



155090049

OR FISCAL YEAR BEGINNING _____ 2015, ENDING _____

Your Social Security Number _____ Spouse's Social Security Number _____

Your First Name _____ Initial _____

Your Last Name _____

Spouse's First Name _____ Initial _____

Spouse's Last Name _____

Current Mailing Address (PO Box, number, street and apt. no) _____

Maryland County _____

City, Town or Taxing Area _____

Name of county and incorporated city, town or special taxing area in which you resided on the last day of the taxable period. (See Instruction 6.)

City or Town _____ State _____ ZIP Code _____

FILING STATUS

CHECK ONE BOX

See Instruction 1 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, Spouse SSN
4. Head of household
5. Qualifying widow(er) 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:
MILITARY: If you or your spouse has non-Maryland military income, place an M in the box.
Enter Military Income amount here:

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. Yourself Spouse
B. 65 or over Blind
C. Enter number from line 3 of Dependent Form 502B
D. Enter Total Exemptions (Add A, B and C.) Total Amount

INCOME

See Instruction 11.

- 1. Adjusted gross income from your federal return
1a. Wages, salaries and/or tips
1b. Earned income
1c. Capital Gain or (loss)
1d. Taxable Pension, IRA, Annuities
1e. Check here if the amount of your investment income is more than \$3,400.

ADDITIONS TO INCOME

See Instruction 12.

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

Print Using Blue or Black Ink Only

Place CHECK or MONEY ORDER on top of your W-2, wage and tax statements and ATTACH HERE with ONE staple



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NAME _____ SSN _____

SUBTRACTIONS FROM INCOME

See Instruction 13.

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

DEDUCTION METHOD

See Instruction 16.

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

STANDARD DEDUCTION METHOD (Enter amount on line 17.)

ITEMIZED DEDUCTION METHOD (Complete lines 17a and 17b.)

17a. Total federal itemized deductions (from line 29, federal Schedule A) .▶ 17a. _____

17b. State and local income taxes (See Instruction 14.) ▶ 17b. _____

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. _____

18. Net income (Subtract line 17 from line 16.) 18. _____

19. Exemption amount from Exemptions area (See Instruction 10.) 19. _____

20. Taxable net income (Subtract line 19 from line 18.) 20. _____

MARYLAND TAX COMPUTATION

21. **Maryland tax** (from Tax Table or Computation Worksheet Schedules I or II) 21. _____

22. Earned income credit (1/2 of federal earned income credit. See Instruction 18.) ▶ 22. _____

23. Poverty level credit (See Instruction 18.) ▶ 23. _____

24. Other income tax credits for individuals from Part J, line 10 of Form 502CR (**Attach Form 502CR.**) 24. _____

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. _____

27. Maryland tax after credits (Subtract line 26 from line 21.) If less than 0, enter 0. 27. _____

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. _____

29. Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.) . . 29. _____

30. Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19.) . . . 30. _____

31. Local tax credit from Part K, line 1 of Form 502CR (**Attach Form 502CR.**) 31. _____

32. Total credits (Add lines 29 through 31.) 32. _____

33. **Local tax** after credits (Subtract line 32 from line 28.) If less than 0, enter 0 33. _____

34. Total Maryland and local tax (Add lines 27 and 33.) 34. _____

35. Contribution to Chesapeake Bay and Endangered Species Fund (See Instruction 20.) ▶ 35. _____

36. Contribution to Developmental Disabilities Services and Support Fund (See Instruction 20.) . ▶ 36. _____

37. Contribution to Maryland Cancer Fund (See Instruction 20.) ▶ 37. _____

38. Contribution to Fair Campaign Financing Fund (See Instruction 20.) ▶ 38. _____

39. **Total Maryland income tax, local income tax and contributions** (Add lines 34 through 38.) . 39. _____

40. Total Maryland and local tax withheld (Enter total from your W-2 and 1099 forms if MD tax is withheld and attach.) ▶ 40. _____

41. 2015 estimated tax payments, amount applied from 2014 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 L, line 6 of Form 502CR (**Attach Form 502CR.** See Instruction 21.) 43. _____

44. Total payments and credits (Add lines 40 through 43.) 44. _____



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NAME _____ SSN _____

	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 2016 ESTIMATED TAX ▶ 47. _____	
	48. Amount of overpayment TO BE REFUNDED TO YOU (Subtract line 47 from line 46.) See line 51 REFUND ▶ 48. _____	
	49. Interest charges from Form 502UP _____ or for late filing _____ (See Instruction 22.) Total. ▶ 49. _____	
AMOUNT DUE	50. TOTAL AMOUNT DUE (Add lines 45 and 49.) IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN	▶ 50. _____

DIRECT DEPOSIT OF REFUND (See Instruction 22.) Be sure the account information is correct. **For Splitting Direct Deposit**, see Form 588. If this refund will go to an account outside of the United States, then to comply with banking rules, place a "Y" in this box ▶ and see Instruction 22. For the direct deposit option, complete the following information clearly and legibly.

51a.Type of account: ▶ Checking Savings

51b.Routing Number (9-digits) ▶ _____ **51c.** Account Number ▶ _____

▶ _____ ▶ _____
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.)

Make checks payable to and mail to:
**Comptroller of Maryland
Revenue Administration Division
110 Carroll Street
Annapolis, Maryland 21411-0001**

It is recommended that you include your Social Security Number on check.

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

Signature of preparer other than taxpayer

Street address of preparer

City, State, ZIP

Telephone number of preparer

Preparer's PTIN (required by law)