



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	
Present Address (Number 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

FILING STATUS

See Instruction 1 to determine if you are required to file.

CHECK ONE BOX

- 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)

EXEMPTIONS

See Instruction 10

- (A) Yourself Spouse
- (B) 65 or over Blind 65 or over Blind

(C) Dependents		(1)	(2)	(3)	(4)	(5)		(6)	(7)
First Name	Last Name	Social Security	Relationship	Check if Dep under age 19	If (4) is checked, does child have health insurance now		Regular	65 or over	
				<input type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>	

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

NOTE: If you are claiming more than two dependents, you must use Form 502.

(A) Enter No. Checked x \$3,200 \$ _____

(B) Enter No. Checked x \$1,000 \$ _____

(C) Enter No. Checked in Columns 6 & 7 x \$3,200 \$ _____

(D) Enter Total Exemptions (Add A, B and C) Total Amount \$ _____

	1. Adjusted gross income from your federal return (See Instruction 11) (If amount is \$100,000 or more, stop and use Form 502).....	▶	1	
	1a. Wages, salaries and/or tips (See Instruction 11).....		1a	
	2. Standard deduction (See Instruction 16).....		2	
	3. Net income (Subtract line 2 from line 1).....		3	
	4. Exemption amount as computed above.....		4	
	5. Taxable net income (Subtract line 4 from line 3. GO TO TAX TABLE).....		5	
	6. Maryland tax from Tax Table.....		6	
	7. Earned income credit ▶ 7a <input type="text"/> <input type="text"/> Poverty level credit ▶ 7b <input type="text"/> <input type="text"/> (See Instruction 18) Total.....		7	
	8. Maryland tax after credits (Subtract line 7 from line 6) If less than 0, enter 0.....		8	
	9. Local tax (See Instruction 19 for tax rates and worksheet.) Multiply line 5 by your local tax rate . 0		9	
	10. Local: Earned income credit ▶ 10a <input type="text"/> <input type="text"/> Poverty level credit ▶ 10b <input type="text"/> <input type="text"/> (See Instruction 19) Total		10	
	11. Local tax after credits (Subtract line 10 from line 9) If less than 0, enter 0.....		11	
	12. Total Maryland and local tax (Add lines 8 and 11).....		12	
	13. Contributions to Chesapeake Bay and Endangered Species Fund.....		13	
	14. Contributions to Developmental Disabilities Waiting List Equity Fund.....		14	
	15. Contributions to Maryland Cancer Fund.....		15	
	16. Total Maryland income tax, local income tax and contributions (Add lines 12 through 15).....		16	
	17. Total Maryland and local tax withheld (Enter total from and attach your W-2 and 1099 forms if MD tax is withheld)		17	
	18. Refundable earned income credit (from worksheet in Instruction 21).....		18	
	19. Total payments and credit (Add lines 17 and 18)		19	
	20. Balance due (If line 16 is more than line 19, subtract line 19 from line 16).....		20	
	21. Overpayment (If line 16 is less than line 19, subtract line 16 from line 19) See line 24..... This is your REFUND ▶		21	
	22. Interest charges from Form 502UP <input type="text"/> or for late filing <input type="text"/> (See Instruction 22) Total		22	
	23. TOTAL AMOUNT DUE (Add lines 20 and 22) IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN		23	



NAME _____ SSN _____

DIRECT DEPOSIT OF REFUND (See Instruction 22) Please be sure the account information is correct. For Splitting Direct Deposit, see Form 588.

In order to comply with banking rules, please, check here if this refund will go to an account outside the United States. If checked, see Instruction 22.

24. For the direct deposit option, complete the following information clearly and legibly. 24a. Type of account: Checking Savings

24b. Routing Number (9-digit) 24c. Account number

Daytime telephone no. Home telephone no. 049 CODE NUMBERS (3 digits per box)

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. 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 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.)

Your signature Date Preparer's SSN or PTIN (required by law) Signature of preparer other than taxpayer Spouse's signature Date Address and telephone number of preparer

WHO MAY USE THIS FORM?

You may use this short form (Form 503) if you answer "NO" to ALL of these questions:

- 1. YES NO Is your federal adjusted gross income \$100,000 or more?
2. YES NO Are you claiming more than two dependents? If so, you must use Form 502.
3. YES NO Do you have a state pickup amount on your Form W-2? If so, you must use Form 502.
4. YES NO Do you and your spouse both have income subject to Maryland tax and are filing a joint return? If yes, you are eligible for the two-income subtraction modification and must use Form 502.
5. YES NO Do you have any other Additions to Income or Subtractions from Income on your Maryland return? For example, if you are eligible to take the pension exclusion, you must use Form 502.
6. YES NO Do you want to itemize deductions?
7. YES NO Did you make estimated payments in 2011; have part or all of your 2010 refund applied to your 2011 estimated account; or make a payment with an extension request, Form 502E?
8. YES NO Are you claiming a tax credit on Maryland Form 500CR or Form 502CR?
9. YES NO Were you a nonresident of Maryland?
10. YES NO Were you a part-year resident of Maryland?
11. YES NO Does your return cover less than a 12-month period?
12. YES NO Were or are you a fiscal year taxpayer?
13. YES NO Will you want part or all of your refund credited to next year's estimated account?
14. YES NO Do you have income from an estate or trust or a pass-through entity from a K-1 or other statement? If yes, you must use Form 502.