



19505X049

OR FISCAL YEAR BEGINNING _____ 2019, ENDING _____

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

Your First Name _____ MI _____

Your Last Name _____

Spouse's First Name _____ MI _____

Maryland County _____

Spouse's Last Name _____

City, Town or Taxing Area _____
Name of county and incorporated city, town or special taxing area in which you were employed on the last day of the taxable period if you earned wages in Maryland. (See Instruction 6.)

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

City or Town _____ State _____ ZIP Code + 4 _____

STOP You must use Form 502X if you are changing to Resident status.

IF THIS IS BEING FILED TO CLAIM A NET OPERATING LOSS, CHECK THE APPROPRIATE BOX: [] CARRYBACK (farming loss only) [] CARRY FORWARD

Check here if you are: [] 65 or over [] Blind Check here if your spouse is: [] 65 or over [] Blind

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 13.

Is this address different from the address on your original return? [] YES [] NO
Enter your state of legal residence _____. Enter the local jurisdiction of which you are a resident _____.
Are you a resident of a local jurisdiction which imposes an income or earnings tax on Maryland residents? [] YES [] NO
Enter dates you resided in Maryland _____ - _____.
Any changes from the original filing must be explained in Part III of this form.
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? [] YES [] NO
Has your original federal return been changed or corrected by the Internal Revenue Service? [] YES [] NO

CHANGE OF FILING STATUS

Original Amended Original Amended
[] [] Single [] [] Head of household
[] [] Married filing joint return or spouse had no income [] [] Qualifying widow(er) with dependent child
[] [] Married filing separately _____ [] [] Dependent taxpayer
Spouse's Social Security No. _____

IMPORTANT NOTE: Read the instructions and complete page 3 first. A. As originally reported or as previously adjusted (See instructions.) B. Net change - increase or (-) decrease explain on page 4. C. Corrected amount.

Table with 5 rows and 3 columns: Line number, Description, and Amount. Rows include Federal adjusted gross income, Additions to income, Total (Add lines 1 and 2.), Subtractions from income, and Total Maryland adjusted gross income.



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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.
6. CHECK ONLY ONE METHOD (See Instruction 5.)			
<input type="checkbox"/> STANDARD DEDUCTION METHOD			
<input type="checkbox"/> ITEMIZED DEDUCTION METHOD Enter total MD itemized deductions from Part II, on page 3	6. _____	_____	_____
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 line 16 of revised Form 505NR	10. _____	_____	_____
11. Special Nonresident tax from line 17 of revised Form 505NR.	11. _____	_____	_____
12. Total Maryland tax (Add lines 10 and 11.)	12. _____	_____	_____
12a. Credits:			
Poverty Level Credit _____			
Personal Credit _____			
Business Credit X X X X X X X X X X			
Enter total credits	12a. _____	_____	_____
12b. Maryland tax after credits (Subtract line 12a from line 12.) If less than 0, enter 0	12b. _____	_____	_____
13. Contribution: 13a. _____			
13b. _____			
13c. _____			
13d. _____			
Enter total contributions (See Instruction 8.)	13. _____	_____	_____
14. Total Maryland income tax and contribution (Add lines 12b and 13.)	14. _____	_____	_____
15. Total Maryland tax withheld.	15. _____	_____	_____
16. Estimated tax payments and payments made with Form PV and Form MW506NRS	16. _____	_____	_____
17. Nonresident tax paid by pass-through entities	17. _____	_____	_____
18. Refundable income tax credits (Attach Form 502CR and/or 502S.)	18. _____	_____	_____
19. Total payments and credits (Add lines 15 through 18.)	19. _____	_____	_____
20. Balance due (If line 14 is more than line 19, subtract line 19 from line 14.)	20. _____	_____	_____
21. Overpayment (If line 14 is less than line 19, subtract line 14 from line 19.)	21. _____	_____	_____
22. Tax paid with original return, plus additional tax paid after it was filed (Do not include any interest or penalty.)	22. _____	_____	_____
23. Prior overpayment (Total all refunds previously issued.)	23. _____	_____	_____
24. REFUND (If line 20 is less than line 22, subtract line 20 from line 22) (If line 23 is less than line 21, subtract line 23 from line 21.) (Add line 21 to line 22.) (See Instruction 10.)	REFUND 24. _____	_____	_____
25. BALANCE DUE (If line 20 is more than line 22, subtract line 22 from line 20.) (Add line 20 to line 23.) (If line 21 is less than line 23, subtract line 21 from line 23.) (See Instruction 10.)	25. _____	_____	_____
26. Interest and/or penalty charges on tax due and/or from Form 502UP (See Instruction 11.)	26. _____	_____	_____
27. TOTAL AMOUNT DUE (Add line 25 and line 26.) PAY IN FULL WITH THIS RETURN 27.	27. _____	_____	_____



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Name _____ SSN _____

I. INCOME AND ADJUSTMENTS TO INCOME: You must complete the following using the amounts from your federal income tax return including any supporting schedules. 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.

INCOME AND ADJUSTMENTS INFORMATION

(See Instruction 4.) (Use a minus sign (-) to indicate a loss.)

A. Federal income or loss (-) as corrected B. Maryland income or loss (-) as corrected C. Non-Maryland income or loss (-) as corrected

Table with 3 columns: Description, A. Federal income or loss, B. Maryland income or loss, C. Non-Maryland income or loss. Rows 1-17 include items like Wages, salaries, tips, Taxable interest income, Dividend income, etc.

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

Table with 3 columns: Description, A. As originally reported, B. Net increase or decrease, C. Corrected amount. Rows 1-11 include items like Medical and dental expense, Taxes, Interest, Contributions, etc.



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Name _____ SSN _____

III. EXPLANATION OF CHANGES TO INCOME, DEDUCTIONS AND CREDITS: Enter the line number from page 1 and 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

Spouse's signature

Date

Printed name of the Preparer/Firm's name

Street address of preparer or Firm's address

Signature of preparer other than taxpayer **(Required by Law)**

City, State, ZIP Code + 4

Telephone number of preparer



Preparer's PTIN **(Required by Law)**

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 in blue or black ink.**

