



235050049

OR FISCAL YEAR BEGINNING _____ 2023, ENDING _____

Print Using Blue or Black Ink Only

Social Security Number _____ Spouse's Social Security Number _____

First Name _____ MI

Last Name _____

Spouse's First Name _____ MI

Does your name match the name on your social security card? If not, to ensure you get credit for your personal exemptions, contact SSA at 1-800-772-1213 or visit ssa.gov.

Spouse's Last Name _____

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

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

City or Town _____ State _____ ZIP Code + 4 _____

Foreign Country Name _____ Foreign Province/State/County _____

Foreign Postal Code _____

Place your W-2 wage and tax statements and ATTACH HERE with ONE staple. Do not attach check or money order

FILING STATUS See Instruction 1 to determine if you are required to file.

- CHECK ONE BOX 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's SSN 4. Head of household 5. Qualifying Surviving Spouse with dependent child 6. Dependent taxpayer (Enter 0 in Exemption Box (A) - See Instruction 8.)

RESIDENCE INFORMATION See Instruction 9.

Enter 2-letter state code for your state of legal residence. Enter PA resident, enter both County and City, Borough or Township. Were you a resident of another state for the entire year of 2023? If no, attach explanation. Are you or your spouse a member of the military? Did you file a Maryland income tax return for 2022? If "Yes," was it a Resident or a Nonresident return? Dates you resided in Maryland for 2023. If none, enter "NONE": FROM TO (MMDDYYYY).

Check here for Maryland taxes withheld in error. (See Instruction 4.)

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 in order to receive the applicable exemption amount.

- A. Yourself Spouse Enter number checked See Instruction 10 A. \$ 00
B. 65 or over Blind Enter number checked X \$1,000 B. \$ 00
C. Enter number from line 3 of Dependent Form 502B See Instruction 10 C. \$ 00
D. Enter Total Exemptions (Add A, B and C.) Total Amount D. \$ 00



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Name _____ SSN _____

INCOME AND ADJUSTMENTS INFORMATION

(See Instruction 11.)

Table with 4 columns: Description, (1) FEDERAL INCOME (LOSS), (2) MARYLAND INCOME (LOSS), (3) NON-MARYLAND INCOME (LOSS). Rows 1-17.

ADDITIONS TO INCOME (See Instruction 12.)

Table with 4 columns: Description, (1) FEDERAL INCOME (LOSS), (2) MARYLAND INCOME (LOSS), (3) NON-MARYLAND INCOME (LOSS). Rows 18-21.

SUBTRACTIONS FROM INCOME (See Instruction 13.)

Table with 4 columns: Description, (1) FEDERAL INCOME (LOSS), (2) MARYLAND INCOME (LOSS), (3) NON-MARYLAND INCOME (LOSS). Rows 22-25.

DEDUCTION METHOD See Instruction 15. (All taxpayers must select one method and check the appropriate box.)

Table with 4 columns: Description, (1) FEDERAL INCOME (LOSS), (2) MARYLAND INCOME (LOSS), (3) NON-MARYLAND INCOME (LOSS). Rows 26-31.

MARYLAND TAX COMPUTATION - COMPLETE FORM 505NR BEFORE CONTINUING.

Table with 4 columns: Description, (1) FEDERAL INCOME (LOSS), (2) MARYLAND INCOME (LOSS), (3) NON-MARYLAND INCOME (LOSS). Rows 32-33.



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Name _____ SSN _____

- 34. Other income tax credits for individuals from Part AA, line 14 of Form 502CR (Attach Form 502CR.)34. _____ 00
35. Business tax credits You must file this form electronically to claim business tax credits on Form 500CR
36. Total credits (Add lines 33 through 35.)36. _____ 00
37. Maryland tax after credits (Subtract line 36 from line 32d.) If less than 0, enter 0.37. _____ 00
38. Contribution to Chesapeake Bay and Endangered Species Fund (See Instruction 21.)38. _____ 00
39. Contribution to Developmental Disabilities Services and Support Fund (See Instruction 21.) .39. _____ 00
40. Contribution to Maryland Cancer Fund (See Instruction 21.)40. _____ 00
41. Contribution to Fair Campaign Financing Fund (See Instruction 21.)41. _____ 00
42. Total Maryland income tax and contributions (Add lines 37 through 41.)42. _____ 00
43. Total Maryland tax withheld (Enter total from your W-2 and 1099 forms and attach if MD tax is withheld.)43. _____
44. 2023 estimated tax payments, amount applied from 2022 return, payments made with an extension request and Form MW506NRS44. _____
45. Nonresident tax paid by pass-through entities (Attach Maryland Schedule K-1 (510/511))45. _____
46. Refundable income tax credits from Part CC, line 10 of Form 502CR (Attach Form 502CR. See Instruction 22.) .46. _____
47. Total payments and credits (Add lines 43 through 46.)47. _____
48. Balance due (If line 42 is more than line 47, subtract line 47 from line 42.)48. _____
49. Overpayment (If line 42 is less than line 47, subtract line 42 from line 47.)49. _____
50. Amount of overpayment TO BE APPLIED TO 2024 ESTIMATED TAX.50. _____
51. Amount of overpayment TO BE REFUNDED TO YOU (Subtract line 50 from line 49.) See line 54 . . REFUND 51. _____
52. Interest charges from Form 502UP _____ or for late filing _____ (See Instruction 23.) Total .52. _____
Check here [] if you are attaching Form 502UP.
53. TOTAL AMOUNT DUE (Add line 48 and line 52.) IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN.
Include Form PV.53. _____

DIRECT DEPOSIT OF REFUND (See Instruction 23.) Verify that all account information is correct and clearly legible.

If you are requesting direct deposit of your refund, complete the following. For Splitting Direct Deposit, use Form 588.

- [] Check here if you authorize the State of Maryland to issue your refund by direct deposit.
[] Check here if this refund will go to an account outside of the United States.

54a. Type of account: [] Checking [] Savings 54b. Routing Number (9-digits) []
54c. Account Number [] 54d. Name(s) _____ as it appears on the bank account

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 25). 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 _____

Taxpayer(s) daytime phone number _____ Signature of Preparer other than taxpayer (Required by Law) _____

Street address of Preparer/Firm _____ Printed name of the Preparer/Firm's name _____

City, State, ZIP Code + 4 _____ Telephone number of Preparer _____ Preparer's PTIN (Required by law) _____

CODE NUMBERS (3 digits per line)



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 check or money order to Form PV. Make checks payable to Comptroller of Maryland. On your check or money order, you must include the social security number/Individual Taxpayer Identification Number of the taxpayer if filing individually, if filing jointly, you must include the social security number/ITIN of the primary taxpayer on the check. Failure to include this information will delay the processing of your payment. Do not attach Form PV or check/money order to Form 505. Place Form PV with attached check/money order on TOP of Form 505 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.

