



245020099

\$

OR FISCAL YEAR BEGINNING \_\_\_\_\_ 2024, ENDING \_\_\_\_\_

Your Social Security Number

Spouse's Social Security Number

Your First Name

MI

Your Last Name

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 First Name

MI

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 + 4

Foreign Country Name

Foreign Province/State/County

Foreign Postal Code

**REQUIRED:** Maryland Physical address of taxing area as of December 31, 2024 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)

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

Maryland Physical Address Line 2 (Apt No., Suite No., Floor No.) (No PO Box)

City

MD  
State

ZIP Code + 4

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 surviving spouse 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 2024 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: \_\_\_\_\_



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Name \_\_\_\_\_ SSN \_\_\_\_\_

**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 ☐ See Instruction 10 **A. \$** \_\_\_\_\_ 00

**B.** ☐ 65 or over ☐ 65 or over

☐ Blind ☐ 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

**MARYLAND  
HEALTH CARE  
COVERAGE**

See Instruction 3.

Check here ☐ If you do not have health care coverage DOB (mm/dd/yyyy) ☐ \_\_\_\_\_

Check here ☐ If your spouse does not have health care coverage DOB (mm/dd/yyyy) ☐ \_\_\_\_\_

Check here ☐ 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 ☐ \_\_\_\_\_

**INCOME**

See Instruction 11.

**1.** Adjusted gross income from your federal return . . . . . **1.** \_\_\_\_\_ 00

**1a.** Wages, salaries and/or tips . . . . . **1a.** \_\_\_\_\_ 00

**1b.** Earned income . . . . . **1b.** \_\_\_\_\_ 00

**1c.** Capital Gain or (loss) . . . . . **1c.** \_\_\_\_\_ 00

**1d.** Taxable Pensions, IRAs, Annuities (**Attach Form 502R.**) **1d.** \_\_\_\_\_ 00

**1e. Place a "Y" in this box if the amount of your investment income is more than \$11,600 .** ☐

**ADDITIONS  
TO MARYLAND  
INCOME**

See Instruction 12.

**2.** Tax-exempt interest on state and local obligations (bonds) other than Maryland . . . . . **2.** \_\_\_\_\_ 00

**3.** State retirement pickup. . . . . **3.** \_\_\_\_\_ 00

**4.** Lump sum distributions (from worksheet in Instruction 12.) . . . . . **4.** \_\_\_\_\_ 00

**5.** Other additions (Enter code letter(s) from Instruction 12.) ☐ **5.** \_\_\_\_\_ 00

**6.** Total additions (Add lines 2 through 5. See instructions.) . . . . . **6.** \_\_\_\_\_ 00

**7.** Total federal adjusted gross income and Maryland additions (Add lines 1 and 6.) . . . . . **7.** \_\_\_\_\_ 00

**SUBTRACTIONS  
FROM  
MARYLAND  
INCOME**

See Instruction 13.

**8.** Taxable refunds, credits or offsets of state and local income taxes included in line 1 . . . . . **8.** \_\_\_\_\_ 00

**9.** Child and dependent care expenses . . . . . **9.** \_\_\_\_\_ 00

**10a.** Pension exclusion from worksheet (13A) . . . . . **Yourself** ☐ **Spouse** ☐ **10a.** \_\_\_\_\_ 00

**10b.** Ranger pension exclusion from worksheet (13E) . . . . . **Yourself** ☐ **Spouse** ☐ **10b.** \_\_\_\_\_ 00

**11.** Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line 1 . . . **11.** \_\_\_\_\_ 00

**12.** Income received during period of nonresidence (See Instruction 26.) . . . . . **12.** \_\_\_\_\_ 00

**13.** Subtractions from attached Form 502SU . . . . . **13.** \_\_\_\_\_ 00

**14.** Two-income subtraction from worksheet in Instruction 13. . . . . **14.** \_\_\_\_\_ 00

**15.** Total subtractions (Add lines 8 through 14. See instructions.) . . . . . **15.** \_\_\_\_\_ 00

**16.** Maryland adjusted gross income (Subtract line 15 from line 7.) . . . . . **16.** \_\_\_\_\_ 00

**DEDUCTION  
METHOD**

See Instruction 16.

**All taxpayers must select one method and check the appropriate box.**

☐ **STANDARD DEDUCTION METHOD** (Enter amount on line 17.)

☐ **ITEMIZED DEDUCTION METHOD** (Complete lines 17a and 17b.)

**17a.** Total federal itemized deductions (from line 17, federal Schedule A) . **17a.** \_\_\_\_\_ 00

**17b.** State and local income taxes (See Instruction 14.) . . . . . **17b.** \_\_\_\_\_ 00

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.** \_\_\_\_\_ 00

**18.** Net income (Subtract line 17 from line 16.) . . . . . **18.** \_\_\_\_\_ 00

**19.** Exemption amount from Exemptions area (See Instruction 10.) . . . . . **19.** \_\_\_\_\_ 00

**20.** Taxable net income (Subtract line 19 from line 18.) . . . . . **20.** \_\_\_\_\_ 00



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Name _____ SSN _____	
MARYLAND TAX COMPUTATION	21. Maryland tax (from Tax Table or Computation Worksheet Schedules I or II) . . . . . 21. _____ 00
	21a. Recaptured credit from Part DD, line 1 of Form 502CR. (Attach Form 502CR) . . . . . 21a. _____ 00
	22. Earned income credit (EIC) (See Instruction 18.) . . . . . ▶ 22. _____ 00
	<input type="checkbox"/> Check this box if you are claiming the Maryland Earned Income Credit, but do not qualify for the federal Earned Income Credit.
	<input type="checkbox"/> Check this box if you are claiming the Maryland Earned Income Credit with a qualifying child.
	23. Poverty level credit (See Instruction 18.) . . . . . ▶ 23. _____ 00
	24. Other income tax credits for individuals from Part AA, line 14 of Form 502CR (Attach Form 502CR.) 24. _____ 00
	25. Business tax credits. . . . . <b>You must file this form electronically to claim business tax credits on Form 500CR.</b>
	26. Total credits (Add lines 22 through 25.) . . . . . 26. _____ 00
	27. Maryland tax after credits (Add lines 21 and 21a, then subtract line 26.) If less than 0, enter 0.27. _____ 00
LOCAL TAX COMPUTATION	28. Local tax (See Instruction 19 for tax rates and worksheet.) <b>Multiply line 20 by your local tax rate .0 _____ or use the Local Tax Worksheet . . . . . 28. _____ 00</b>
	29. Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.) . . 29. _____ 00
	30. Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19.) . . . 30. _____ 00
	31. Local tax credit from Part BB, line 1 of Form 502CR (Attach Form 502CR.) . . . . . 31. _____ 00
	32. Total credits (Add lines 29 through 31.) . . . . . 32. _____ 00
	33. Local tax after credits (Subtract line 32 from line 28.) If less than 0, enter 0 . . . . . 33. _____ 00
34. Total Maryland and local tax (Add lines 27 and 33.) . . . . . 34. _____ 00	
CONTRIBUTIONS See Instruction 20.	35. Contribution to Chesapeake Bay and Endangered Species Fund . . . . . ▶ 35. _____ 00
	36. Contribution to Developmental Disabilities Services and Support Fund . . . . . ▶ 36. _____ 00
	37. Contribution to Maryland Cancer Fund. . . . . ▶ 37. _____ 00
	38. Contribution to Fair Campaign Financing Fund . . . . . ▶ 38. _____ 00
39. Total Maryland income tax, local income tax and contributions (Add lines 34 through 38.) . 39. _____ 00	
REFUND	40. Total Maryland and local tax withheld (Enter total from your W-2 and 1099 forms and attach if MD tax is withheld.) . . . . . ▶ 40. _____ . ____
	41. 2024 estimated tax payments, amount applied from 2023 return, payment made with an extension request, and Form MW506NRS . . . . . ▶ 41. _____ . ____
	42. Refundable earned income credit (from worksheet in Instruction 21) . . . . . ▶ 42. _____ . ____
	43. 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.) . . . . . 44. _____ . ____
	45. Balance due (If line 39 is more than line 44, subtract line 44 from line 39. See Instruction 22.) . . . . . ▶ 45. _____ . ____
	46. Overpayment (If line 39 is less than line 44, subtract line 39 from line 44.) . . . . . ▶ 46. _____ . ____
	47. Amount of overpayment TO BE APPLIED TO 2025 ESTIMATED TAX. . . . . ▶ 47. _____ . ____
	48. Amount of overpayment TO BE REFUNDED TO YOU (Subtract line 47 from line 46.) See line 51 . . . . . REFUND ▶ 48. _____ . ____
	49. Check here <input type="checkbox"/> 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. _____ . ____



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Name \_\_\_\_\_ SSN \_\_\_\_\_

**DIRECT DEPOSIT OF REFUND** (See Instruction 22.) **Verify that all account information is correct and clearly legible.** If you are requesting direct deposit of your refund, complete the following. **To split your 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.

**51a.** Type of account: ► ☐ Checking ☐ Savings **51b.** Routing Number (9-digits) ► \_\_\_\_\_

**51c.** Account Number ► \_\_\_\_\_

**51d.** Name(s) as it appears on the bank account \_\_\_\_\_

► \_\_\_\_\_  
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

\_\_\_\_\_  
Spouse's signature Date

\_\_\_\_\_  
Printed name of the Preparer / or 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)**

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.

