



245020051

\$

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

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 visitssa.gov.

Spouse's First Name

MI

Spouse's Last Name

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

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.

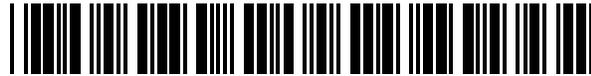
Dates of Maryland Residence (MM DD YYYY) FROM TO

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:



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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 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

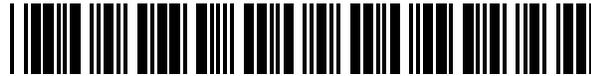
See Instruction 13.

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.

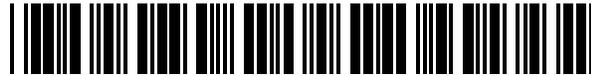
All taxpayers must select one method and check the appropriate box.
[X] STANDARD DEDUCTION METHOD (Enter amount on line 17.)
[] ITEMIZED DEDUCTION METHOD (Complete lines 17a and 17b.)
17a. Total federal itemized deductions (from line 17, federal Schedule A) 17a. 00
17b. State and local income taxes (See 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



245020251

Name A SSN 490549999

Table with columns for tax categories (MARYLAND TAX COMPUTATION, LOCAL TAX COMPUTATION, CONTRIBUTIONS, REFUND, AMOUNT DUE) and line numbers (21-50) with corresponding amounts.



245020351

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

Printed name of the Preparer / or Firm's name

Signature of preparer other than taxpayer (Required by Law)

Spouse's signature Date

Street address of preparer or Firm's address

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**

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



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**