



E-FILE DECLARATION FOR ELECTRONIC FILING



Keep this form for your records. Do not send this form to the State of Maryland unless specifically requested to do so. See Instructions.

First Name	MI	Last Name	SSN/Taxpayer Ide	entification Number	
Spouse's First Name	MI	Spouse's Last Name	SSN/Taxpayer Ide	SSN/Taxpayer Identification Number	
Part I Tax Return Information (wh	nole dollars onl	у)			
1. Amount of overpayment to be applie	d to 2025 estima	ted tax	1	00	
2. Amount of overpayment to be refund	led to you		REFUND 2.	00	
3. Total amount due (Pay in full by Apri	l 15, 2025. See i	nstructions.)	▶ 3	00	
agree with the amounts shown on the knowledge and belief, my return is true statements, be sent to the Maryland Re software provider.	e, correct and co	omplete. I consent that my re	eturn, including accompanyin	g schedules and	
Your PIN: check one box only I authorize		to enter or gen	erate my PIN <	Enter five digits. Do not enter all	
ERO fi as my signature on my tax year 20	rm name 24 electronically	filed income tax return.		zeros.	
I will enter my PIN as my signature entering your own PIN and your research					
Spouse's PIN: check one box only		to enter or gen	overho move DINI	Enter five digits.	
I authorize ERO fi as my signature on my tax year 20.	rm name		erate my Pin <	Do not enter all zeros.	
I will enter my PIN as my signature entering your own PIN and your re	e on my tax year turn is filed using	2024 electronically filed incom the Practitioner PIN method.	ne tax return. Check this box o The ERO must complete Part	only if you are III below.	
Spouse's signature			Date		
	Practition	er PIN Method Returns Onl	у		
Part IIICertification and Authentica ERO's EFIN/PIN. Enter your six-digit E	tion - Practition FIN followed by y	ner PIN Method Only your five-digit self-selected PII	N	Do not enter all zeros.	
I certify this numeric entry is my PIN, w taxpayer(s). I confirm that I am submitt Maryland MeF Handbook for Authorized	ing this return in				
ERO's signature			Date		