

**FORM 502 MARYLAND RESIDENT INCOME TAX RETURN**

OR FISCAL YEAR BEGINNING 2005, ENDING



**2005**

SOCIAL SECURITY #		SPOUSE'S SOCIAL SECURITY #	
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

**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
4.  Head of household  SPOUSE'S SOCIAL SECURITY NUMBER
5.  Qualifying widow(er) with dependent child
6.  Dependent taxpayer (Enter 0 in Exemption Box (A)—See Instruction 7)

**PART-YEAR RESIDENT:** If you began or ended legal residence in Maryland in 2005 place a **P** in the box (See Instruction 26).

Give dates of Maryland Residence

MO	DAY	YR	MO	DAY	YR	<input type="checkbox"/>
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FROM \_\_\_\_\_ TO \_\_\_\_\_

Other state of residence \_\_\_\_\_

**MILITARY:** If you or your spouse has non-Maryland military income, place an **M** in the box. Enter amount here \_\_\_\_\_ (See Instruction 29).

**EXEMPTIONS**—See Instruction 10

(A) Yourself <input type="checkbox"/>	Spouse <input type="checkbox"/>	Enter No. Checked (A) <input type="checkbox"/>	× \$2,400 \$	Exemption Amount
Check here if you are:		Enter No. Checked (B) <input type="checkbox"/>	× \$1,000 \$	
(B) <input type="checkbox"/> 65 or over	<input type="checkbox"/> Blind	Spouse is: <input type="checkbox"/> 65 or over	<input type="checkbox"/> Blind	Enter Total (C) <input type="checkbox"/>
(C) Dependent Children:		Name(s) Social Security number(s)		
(D) Other Dependents:		Enter No. Regular <input type="checkbox"/>	Enter No. 65 or over <input type="checkbox"/>	Enter Total (D) <input type="checkbox"/>
(E) Enter Total Exemptions (Add A, B, C and D)		Total Amount \$		

Print your numbers like this - 0123456789 - not like this 047

Place your CHECK or MONEY ORDER on top of your wage and tax statements and attach here with ONE staple.

<b>INCOME</b>		<b>Dollars</b>	<b>Cents</b>
1. Adjusted gross income from your federal return (See Instruction 11)	<input type="text"/>		
1a. Wages, salaries and/or tips (See Instruction 11)	<input type="text"/>		
<b>ADDITIONS TO INCOME</b> (See Instruction 12)			
2. Tax-exempt interest on state and local obligations (bonds) other than Maryland	<input type="text"/>		
3. State retirement pickup	<input type="text"/>		
4. Lump sum distributions (from worksheet in Instruction 12)	<input type="text"/>		
5. Other additions (Enter code letter(s) from Instruction 12)	<input type="text"/>		
6. Total additions to Maryland income (Add lines 2 through 5)	<input type="text"/>		
7. Total federal adjusted gross income and Maryland additions (Add lines 1 and 6)	<input type="text"/>		
<b>SUBTRACTIONS FROM INCOME</b> (See Instruction 13)			
8. Taxable refunds, credits or offsets of state and local income taxes included in line 1 above	<input type="text"/>		
9. Child and dependent care expenses	<input type="text"/>		
10. Income from U.S. obligations	<input type="text"/>		
11. Pension exclusion from worksheet in Instruction 13	<input type="text"/>		
12. Taxable social security and RR benefits (Tier I, II and supplemental) included in line 1 above	<input type="text"/>		
13. Income received during period of nonresidence (See Instructions 26 and 29)	<input type="text"/>		
14. Other subtractions (Enter code letter(s) from Instruction 13)	<input type="text"/>		
15. Subtotal (Add lines 8 through 14)	<input type="text"/>		
16. Two-income subtraction from worksheet in Instruction 13	<input type="text"/>		
17. Total subtractions from Maryland income (Add lines 15 and 16)	<input type="text"/>		
18. Maryland adjusted gross income (Subtract line 17 from line 7)	<input type="text"/>		
<b>DEDUCTION METHOD</b> (All taxpayers must select one method and check the appropriate box)			
<input type="checkbox"/> <b>STANDARD DEDUCTION METHOD</b> See Instruction 16 and worksheet. (Enter amount on line 19)	<input type="text"/>		
<input type="checkbox"/> <b>ITEMIZED DEDUCTION METHOD</b> Complete lines 19a and 19b			
Total federal itemized deductions (from line 28, federal Schedule A)	<input type="text"/>		
State and local <b>income</b> taxes included in federal Schedule A, line 5 (or from worksheet in Instruction 14)	<input type="text"/>		
Subtract line 19b from line 19a and enter amount on line 19.	<input type="text"/>		
19. Deduction amount (Part-year residents see Instruction 26 (l and m) and military personnel see Instruction 29)	<input type="text"/>		
20. Net income (Subtract line 19 from line 18)	<input type="text"/>		
21. Exemption amount from Exemptions area above (See Instruction 10)	<input type="text"/>		
22. Taxable net income (Subtract line 21 from line 20)	<input type="text"/>		



Name Social Security #

MARYLAND TAX COMPUTATION

Table with 2 columns: Description and Amount. Rows 23-30. Includes Maryland tax, earned income credit, poverty level credit, other income tax credits, business tax credits, total credits, and Maryland tax after credits.

LOCAL TAX COMPUTATION

Table with 2 columns: Description and Amount. Rows 31-47. Includes local tax, local earned income credit, local poverty level credit, total credits, total Maryland and local tax, contributions to various funds, total Maryland income tax, total Maryland and local tax withheld, 2005 estimated tax payments, refundable earned income credit, refundable income tax credits, total payments and credits, balance due, and overpayment.

Table with 2 columns: Description and Amount. Rows 48-51. Includes amount of overpayment to be applied to 2006 estimated tax, amount of overpayment to be refunded to you, interest charges from Form 502UP, and total amount due.

For credit card payment check here and see Instruction 24. Direct debit is available only if you file electronically.

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

Form for direct deposit of refund information, including 52a. Type of account (Checking/Savings) and 52b. Routing number / 52c. Account number.

Daytime telephone no. and Home telephone no. fields.

CODE NUMBERS (3 digits per box) field.

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. It is recommended that you include your social security no. on check using blue or black ink. Mail to: Comptroller of Maryland, Revenue Administration Division, Annapolis, Maryland 21411-0001

Signature and information fields for taxpayer and preparer, including date, signature, SSN or PTIN, and address/telephone number of preparer.