

**MARYLAND  
FORM  
502**

**RESIDENT INCOME  
TAX RETURN**



165020049

**2016**  
\$

OR FISCAL YEAR BEGINNING \_\_\_\_\_ 2016, ENDING \_\_\_\_\_

Your Social Security Number \_\_\_\_\_ Spouse's Social Security Number \_\_\_\_\_

Plotting \_\_\_\_\_ f Jailbreak \_\_\_\_\_  
Your First Name Initial Your Last Name

Spouse's First Name \_\_\_\_\_ Initial \_\_\_\_\_ 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 \_\_\_\_\_

**REQUIRED:** Physical address as of December 31, 2016 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) \_\_\_\_\_

Physical Street Address Line 1 (Street No. and Street Name) (No PO Box) \_\_\_\_\_

Physical Street Address Line 2 (Apt No., Suite No., Floor No.) (No PO Box) \_\_\_\_\_

City \_\_\_\_\_ State MD ZIP Code \_\_\_\_\_ Maryland County \_\_\_\_\_

**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: \_\_\_\_\_  
If you began or ended legal residence in Maryland in 2016 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: \_\_\_\_\_

**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 . . . . . Enter number checked  2 See Instruction 10 A. \$ 6,400 . . . . .
- B. ▶  65 or over ▶  65 or over
- ▶  Blind ▶  Blind Enter number checked  X \$1,000. . . . . B. \$ \_\_\_\_\_ . . . . .
- C. Enter number from line 3 of Dependent Form 502B . . . . .  1 See Instruction 10 C. \$ 3,200 . . . . .
- D. Enter Total Exemptions (Add A, B and C.) . . . . . ▶  3 Total Amount D. \$ 9,600 . . . . .

Print Using Blue or Black Ink Only

Place your W-2 wage and tax statements and ATTACH HERE with one staple. Do not attach check or money order to Form 502. Attach check or money order to Form IND PV.



165020149

NAME Jailbreak

SSN \_\_\_\_\_

<b>INCOME</b> See Instruction 11.	1. Adjusted gross income from your federal return . . . . .	▶ 1.	<u>35,500</u>
	1a. Wages, salaries and/or tips . . . . .	▶ 1a.	_____
	1b. Earned <b>income</b> . . . . .	▶ 1b.	_____
	1c. Capital Gain or (loss) . . . . .	▶ 1c.	<u>12,000</u>
	1d. Taxable Pension, IRA, Annuities . . . . . (Attach Form 502R.)	▶ 1d.	_____
	1e. Place a "Y" in this box if the amount of your investment income is more than \$3,400. . . . .	▶ <input checked="" type="checkbox"/>	<u>Y</u>
	<b>ADDITIONS TO INCOME</b> 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.	<u>37,000</u>
<b>SUBTRACTIONS FROM INCOME</b> 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.	<u>37,000</u>
	<b>DEDUCTION METHOD</b> See Instruction 16.	<b>All taxpayers must select one method and check the appropriate box.</b>	
<input checked="" type="checkbox"/> <b>STANDARD DEDUCTION METHOD</b> (Enter amount on line 17.)			
<input type="checkbox"/> <b>ITEMIZED DEDUCTION METHOD</b> (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.	<u>4,000</u>
18. Net income (Subtract line 17 from line 16.) . . . . .	▶ 18.	<u>33,000</u>	
19. Exemption amount from Exemptions area (See Instruction 10.) . . . . .	▶ 19.	<u>9,600</u>	
20. Taxable net income (Subtract line 19 from line 18.) . . . . .	▶ 20.	<u>23,400</u>	
<b>MARYLAND TAX COMPUTATION</b>	21. Maryland tax (from Tax Table or Computation Worksheet Schedules I or II) . . . . .	▶ 21.	<u>1,060</u>
	22. Earned income credit (½ 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 K, line 11 of Form 502CR. (Attach Form 502CR.) . . . . .	▶ 24.	_____
	25. Business tax credits . . . . . <b>You must file this form electronically to claim business tax credits on Form 500CR.</b>	▶ 25.	<u>0</u>
	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.	<u>1,060</u>
<b>LOCAL TAX COMPUTATION</b>	28. Local tax (See Instruction 19 for tax rates and worksheet.) <b>Multiply line 20 by your local tax rate .0175</b> or use the Local Tax Worksheet . . . . .	▶ 28.	<u>410</u>
	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 L, 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.	<u>410</u>
	34. Total Maryland and local tax (Add lines 27 and 33.) . . . . .	▶ 34.	<u>1,470</u>
	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.	_____



165020249

NAME Jailbreak SSN \_\_\_\_\_

	<b>39. Total Maryland income tax, local income tax and contributions</b> (Add lines 34 through 38.) . 39.	<u>1,470</u>
	<b>40.</b> Total Maryland and local tax withheld (Enter total from your W-2 and 1099 forms if MD tax is withheld and attach.) . . . . . ▶ 40.	_____
	<b>41.</b> 2016 estimated tax payments, amount applied from 2015 return, payment made with an extension request, and <b>Form MW506NRS</b> . . . . . ▶ 41.	_____
	<b>42.</b> Refundable earned income credit (from worksheet in Instruction 21) . . . . . ▶ 42.	_____
	<b>43.</b> Refundable income tax credits from Part M, line 6 of Form 502CR (Attach Form 502CR. See Instruction 21.) . . . . . 43.	_____
	<b>44.</b> Total payments and credits (Add lines 40 through 43.) . . . . . 44.	_____
	<b>45.</b> Balance due (If line 39 is more than line 44, subtract line 44 from line 39. See Instruction 22.) . . . . . ▶ 45.	_____
	<b>46.</b> Overpayment (If line 39 is less than line 44, subtract line 39 from line 44.) . . . . . ▶ 46.	_____
<b>REFUND</b>	<b>47. Amount of overpayment TO BE APPLIED TO 2017 ESTIMATED TAX</b> ▶ 47.	_____
	<b>48. Amount of overpayment TO BE REFUNDED TO YOU</b> (Subtract line 47 from line 46.) See line 51 . . . . . <b>REFUND</b> ▶ 48.	_____
	<b>49.</b> Interest charges from Form 502UP _____ or for late filing _____ (See Instruction 22.) Total. . . . . ▶ 49.	_____
<b>AMOUNT DUE</b>	<b>50. TOTAL AMOUNT DUE</b> (Add lines 45 and 49.) <b>IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN. INCLUDE FORM IND PV.</b> . . . . . 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.)

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
		_____ City, State, ZIP
		_____ Telephone number of preparer
		_____ Preparer's PTIN (required by law)

<p><b>For returns filed without payments, mail your completed return to:</b></p> <p>Comptroller of Maryland Revenue Administration Division 110 Carroll Street Annapolis, MD 21411-0001</p>	<p><b>For returns filed with payments, attach check or money order to Form IND PV. Make checks payable to Comptroller of Maryland. Do not attach Form IND PV or check/money order to Form 502. Place Form IND PV with attached check/money order on top of Form 502 and mail to:</b></p> <p>Comptroller of Maryland Payment Processing PO Box 8888 Annapolis, MD 21401-8888</p>
---	---



15502B049

▶ Your Social Security Number

▶ Spouse's Social Security Number

Print Using Blue or Black Ink Only

Your First Name \_\_\_\_\_ Initial \_\_\_\_\_

Your Last Name \_\_\_\_\_

Spouse's First Name \_\_\_\_\_ Initial \_\_\_\_\_

Spouse's Last Name \_\_\_\_\_

**Summary**

- 1. Enter the total number checked below for Regular dependents (4) . . . . . ▶ 1. \_\_\_\_\_ 1
- 2. Enter the total number checked below for dependents 65 or over (5) . . . . . ▶ 2. \_\_\_\_\_ 0
- 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. \_\_\_\_\_ 1

**Dependents** (If a dependent listed below is age 65 or over, please check both 4 and 5.)

▶ 1. <b>Child</b> _____	Initial _____	Last Name _____				<b>DEPENDENT 1</b>
▶ 2. _____	3. _____	4. <input checked="" type="checkbox"/>	5. _____	Regular	65 or over	

▶ 1. _____	Initial _____	Last Name _____				<b>DEPENDENT 2</b>
▶ 2. _____	3. _____	4. _____	5. _____	Regular	65 or over	

▶ 1. _____	Initial _____	Last Name _____				<b>DEPENDENT 3</b>
▶ 2. _____	3. _____	4. _____	5. _____	Regular	65 or over	

▶ 1. _____	Initial _____	Last Name _____				<b>DEPENDENT 4</b>
▶ 2. _____	3. _____	4. _____	5. _____	Regular	65 or over	

▶ 1. _____	Initial _____	Last Name _____				<b>DEPENDENT 5</b>
▶ 2. _____	3. _____	4. _____	5. _____	Regular	65 or over	

▶ 1. _____	Initial _____	Last Name _____				<b>DEPENDENT 6</b>
▶ 2. _____	3. _____	4. _____	5. _____	Regular	65 or over	



15502B149

NAME \_\_\_\_\_ SSN \_\_\_\_\_

▶ 1.	First Name _____	Initial _____	▶	Last Name _____		
	Social Security Number _____	Relationship _____		Regular _____	65 or over _____	<b>DEPENDENT 7</b>
▶ 2.	_____	3. _____		4. _____	5. _____	

▶ 1.	First Name _____	Initial _____	▶	Last Name _____		
	Social Security Number _____	Relationship _____		Regular _____	65 or over _____	<b>DEPENDENT 8</b>
▶ 2.	_____	3. _____		4. _____	5. _____	

▶ 1.	First Name _____	Initial _____	▶	Last Name _____		
	Social Security Number _____	Relationship _____		Regular _____	65 or over _____	<b>DEPENDENT 9</b>
▶ 2.	_____	3. _____		4. _____	5. _____	

▶ 1.	First Name _____	Initial _____	▶	Last Name _____		
	Social Security Number _____	Relationship _____		Regular _____	65 or over _____	<b>DEPENDENT 10</b>
▶ 2.	_____	3. _____		4. _____	5. _____	

▶ 1.	First Name _____	Initial _____	▶	Last Name _____		
	Social Security Number _____	Relationship _____		Regular _____	65 or over _____	<b>DEPENDENT 11</b>
▶ 2.	_____	3. _____		4. _____	5. _____	

▶ 1.	First Name _____	Initial _____	▶	Last Name _____		
	Social Security Number _____	Relationship _____		Regular _____	65 or over _____	<b>DEPENDENT 12</b>
▶ 2.	_____	3. _____		4. _____	5. _____	