



16502X099

OR FISCAL YEAR BEGINNING _____ 2016, 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 _____

Maryland County _____

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

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. (Baltimore City residents leave Maryland County
line blank.)

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

City or Town _____

State _____

ZIP Code _____

Check here if **you** are:

☐ 65 or over ☐ Blind

Check here if **your spouse** is:

☐ 65 or over ☐ Blind

**IF THIS IS BEING FILED TO CLAIM A NET OPERATING LOSS, CHECK
THE APPROPRIATE BOX:**

☐ CARRY BACK

☐ CARRY FORWARD

**IMPORTANT NOTE: Read the instructions and complete page 3 first.
Attach copies of the federal loss year return and Form 1045, Schedules
A and B. See Instruction 15.**

Is this address different from the address on your original return? ☐ YES ☐ NO

Check: ☐ Full-year resident ☐ Part-year resident or ☐ Nonresident (See Instruction 14.)

If part-year resident or nonresident, enter dates you resided in Maryland _____ - _____. Any changes from the original filing must
be explained in Part III on page 4 of this form. **Submit copy of tax return filed with the other state.**

Did you request an extension of time to file the original return? ☐ YES ☐ NO

If yes, enter the date the return was filed _____

Is an amended federal return being filed? **If yes, submit copy.** ☐ YES ☐ NO

Has your original federal return been changed or corrected by the Internal Revenue Service? **If yes, submit copy
of the IRS notice.** ☐ YES ☐ NO

CHANGE OF FILING STATUS

Original Amended

☐ ☐ Single
☐ ☐ Married filing joint return or spouse had no income
☐ ☐ Married filing separately _____
Spouse's Social Security No. _____

Original Amended

☐ ☐ Head of household
☐ ☐ Qualifying widow(er) with dependent child
☐ ☐ Dependent taxpayer



16502X199

LAST NAME _____ SSN _____

	A. As originally reported or as previously adjusted (See instructions.)	B. Net change – increase or (decrease) – explain on page 4.	C. Corrected amount.
1. Federal adjusted gross income	1.		
2. Additions to income	2.		
3. Total (Add lines 1 and 2.)	3.		
4. Subtractions from income	4.		
5. Total Maryland adjusted gross income (Subtract line 4 from line 3.)	5.		
6. CHECK ONLY ONE METHOD (See Instruction 5.)			
<input type="checkbox"/> STANDARD DEDUCTION METHOD			
Enter 15% (See Instruction 5 for limits.)			
<input type="checkbox"/> ITEMIZED DEDUCTION METHOD			
Enter total MD itemized deductions from Part II, on page 3.			
7. Net income (Subtract line 6 from line 5.)	7.		
8. Exemption amount (See Instruction 5.)	8.		
9. Taxable net income (Subtract line 8 from line 7.)	9.		
10. Maryland tax (from Tax Table or Computation Worksheet). 10.			
10a. Credits: Earned Income Credit.			
Poverty Level Credit			
Personal Credit.			
Business Credit. X X X X X X X X X X			
Enter total credits. 10a.			
10b. Maryland tax after credits (Subtract line 10a from line 10.) If less than 0, enter 0	10b.		
11. Local income tax (Use rate applicable for year of return.)			
Multiply line 9 by (See Instruction 7.) 11.			
11a. Local credits: Earned Income Credit.			
Poverty Level Credit.			
Personal Credit.			
Enter total credits. 11a.			
11b. Local tax after credits (Subtract line 11a from line 11.) If less than 0, enter 0.	11b.		
12. Total Maryland and local income tax (Add lines 10b and 11b.)	12.		
13. Contribution:			
A. B.			
C. D.			
Enter total contributions (See Instruction 8.) 13.			
14. Total Maryland income tax, local income tax and contribution (Add lines 12 and 13.)	14.		
15. Total Maryland tax withheld.	15.		
16. Estimated tax payments and payments made with Form 502E and Form MW506NRS.	16.		
17. Refundable earned income credit	17.		
18. Nonresident tax paid by pass-through entities.	18.		
19. Refundable income tax credits (Attach Form 502CR and/or 502S.)	19.		
20. Total payments and credits (Add lines 15 through 19.) . . 20.			



16502X299

LAST NAME _____ SSN _____

- | | | |
|---|-------------------|--------------|
| 21. Balance due (if line 14 is more than line 20) | 21. | _____ . ____ |
| 22. Overpayment (if line 14 is less than line 20) | 22. | _____ . ____ |
| 23. Tax paid with original return, plus additional tax paid after it was filed (Do not include any interest or penalty.) | 23. | _____ . ____ |
| 24. Prior overpayment (Total all refunds previously issued.) | 24. | _____ . ____ |
| 25. REFUND (If line 21 is less than 23, subtract line 21 from 23.) (If line 24 is less than 22, subtract line 24 from 22.) (Add lines 22 and 23.) (See Instruction 10.) | REFUND 25. | _____ . ____ |
| 26. BALANCE DUE (If line 21 is more than 23, subtract line 23 from 21.) (Add line 21 to 24.) (If line 22 is less than 24, subtract line 22 from 24.) (See Instruction 10.) | 26. | _____ . ____ |
| 27. Interest and/or penalty charges on tax due and/or from Form 502UP (See Instruction 11.) | 27. | _____ . ____ |
| 28. TOTAL AMOUNT DUE (Add line 26 and line 27.) PAY IN FULL WITH THIS RETURN | 28. | _____ . ____ |

I. INCOME AND ADJUSTMENTS TO INCOME: You must complete the following using the amounts from your federal income tax return. If there are no changes to the amounts claimed on your original Maryland return, check here ☐ and complete Column A and line 17 of Column C.

A. As originally reported or as previously adjusted
 B. Net increase or (decrease).
 C. Corrected amount.

INCOME AND ADJUSTMENTS INFORMATION (See Instruction 4.)

- | | | | | |
|---|-----|--------------|--------------|--------------|
| 1. Wages, salaries, tips, etc. | 1. | _____ . ____ | _____ . ____ | _____ . ____ |
| 2. Taxable interest income | 2. | _____ . ____ | _____ . ____ | _____ . ____ |
| 3. Dividend income | 3. | _____ . ____ | _____ . ____ | _____ . ____ |
| 4. Taxable refunds, credits or offsets of state and local income taxes | 4. | _____ . ____ | _____ . ____ | _____ . ____ |
| 5. Alimony received | 5. | _____ . ____ | _____ . ____ | _____ . ____ |
| 6. Business income or (loss) | 6. | _____ . ____ | _____ . ____ | _____ . ____ |
| 7. Capital gain or (loss) | 7. | _____ . ____ | _____ . ____ | _____ . ____ |
| 8. Other gains or (losses) (from federal Form 4797) | 8. | _____ . ____ | _____ . ____ | _____ . ____ |
| 9. Taxable amount of pensions, IRA distributions, and annuities | 9. | _____ . ____ | _____ . ____ | _____ . ____ |
| 10. Rents, royalties, partnerships, estates, trusts, etc. (Circle appropriate item.) | 10. | _____ . ____ | _____ . ____ | _____ . ____ |
| 11. Farm income or (loss) | 11. | _____ . ____ | _____ . ____ | _____ . ____ |
| 12. Unemployment compensation | 12. | _____ . ____ | _____ . ____ | _____ . ____ |
| 13. Taxable amount of Social Security and Tier 1 Railroad Retirement benefits | 13. | _____ . ____ | _____ . ____ | _____ . ____ |
| 14. Other income (including lottery or other gambling winnings) | 14. | _____ . ____ | _____ . ____ | _____ . ____ |
| 15. Total income (Add lines 1 through 14.) | 15. | _____ . ____ | _____ . ____ | _____ . ____ |
| 16. Total adjustments to income from federal return (IRA, alimony, etc.) | 16. | _____ . ____ | _____ . ____ | _____ . ____ |
| 17. Adjusted gross income (Subtract line 16 from 15.) (Enter on page 2, in each appropriate column of line 1.) | 17. | _____ . ____ | _____ . ____ | _____ . ____ |



16502X399

LAST NAME _____ SSN _____

II. ITEMIZED DEDUCTIONS: If you itemized deductions on your Maryland return, you must complete the following. If there are no changes to the amounts claimed on your original Maryland return, check here ☐ and complete Column A and line 11 of Column C.

	A. As originally reported or as previously adjusted	B. Net increase or (decrease).	C. Corrected amount.
1. Medical and dental expenses	1. _____	_____	_____
2. Taxes	2. _____	_____	_____
3. Interest	3. _____	_____	_____
4. Contributions	4. _____	_____	_____
5. Casualty or theft losses	5. _____	_____	_____
6. Miscellaneous	6. _____	_____	_____
7. Enter total itemized deductions from federal Schedule A	7. _____	_____	_____
8. Enter state and local income taxes included on line 2 or from worksheet (See Instruction 4.)	8. _____	_____	_____
9. Net deductions (Subtract line 8 from line 7.)	9. _____	_____	_____
10. Less deductions during period of nonresident status (See Instructions 13 & 14.)	10. _____	_____	_____
11. Total Maryland deductions (Subtract line 10 from line 9.) (Enter on page 2, in each appropriate column of line 6.)	11. _____	_____	_____

III. EXPLANATION OF CHANGES TO INCOME, DEDUCTIONS AND CREDITS: Enter the line number from page 2 for each item you are changing and give the reason for each change. Attach any required supporting forms and schedules for items changed.

Check here ☐ if you authorize your preparer to discuss this return with us.

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 _____

Signature of preparer other than taxpayer _____

Spouse's signature _____

Date _____

Street address of preparer _____

Make checks payable and mail to:

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

City, State, ZIP _____

Telephone number of preparer _____

**Write your Social Security number on your check in
blue or black ink.**

Preparer's PTIN (required by law) _____