

FORM 502 MARYLAND RESIDENT INCOME TAX RETURN



2012
\$

125020049

OR FISCAL YEAR BEGINNING 2012, ENDING

Social Security number		Spouse's Social Security number	
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 resided on the last day of the taxable period. (See Instruction 6)		Maryland County	City, Town, or Taxing Area

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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 Spouse's Social Security number _____
- 4. Head of household
- 5. Qualifying widow(er) with dependent child
- 6. Dependent taxpayer (Enter 0 in Exemption Box (A) - See Instruction 7)

CHECK ONE BOX ▶

PART-YEAR RESIDENT

See Instruction 26
If you began or ended legal residence in Maryland in 2012 place a **P** in the box

Place an **M** or **P** in this box

P

Dates of Maryland Residence

MO DAY YEAR
FROM _____
TO _____

Other state of residence: _____

MILITARY: If you or your spouse has non-Maryland military income, place an **M** in the box. (See Instruction 26)

Enter 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 in order to receive the applicable exemption amount.

- A** Yourself Spouse A. Enter No. Checked. See Instruction 10 **A. \$** _____
- B** 65 or over 65 or over B. Enter No. Checked. X \$1,000. **B. \$** _____
- Blind Blind
- C** Enter No. from line 3 of Dependent Form 502B. See Instruction 10 **C. \$** _____
- D** Enter Total Exemptions (Add A, B and C). **Total Amount** **D. \$** _____

Check here if you authorize us to share your tax information with the Medical Assistance Program for help finding health insurance.

INCOME

1. Adjusted gross income from your federal return (See Instruction 11) **1** _____

1a. Wages, salaries and/or tips (See Instruction 11) **1a** _____

ADDITIONS TO INCOME (See Instruction 12)

2. Tax-exempt interest on state and local obligations (bonds) other than Maryland **2** _____

3. State retirement pickup **3** _____

4. Lump sum distributions (from worksheet in Instruction 12) **4** _____

5. Other additions (Enter code letter(s) from Instruction 12) **5** _____

6. Total additions to Maryland income (Add lines 2 through 5) **6** _____

7. Total federal adjusted gross income and Maryland additions (Add lines 1 and 6) **7** _____

SUBTRACTIONS FROM INCOME (See Instruction 13)

8. Taxable refunds, credits or offsets of state and local income taxes included in line 1 above. **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 above **11** _____

12. Income received during period of nonresidence (See Instruction 26) **12** _____

13. Subtractions from attached Form 502SU (See Instruction 13) **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)

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

State and local **income** taxes included in federal Schedule A, line 5 **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 above (See Instruction 10) **19** _____

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

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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Print Using Blue or Black Ink Only	Social Security number		Spouse's Social Security number	
	Your first name	Initial	Last name	
	Spouse's first name	Initial	Last name	

Summary

1. Enter the total number of boxes checked below for Regular dependents (6) ► 1. _____
2. Enter the total number of additional boxes checked below for dependents 65 or over (7). ► 2. _____
3. Total dependent exemptions (Add lines 1 and 2 and enter the total here and on line (C) of the Exemptions area of Form 502, 505 or 515) 3. _____

Dependents (If a dependent listed below is age 65 or over, please check both boxes 6 and 7.)

1. First name ► _____	Initial _____	Last name ► _____
2. Social Security number ► _____	3. Relationship _____	4. ► <input type="checkbox"/> if under 19
5. Has medical insurance? (For Form 502, resident taxpayers only) Yes ► <input type="checkbox"/> No ► <input type="checkbox"/>	6. <input type="checkbox"/> Regular	7. <input type="checkbox"/> 65 or over

1. First name ► _____	Initial _____	Last name ► _____
2. Social Security number ► _____	3. Relationship _____	4. ► <input type="checkbox"/> if under 19
5. Has medical insurance? (For Form 502, resident taxpayers only) Yes ► <input type="checkbox"/> No ► <input type="checkbox"/>	6. <input type="checkbox"/> Regular	7. <input type="checkbox"/> 65 or over

1. First name ► _____	Initial _____	Last name ► _____
2. Social Security number ► _____	3. Relationship _____	4. ► <input type="checkbox"/> if under 19
5. Has medical insurance? (For Form 502, resident taxpayers only) Yes ► <input type="checkbox"/> No ► <input type="checkbox"/>	6. <input type="checkbox"/> Regular	7. <input type="checkbox"/> 65 or over

1. First name ► _____	Initial _____	Last name ► _____
2. Social Security number ► _____	3. Relationship _____	4. ► <input type="checkbox"/> if under 19
5. Has medical insurance? (For Form 502, resident taxpayers only) Yes ► <input type="checkbox"/> No ► <input type="checkbox"/>	6. <input type="checkbox"/> Regular	7. <input type="checkbox"/> 65 or over

1. First name ► _____	Initial _____	Last name ► _____
2. Social Security number ► _____	3. Relationship _____	4. ► <input type="checkbox"/> if under 19
5. Has medical insurance? (For Form 502, resident taxpayers only) Yes ► <input type="checkbox"/> No ► <input type="checkbox"/>	6. <input type="checkbox"/> Regular	7. <input type="checkbox"/> 65 or over