MARYLAND FORM **502B**

Dependents' Information

(Attach to Form 502, 505 or 515.)

21502B049

2021

▶ Your Social Security Number ______

▶ Spouse's Social Security Number ______

Print Using Blue or Black Ink Only

Your First Name ______ MI ___

Your Last Name ______

Spouse's First Name ______ MI ___

Spouse's Last Name ______

Summary

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

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

▶ 1. First Name ______ MI ___ ▶ Last Name ______

▶ 2. Social Security Number ______ 3. Relationship ______ 4. Regular ☐ 5. 65 or over ☐

Check here ▶ ☐ if this dependent does not have health care coverage

DOB (MM/DD/YYYY) ▶ ______

▶ 1. First Name ______ MI ___ ▶ Last Name ______

▶ 2. Social Security Number ______ 3. Relationship ______ 4. Regular ☐ 5. 65 or over ☐

Check here ▶ ☐ if this dependent does not have health care coverage

DOB (MM/DD/YYYY) ▶ ______

▶ 1. First Name ______ MI ___ ▶ Last Name ______

▶ 2. Social Security Number ______ 3. Relationship ______ 4. Regular ☐ 5. 65 or over ☐

Check here ▶ ☐ if this dependent does not have health care coverage

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Check here ▶ ☐ if this dependent does not have health care coverage

DOB (MM/DD/YYYY) ▶ ______

NAME ______________________ SSN ______________

▶ 1. First Name ____ MI __ ▶ Last Name ____
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Check here ▶ ☐ if this dependent does not have health care coverage
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