MARYLAND FORM 502

RESIDENT INCOME TAX RETURN

245020051

2024

$

OR FISCAL YEAR BEGINNING _____ 2024, ENDING _____

490549999
Your Social Security Number

Spouse's Social Security Number

A
Your First Name

MI

A
Your Last Name

Spouse's First Name

MI

Spouse's Last Name

Does your name match the name on your social security card? If not, to ensure you get credit for your personal exemptions, contact SSA at 1-800-772-1213 or visit **ssa.gov.**

Print Using Blue or Black Ink Only

Current Mailing Address Line 1 (Street No. and Street Name or PO Box)

Current Mailing Address Line 2 (Apt No., Suite No., Floor No.)

City or Town

State

ZIP Code + 4

Foreign Country Name

Foreign Province/State/County

Foreign Postal Code

Place your W-2 wage and tax statements and ATTACH HERE with one staple. Do not attach check or money order to Form 502. Attach check or money order to Form PV.

REQUIRED: Maryland Physical address of taxing area as of December 31, 2024 or last day of the taxable year for fiscal year taxpayers. **See Instruction 6. Part-year residents see Instruction 26.**

4 Digit Political Subdivision Code (See Instruction 6)

Maryland Political Subdivision (See Instruction 6)

Maryland Physical Address Line 1 (Street No. and Street Name) (No PO Box)

Maryland Physical Address Line 2 (Apt No., Suite No., Floor No.) (No PO Box)

City

MD
State

ZIP Code + 4

Maryland County

FILING STATUS
CHECK ONE BOX ▶
See Instruction 1 if you are required to file.

1. [X] 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, Spouse SSN ▶ _____
4. [ ] Head of household
5. [ ] Qualifying surviving spouse with dependent child
6. [ ] Dependent taxpayer (Enter 0 in Exemption Box (A) - See Instruction 7.)

PART-YEAR RESIDENT
See Instruction 26.

Dates of Maryland Residence (MM DD YYYY) **FROM** _____ **TO** _____

Other state of residence: ___

If you began or ended legal residence in Maryland in 2024 place a **P** in the box . . . . . ▶ [ ]

MILITARY: If you or your spouse has **non-Maryland** military income, place an **M** in the box . . . . . ▶

Enter **Military Income** amount here: _____

MARYLAND FORM **502**

RESIDENT INCOME TAX RETURN

245020151

2024 Page 2

Name A SSN 490549999

EXEMPTIONS

See Instruction 10. Check appropriate box(es). **NOTE:** If you are claiming dependents, you **must attach the Dependents' Information Form 502B** to this form to receive the applicable exemption amount.

A.	[X] **Yourself** [ ] **Spouse** . . . Enter number checked [1]	See Instruction 10	**A. $**	3200	00
B.	▶[X] 65 or over ▶[ ] 65 or over				
	▶[ ] Blind ▶[ ] Blind . . . . Enter number checked [1] X $1,000		**B. $**	1000	00
C.	Enter number from line 3 of Dependent Form 502B . . . . . [ ]	See Instruction 10	**C. $**		00
D.	**Enter Total Exemptions (Add A, B and C.)** . . . . . ▶[2]	**Total Amount** . .	**D. $**	4200	00

MARYLAND HEALTH CARE COVERAGE

See Instruction 3.

Check here ▶[ ] If you do not have health care coverage DOB (mm/dd/yyyy) ▶

Check here ▶[ ] If your spouse does not have health care coverage DOB (mm/dd/yyyy) ▶

Check here ▶[ ] I authorize the Comptroller of Maryland to share information from this tax return with Maryland Health Connection for the purpose of determining pre-eligibility for no-cost or low-cost health care coverage.

E-mail address ▶

INCOME

See Instruction 11.

1.	Adjusted gross income from your federal return . . . . . ▶	1.	10476	00
1a.	Wages, salaries and/or tips . . . . . ▶	1a. 10476	00	
1b.	Earned **income** . . . . . ▶	1b. 10476	00	
1c.	Capital Gain or (loss) . . . . . ▶	1c. 0	00	
1d.	Taxable Pensions, IRAs, Annuities **(Attach Form 502R.)** . . . ▶	1d. 0	00	
1e.	**Place a "Y" in this box if the amount of your investment income is more than $11,600** . . . . . ▶[ ]			

ADDITIONS TO MARYLAND INCOME

See Instruction 12.

2.	Tax-exempt interest on state and local obligations (bonds) other than Maryland . . . . . ▶	2.		00
3.	State retirement pickup . . . . . ▶	3.		00
4.	Lump sum distributions (from worksheet in Instruction 12.) . . . . . ▶	4.		00
5.	Other additions (Enter code letter(s) from Instruction 12.) . . . . ▶___ ___ ___ ___ . . . ▶	5.		00
6.	Total additions (Add lines 2 through 5. See instructions.) . . . . . ▶	6.		00
7.	Total federal adjusted gross income and Maryland additions (Add lines 1 and 6.)	7.	10476	00

SUBTRACTIONS FROM MARYLAND INCOME

See Instruction 13.

8.	Taxable refunds, credits or offsets of state and local income taxes included in line 1 . . . . . ▶	8.		00
9.	Child and dependent care expenses . . . . . ▶	9.		00
10a.	Pension exclusion from worksheet (13A) . . . . . **Yourself** ▶[ ] **Spouse** ▶[ ] . ▶	10a.		00
10b.	Ranger pension exclusion from worksheet (13E) . . . . . **Yourself** ▶[ ] **Spouse** ▶[ ] . ▶	10b.		00
11.	Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line 1 . . . . . ▶	11.		00
12.	Income received during period of nonresidence (See Instruction 26.) . . . . . ▶	12.		00
13.	Subtractions from attached Form 502SU . . . . . ▶___ ___ ___ ___ . . ▶	13.		00
14.	Two-income subtraction from worksheet in Instruction 13 . . . . . ▶	14.		00
15.	Total subtractions (Add lines 8 through 14. See instructions.) . . . . . ▶	15.		00
16.	Maryland adjusted gross income (Subtract line 15 from line 7.)	16.	10476	00

DEDUCTION METHOD

See Instruction 16.

All taxpayers must select one method and check the appropriate box.

[X] **STANDARD DEDUCTION METHOD** (Enter amount on line 17.)

▶[ ] **ITEMIZED DEDUCTION METHOD** (Complete lines 17a and 17b.)

17a.	Total federal itemized deductions (from line 17, federal Schedule A) . . . . ▶	17a.		00
17b.	State and local income taxes (See Instruction 14.) . . . . . ▶	17b.		00

Subtract line 17b from line 17a and enter amount on line 17.

17.	Deduction amount (Part-year residents see Instruction 26 (l and m).) . . . . . ▶	17.	1800	00
18.	Net income (Subtract line 17 from line 16.)	18.	8676	00
19.	Exemption amount from Exemptions area (See Instruction 10.)	19.	4200	00
20.	Taxable net income (Subtract line 19 from line 18.)	20.	4476	00

Name A SSN 490549999

MARYLAND TAX COMPUTATION

21.	**Maryland tax** (from Tax Table or Computation Worksheet Schedules I or II)	21.	160 00
21a.	Recaptured credit from Part DD, line 1 of Form 502CR. (Attach Form 502CR)	21a.	00
22.	Earned income credit (EIC) (See Instruction 18.)	22.	00
	☐ Check this box if you are claiming the Maryland Earned Income Credit, but do not qualify for the federal Earned Income Credit.		
	☐ Check this box if you are claiming the Maryland Earned Income Credit with a qualifying child.		
23.	Poverty level credit (See Instruction 18.)	23.	524 00
24	Other income tax credits for individuals from Part AA, line 14 of Form 502CR (**Attach Form 502CR.**)	24	1000 00
25.	Business tax credits **You must file this form electronically to claim business tax credits on Form 500CR.**		
26.	Total credits (Add lines 22 through 25.)	26.	1524 00
27.	Maryland tax after credits (Add lines 21 and 21a, then subtract line 26.) If less than 0, enter 0	27.	0 00

LOCAL TAX COMPUTATION

28.	Local tax (See Instruction 19 for tax rates and worksheet.) **Multiply line 20 by your local tax rate** .0 ____ or use the Local Tax Worksheet	28.	00
29.	Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.)	29.	00
30.	Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19.)	30.	00
31.	Local tax credit from Part BB, line 1 of Form 502CR **(Attach Form 502CR.)**	31.	00
32.	Total credits (Add lines 29 through 31.)	32.	00
33.	**Local tax** after credits (Subtract line 32 from line 28.) If less than 0, enter 0	33.	0 00
34.	Total Maryland and local tax (Add lines 27 and 33.)	34.	00

CONTRIBUTIONS

See Instruction 20.

35.	Contribution to Chesapeake Bay and Endangered Species Fund	35.	00
36.	Contribution to Developmental Disabilities Services and Support Fund	36.	00
37.	Contribution to Maryland Cancer Fund	37.	00
38.	Contribution to Fair Campaign Financing Fund	38.	00
39.	**Total Maryland income tax, local income tax and contributions** (Add lines 34 through 38.)	39.	00
40.	Total Maryland and local tax withheld (Enter total from your W-2 and 1099 forms and attach if MD tax is withheld.)	40.	.
41.	2024 estimated tax payments, amount applied from 2023 return, payment made with an extension request, and **Form MW506NRS**	41.	.
42.	Refundable earned income credit (from worksheet in Instruction 21)	42.	.
43.	Refundable income tax credits from Part CC, line 10 of Form 502CR (Attach Form 502CR and/or Schedule K-1 (Forms 510/511), if applicable. See Instruction 21.)	43.	.
44.	Total payments and credits (Add lines 40 through 43.)	44.	.
45.	Balance due (If line 39 is more than line 44, subtract line 44 from line 39. See Instruction 22.)	45.	.
46.	Overpayment (If line 39 is less than line 44, subtract line 39 from line 44.)	46.	.

REFUND

47.	**Amount of overpayment TO BE APPLIED TO 2025 ESTIMATED TAX**	47.	.
48.	Amount of overpayment **TO BE REFUNDED TO YOU** (Subtract line 47 from line 46.) See line 51 **REFUND**	48.	.

AMOUNT DUE

49.	Check here ☐ if you are attaching Form 502UP. Enter interest charges from line 18, _____ or for late filing _____ or homebuyer withdrawal penalty _____	49.	.
50.	**TOTAL AMOUNT DUE** (Add lines 45 and 49.) **IF $1 OR MORE, PAY IN FULL WITH THIS RETURN. INCLUDE FORM PV**	50.	.

Name A SSN 490549999

DIRECT DEPOSIT OF REFUND (See Instruction 22.) **Verify that all account information is correct and clearly legible.** If you are requesting direct deposit of your refund, complete the following. **To split your Direct Deposit,** use Form 588.

▶ ☐ Check here if you authorize the State of Maryland to issue your refund by direct deposit.

▶ ☐ Check here if this refund will go to an account outside of the United States.

51a. Type of account: ▶ ☐ Checking ☐ Savings **51b.** Routing Number (9-digits) ▶ _____

51c. Account Number ▶ _____

51d. Name(s) as it appears on the bank account _____

▶ _____ Daytime telephone no. _____ Home telephone no. ▶ _____ _____ _____ CODE NUMBERS (3 digits per line)

Check here ☐ if you authorize your preparer to discuss this return with us. Check here ▶ ☐ if you authorize your paid preparer not to file electronically. Check here ▶ ☐ if you agree to receive your 1099G Income Tax Refund statement electronically (See Instruction 24.)

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.

_____ Your signature _____ Date

_____ Spouse's signature _____ Date

_____ Printed name of the Preparer / or Firm's name

_____ Street address of preparer or Firm's address

_____ Signature of preparer other than taxpayer **(Required by Law)**

_____ City, State, ZIP Code + 4

_____ Telephone number of preparer ▶ _____ Preparer's PTIN **(Required by Law)**

For returns filed without payments, mail your completed return to:

Comptroller of Maryland
Revenue Administration Division
110 Carroll Street
Annapolis, MD 21411-0001

For returns filed with payments, attach your check or money order to Form PV. Make your check or money order payable to Comptroller of Maryland. If filing individually, you must include the taxpayer's Social Security number (SSN)/Individual Taxpayer Identification number (ITIN) on the check or money order. If filing jointly, you must include the Social Security number/ITIN of the primary taxpayer, tax year, and tax type on the check or money order. Failure to include this information will delay the processing of your payment. Do not staple Form PV or check/money order to Form 502. Place Form PV with attached check or money order on TOP of Form 502 and mail to:

Comptroller of Maryland
Payment Processing
PO Box 8888
Annapolis, MD 21401-8888

To make an online payment, scan the QR code below and follow instructions, or go to **marylandtaxes.gov** and click on Pay.