Name	Initial	Last Name	
Spouse's First Name	Initial	Last Name	

Read Instructions for Form 502CR *Note: You must complete and submit both pages 1 and 2 of this form to receive credit for the items listed.*

PART A - TAX CREDITS FOR INCOME TAXES PAID TO OTHER STATES

If you were a part-year resident, you may not claim a credit for tax paid on nonresident income you subtracted on line 13 of Form 502.

1. Enter your taxable net income from line 22, Form 502. 1 _____
 2. Taxable net income in other state. Write on this line only the net income which is taxable in both the other state and Maryland. If you are taxed in the other state on income which is not taxable in Maryland, do not include that amount here. 2 _____
- NOTE:** When the tax in the other state is a percentage of a tax based on your total income regardless of source, you must apply the same percentage to your taxable income in the other state to determine the income taxable in both states.
3. Revised taxable net income (Subtract line 2 from line 1.) If less than zero, enter zero. 3 _____
 4. Enter the Maryland tax from line 24, Form 502. This is the Maryland tax based on your total income for the year. 4 _____
 5. Tax on amount on line 3. Compute the Maryland tax that would be due on the revised taxable net income by using the Maryland Tax Table or Computation Worksheet contained in the instructions for Form 502. **Do not include the local income tax.** 5 _____
 6. Tentative tax credit (Subtract line 5 from line 4.) If less than zero, enter zero. 6 _____
 7. State tax shown on the tax return filed with the state of _____ name of state. Enter the amount of your 2004 income tax liability (after deducting any credits for personal exemptions) to a state other than Maryland. Do not enter state tax withheld from your W-2 forms. **It is important that a copy of the tax return that was filed with the other state be attached to your Maryland return.** 7 _____
 8. Credit for income tax paid to other state. Your credit for taxes paid to another state is the smaller of the tax actually paid (line 7) or the reduction in Maryland tax resulting from the exclusion of income in the other state (line 6). Write the smaller of line 6 or line 7 here and on line 1, Part H, page 2 8 _____

PART B - CREDIT FOR CHILD AND DEPENDENT CARE EXPENSES

1. Enter your federal adjusted gross income from line 1 of Form 502 or line 17, column 1 of Form 505 or Form 515 1 _____
2. Enter your federal Child and Dependent Care Credit from federal Form 2441 or 1040A, Schedule 2 2 _____
3. Enter the decimal amount from the chart in the instructions that applies to the amount on line 1 3 _____
4. Multiply line 2 by line 3. Enter here and on line 2, Part H, page 2 4 _____

PART C - QUALITY TEACHER INCENTIVE CREDIT

- | | Column A
Taxpayer | Column B
Spouse |
|--|----------------------|--------------------|
| 1. Enter amount of tuition paid. 1 | _____ | _____ |
| 2. Enter amount of tuition reimbursement 2 | _____ | _____ |
| 3. Subtract line 2 from line 1 3 | _____ | _____ |
| 4. Maximum credit. 4 | 1500 00 | 1500 00 |
| 5. Enter the lesser of line 3 or line 4 here. 5 | _____ | _____ |
| 6. Total (Add amounts from line 5, Columns A and B.) Enter here and on line 3, Part H, page 2 6 | _____ | |

PART D - CREDIT FOR AQUACULTURE OYSTER FLOATS

1. Enter the amount paid to purchase an aquaculture oyster float(s) (may not exceed \$500) Enter here and on line 4 of Part H, page 2 1 _____



Name _____ Social Security # _____

PART E - LONG-TERM CARE INSURANCE CREDIT

Complete Columns A through D. Answer questions and see instructions below before completing Column E.

Column A Name and Age of Insured	Column B Social Security No. of Insured	Column C Relationship to Taxpayer	Column D Amount of Premium Paid	Column E Credit Amount
1.				1.
2.				2.
3.				3.
4.				4.
5. TOTAL				5.

Question 1 - Did any of the above-named insured individuals have long-term care insurance prior to July 1, 2000? Yes No

Question 2 - Is the credit being claimed for any of the above-named insured individuals in this year by any other taxpayer? Yes No

Question 3 - Is the credit being claimed for any of the above-named insured individuals in any other tax year? Yes No

If you answered yes to any of the above questions, enter "0" in Column E for that insured person

Unless you have already entered zero, enter in Column E the lesser of the amount of premium paid for each insured or:

- \$260 for those insured that are under the age of 41;
- \$490 for those insured that are age 41 to 50; and
- \$500 for those insured that are over age 50.

Add the amounts in Column E and enter the total on line 5 (TOTAL) and line 5 of Part H, below.

PART F - CREDIT FOR PRESERVATION AND CONSERVATION EASEMENTS

1. Enter the total of the current year donation amount, and any carryover from prior year(s) **1** _____
2. Enter the amount of any payment received for the easement during 2004. **2** _____
3. Subtract line 2 from line 1. **3** _____
4. Enter the amount from line 24 of Form 502, line 32 of Form 505 or line 33 of Form 515, or \$5,000, whichever is less . **4** _____
5. Enter the lesser of lines 3 or 4 here and on line 6 of Part H below. (If you itemize deductions, see Instruction 14.) . . **5** _____
6. Excess credit carryover. Subtract line 5 from line 3. **6** _____

PART G - CLEAN ENERGY INCENTIVE CREDIT FOR PHOTOVOLTAIC AND SOLAR WATER HEATING PROPERTY

1. Enter 15% of the cost of photovoltaic property (may not exceed \$2,000) **1** _____
2. Enter 15% of the cost of solar water heating property (may not exceed \$1,000) **2** _____
3. Total (Add lines 1 and 2.) Enter here and on line 7 of Part H below. **3** _____

PART H - INCOME TAX CREDIT SUMMARY

1. Enter the amount from Part A, line 8 (If more than one state, see instructions) **1** _____
2. Enter the amount from Part B, line 4 **2** _____
3. Enter the amount from Part C, line 6 **3** _____
4. Enter the amount from Part D, line 1 **4** _____
5. Enter the amount from Part E, line 5 **5** _____
6. Enter the amount from Part F, line 5 **6** _____
7. Enter the amount from Part G, line 3 **7** _____
8. Enter the amount from Section 2, line 4 of Form 502H. Attach Form 502H. **8** _____
9. Total (Add lines 1 through 8.) Enter this amount on line 27 of Form 502, line 35 of Form 505 or line 36 of Form 515 **9** _____

PART J - REFUNDABLE INCOME TAX CREDITS

1. Neighborhood Stabilization Credit. Enter the amount and attach certification. **1** _____
2. Heritage Structure Rehabilitation Tax Credit (See instructions for Form 502H.) Attach certification. **2** _____
3. Claim of Right. (See instructions) **3** _____
4. Total (Add lines 1, 2 and 3.) Enter this amount on line 44 of Form 502, line 47 of Form 505, or line 54 of Form 515. **4** _____