FORM **502**

RESIDENT INCOME TAX RETURN



2024

	EGINNING	2024, E	ENDING		-	
Your Social Security N	ımber Spouse's S	Social Security Number				
Your First Name Your Last Name	MI					
Your Last Name		Does your name match name on your social se card? If not, to ensure	curity			
Spouse's First Name	MI	get credit for your pers exemptions, contact SS 1-800-772-1213				
Spouse's Last Name		_ or visit ssa.gov .				
Current Mailing Addres	s Line 1 (Street No. and	d Street Name or PO Box)				
Current Mailing Addres	s Line 2 (Apt No., Suite	e No., Floor No.)	City or Town		State	ZIP Code + 4
Foreign Country Name				Foreig	n Province/State/Count	у
Foreign Postal Code						
il	bdivision Code (See Ins	struction 6) Maryland	Political Subdivi	sion (See Instruction	า 6)	-
Maryland Physical		No. and Street Name) (No	PO Box)	sion (See Instruction	n 6)	•
Maryland Physical Maryland Physical	Address Line 1 (Street		PO Box)	sion (See Instructio	n 6)	
Maryland Physical Maryland Physical City	Address Line 1 (Street	No. and Street Name) (No	PO Box)	sion (See Instruction ZIP Code + 4	Maryland County	
Maryland Physical Maryland Physical City FILING STATUS CHECK ONE	Address Line 1 (Street Address Line 2 (Apt No	No. and Street Name) (No, Suite No., Floor No.) (No	PO Box) PO Box) MD State	ZIP Code + 4 er person's tax	Maryland County	Status 6.)
FILING STATUS CHECK ONE BOX ► See Instruction	Address Line 1 (Street Address Line 2 (Apt No 1. Single 2. Marrie	No. and Street Name) (No	PO Box) PO Box) MD State med on another	ZIP Code + 4 er person's tax d no income	Maryland County return, use Filing S	Status 6.)
_FILING STATUS CHECK ONE BOX ▶	Address Line 1 (Street Address Line 2 (Apt No 1. Single 2. Marrie 3. Marrie	No. and Street Name) (No ., Suite No., Floor No.) (No e (If you can be claim ed filing joint return c	PO Box) PO Box) MD State med on another	ZIP Code + 4 er person's tax d no income	Maryland County return, use Filing S	Status 6.)
FILING STATUS CHECK ONE BOX > See Instruction 1 if you are	Address Line 1 (Street Address Line 2 (Apt No 1. Single 2. Marrie 3. Marrie 4. Head	No. and Street Name) (No ., Suite No., Floor No.) (No e (If you can be claim ed filing joint return c	PO Box) PO Box) MD State med on another or spouse had Spouse SSN	zIP Code + 4 er person's tax d no income ▶	Maryland County return, use Filing S	Status 6.)
FILING STATUS CHECK ONE BOX ► See Instruction 1 if you are	Address Line 1 (Street Address Line 2 (Apt No 1. Single 2. Marrie 3. Marrie 4. Head 6 5. Qualif	No. and Street Name) (No, Suite No., Floor No.) (No e (If you can be claimed filing joint return ced filing separately, Sof household	PO Box) PO Box) MD State med on another or spouse had Spouse SSN	zIP Code + 4 er person's tax d no income	Maryland County return, use Filing S	
Maryland Physical City FILING STATUS CHECK ONE BOX See Instruction 1 if you are	Address Line 1 (Street Address Line 2 (Apt No 1. Single 2. Marrie 3. Marrie 4. Head 5. Qualifi 6. Depen Dates of Maryl Other state of re	No. and Street Name) (No a., Suite No., Floor No.) (No a. (If you can be claim and filing joint return of and filing separately, S of household bying surviving spous andent taxpayer (Ente	PO Box) PO Box) MD State med on another or spouse had Spouse SSN we with deper	zIP Code + 4 er person's tax d no income hident child tion Box (A) -	Maryland County return, use Filing S See Instruction 7.	

MARYLAND FORM 502

RESIDENT INCOME TAX RETURN



Name	SSN SSN								
EXEMPTIONS See Instruction 10.									
Check appropriate box(es). NOTE: If you are claiming	B. ▶ 65 or over ▶ 65 or over								
dependents, you must attach the Dependents'	▶ Blind ■ Blind X \$1,000								
Information Form 502B to this form to receive	C. Enter number from line 3 of Dependent Form 502B								
the applicable exemption amount	D. Enter Total Exemptions (Add A, B and C.)								
MARYLAND	Check here ► If you do not have health care coverage DOB (mm/dd/yyyy) ►								
HEALTH CARE COVERAGE	Check here ► If your spouse does not have health care coverage DOB (mm/dd/yyyy) ►								
See Instruction 3.	I authorize the Comptroller of Maryland to share information from this tax return with Maryland Health Connection for the purpose of determining pre-eligibility for no-cost or low-cost health care coverage.								
	E-mail address								
	Adjusted gross income from your federal return								
INCOME	1a. Wages, salaries and/or tips ▶ 1a.								
See Instruction 11.	1b . Earned income								
	1c. Capital Gain or (loss)								
	1d. Taxable Pensions, IRAs, Annuities (Attach Form 502R.) ▶ 1d.								
	1e. Place a "Y" in this box if the amount of your investment income is more than \$11,600>								
	2. Tax-exempt interest on state and local obligations (bonds) other than Maryland ▶ 2.								
ADDITIONS	3. State retirement pickup								
TO MARYLAND INCOME	4. Lump sum distributions (from worksheet in Instruction 12.)								
	5. Other additions (Enter code letter(s) from Instruction 12.) ▶ 5.								
See Instruction 12.	6. Total additions (Add lines 2 through 5. See instructions.) ▶ 6								
	7. Total federal adjusted gross income and Maryland additions (Add lines 1 and 6.)								
	8. Taxable refunds, credits or offsets of state and local income taxes included in line 1 8								
SUBTRACTIONS									
FROM	10a. Pension exclusion from worksheet (13A) Yourself ▶ ☐ Spouse ▶ ☐ ▶ 10a								
MARYLAND INCOME	10b. Ranger pension exclusion from worksheet (13E) Yourself ▶ □ Spouse ▶ □ ▶ 10b								
See Instruction 13.	11. Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line 1 ▶ 11	—							
See Instruction 13.	12. Income received during period of nonresidence (See Instruction 20.)								
	13. Subtractions from attached Form 502SU ▶ ▶ 13								
	14. Two-income subtraction from worksheet in Instruction 13								
	15. Total subtractions (Add lines 8 through 14. See instructions.)								
	16. Maryland adjusted gross income (Subtract line 15 from line 7.)	—							
	STANDARD DEDUCTION METHOD (Enter amount on line 17.)								
DEDUCTION	ITEMIZED DEDUCTION METHOD (Complete lines 17a and 17b.)								
METHOD	172 Total foderal itemized deductions (from line 17 foderal Schodule A) > 172								
See Instruction 16.	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 (I and m) ▶ 17								
	18. Net income (Subtract line 17 from line 16.)								
	19. Exemption amount from Exemptions area (See Instruction 10.)								
	20. Taxable net income (Subtract line 19 from line 18.)								

MARYLAND FORM 502

RESIDENT INCOME TAX RETURN



2024Page 3

Name		SSN
	21.	Maryland tax (from Tax Table or Computation Worksheet Schedules I or II)
		Recaptured credit from Part DD, line 1 of Form 502CR. (Attach Form 502CR)
MARYLAND TAX	22.	Earned income credit (EIC) (See Instruction 18.) ≥ 22
COMPUTATION		Check this box if you are claiming the Maryland Earned Income Credit,
		but do not qualify for the federal Earned Income Credit.
		Check this box if you are claiming the Maryland Earned Income Credit
		with a qualifying child.
	23.	Poverty level credit (See Instruction 18.) ≥ 23
	24.	Other income tax credits for individuals from Part AA, line 14 of Form 502CR (Attach Form 502CR.) 24.
		Business tax creditsYou must file this form electronically to claim business tax credits on Form 500CR.
	1	Total credits (Add lines 22 through 25.)
	27.	Maryland tax after credits (Add lines 21 and 21a, then subtract line 26.) If less than 0, enter 0.27.
LOCAL TAX	28.	Local tax (See Instruction 19 for tax rates and worksheet.) Multiply line 20 by
COMPUTATION		your local tax rate .0 or use the Local Tax Worksheet
	1	Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.) 29
	1	Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19.) 30.
	1	Local tax credit from Part BB, line 1 of Form 502CR (Attach Form 502CR.)
	1	Total credits (Add lines 29 through 31.)
	_	Local tax after credits (Subtract line 32 from line 28.) If less than 0, enter 0
		Total Maryland and local tax (Add lines 27 and 33.)
CONTRIBUTIONS	1	Contribution to Chesapeake Bay and Endangered Species Fund ▶ 35
See Instruction 20.	1	Contribution to Developmental Disabilities Services and Support Fund ▶ 36
		Contribution to Maryland Cancer Fund
	1	Contribution to Fair Campaign Financing Fund ▶ 38
		Total Maryland income tax, local income tax and contributions (Add lines 34 through 38.) . 39. Total Maryland and local tax withheld (Enter total from your W-2 and 1099 forms
	40.	and attach if MD tax is withheld.)
	41	2024 estimated tax payments, amount applied from 2023 return, payment made
	71.	with an extension request, and Form MW506NRS ▶ 41
	42	Refundable earned income credit (from worksheet in Instruction 21)
		Refundable income tax credits from Part CC, line 10 of Form 502CR
		(Attach Form 502CR and/or Schedule K-1 (Forms 510/511), if applicable. See Instruction 21.) 43.
	44.	Total payments and credits (Add lines 40 through 43.)
		Balance due (If line 39 is more than line 44, subtract line 44 from line 39.
		See Instruction 22.)
	46.	Overpayment (If line 39 is less than line 44, subtract line 39 from line 44.) ▶ 46.
	_	Amount of overpayment TO BE APPLIED TO 2025 ESTIMATED TAX ▶ 47.
REFUND	48.	Amount of overpayment TO BE REFUNDED TO YOU
KEI OND		(Subtract line 47 from line 46.) See line 51
	49.	Check here if you are attaching Form 502UP. Enter interest charges from Line 18,
		or for late filing or homebuyer withdrawal penalty 49.
AMOUNT DUE	50.	TOTAL AMOUNT DUE (Add lines 45 and 49.)
		IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN. INCLUDE FORM PV. ► 50.

FORM 502

RESIDENT INCOME TAX RETURN



245020350

2024 Page 4

Name	:	SSN		
DIRECT DEPOSIT OF REFUND (See Instruction 22.) Verify	that all account information is c	correct and clearly legible. If you	
are requesting direct deposit of yo	ur refund, complete the foll	lowing. To split your Direct Depo s	sit, use Form 588.	
► Check here if you authori	ze the State of Maryland to	o issue your refund by direct deposi	t.	
► Check here if this refund	will go to an account outsid	de of the United States.		
51a. Type of account: ▶ ☐ C	hecking Savings	51b. Routing Number (9-digits) ▶		
51c. Account Number ▶				
51d. Name(s) as it appears on the	e bank account			
Daytime telephone no.	Home telephone no.	ı	CODE NUMBERS (3 digits per line)	
preparer not to file electronically. electronically (See Instruction 24. Under penalties of perjury, I declar	Check here if you if yo		if you authorize your paid Tax Refund statement chedules and statements and to the an taxpayer, the declaration is based	
Your signature	Date	Spouse's signature	Date	
Printed name of the Preparer / or Firm's nan	ne	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)	

For returns filed without payments, mail your completed return to:

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

For returns filed with payments, attach your check or money order to Form PV. Make your check or money order payable to Comptroller of Maryland. If filing individually, you must include the taxpayer's Social Security number (SSN)/Individual Taxpayer Identification number (ITIN) on the check or money order. If filing jointly, you must include the Social Security number/ITIN of the primary taxpayer, tax year, and tax type on the check or money order. Failure to include this information will delay the processing of your payment. Do not staple Form PV or check/money order to Form 502. Place Form PV with attached check or money order on TOP of Form 502 and mail to:

Comptroller of Maryland Payment Processing PO Box 8888 Annapolis, MD 21401-8888 To make an online payment, scan the QR code below and follow instructions, or go to **marylandtaxes.gov** and click on Pay.



2024

FORM **502B**

DEPENDENTS' INFORMATION(Attach to Forms 502, 505 or 515.)



Your So	ocial Security Number	Spouse's Soc	ial Security Number			
Your Fi	irst Name		MI			
Your La	ast Name					
Spouse	e's First Name		MI			
Spouse	e's Last Name					
2. Ent 3. Tot Ex	ter the total number che ter the total number che cal dependent exemption temptions area of Form	ecked below for ns (Add Lines 1 502, 505 or 51	r dependents 65 or L and 2 and enter 5.)	r over (5) the total here a	and on Line (C	
Depe	ndents (If a dependent	MI	s age 65 or over, o	theck both 4 a	ind 5.)	Check here ▶ ☐ if this dependent does
▶ 2.	Social Security Number	Relationship 3.		Regular 4.	65 or over 5.	not have health care coverage DOB (MM/DD/YYYY) You must provide the date of birth for the individual liste
1 .	First Name	MI	Last Name			Check here Fig. 16 if this dependent does
▶ 2.	Social Security Number	Relationship 3.		Regular 4.	65 or over 5.	not have health care coverage DOB (MM/DD/YYYY) You must provide the date of birth for the individual liste
▶ 1.	First Name	MI •	Last Name			Check here ▶ ☐ if this dependent does
▶ 2.	Social Security Number	Relationship 3		Regular 4.	65 or over 5.	not have health care coverage DOB (MM/DD/YYYY) You must provide the date of birth for the individual lister
▶ 1.	First Name	MI •	Last Name			Check here if this dependent does
1	Social Security Number	Relationship		Regular 4.	65 or over 5.	not have health care coverage DOB (MM/DD/YYYY)
▶ 2.		3				
▶ 2. ▶ 1.	First Name	3	Last Name			You must provide the date of birth for the individual listed Check here if this dependent does not have health care coverage

MARYLAND FORM **502B**

DEPENDENTS' INFORMATION

(Attach to Forms 502, 505 or 515.)



2024

Page 2

Name			SSN		-	
► 1. ► 2.	First Name Social Security Number	MI Relationship	Last Name	Regular 4.	65 or over 5	Check here if this dependent does not have health care coverage DOB (MM/DD/YYYY) You must provide the date of birth for the individual listed.
▶ 1. ▶ 2.	First Name Social Security Number	Relationship 3.	Last Name	Regular 4.	65 or over 5	Check here if this dependent does not have health care coverage DOB (MM/DD/YYYY) You must provide the date of birth for the individual listed.
▶ 1. ▶ 2.	First Name Social Security Number	MI Relationship 3.		Regular 4.	65 or over 5	Check here if this dependent does not have health care coverage DOB (MM/DD/YYYY) You must provide the date of birth for the individual listed.
▶ 1.▶ 2.	First Name Social Security Number	MI Relationship	Last Name	Regular 4.	65 or over 5	Check here if this dependent does not have health care coverage DOB (MM/DD/YYYY) You must provide the date of birth for the individual listed.
▶ 1. ▶ 2.	First Name Social Security Number	MI Relationship	Last Name	Regular 4.	65 or over 5	Check here if this dependent does not have health care coverage DOB (MM/DD/YYYY) You must provide the date of birth for the individual listed.
▶ 1.▶ 2.	First Name Social Security Number	MI Relationship	Last Name	Regular 4.	65 or over 5	Check here if this dependent does not have health care coverage DOB (MM/DD/YYYY) You must provide the date of birth for the individual listed.
▶ 1. ▶ 2.	First Name Social Security Number	MI Relationship	Last Name	Regular 4.	65 or over 5	Check here if this dependent does not have health care coverage DOB (MM/DD/YYYY) You must provide the date of birth for the individual listed.