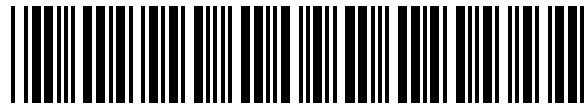


FORM  
502MARYLAND  
RESIDENT INCOME TAX RETURN  
OR FISCAL YEAR BEGINNING 2008, ENDING

2008

\$

SOCIAL SECURITY # <b>381489108</b>		SPOUSE'S SOCIAL SECURITY # <b>076804493</b>	
Your First Name <b>KENNETH</b>	Initial <b>W</b>	Last Name <b>ROSS</b>	
Spouse's First Name <b>XIAO</b>	Initial <b>H</b>	Last Name <b>ROSS</b>	
PRESENT ADDRESS (No. and street) <b>10735 JUDY LANE</b>			
City or Town <b>COLUMBIA</b>		State <b>MD</b>	Zip Code <b>21044</b>
Name of county and incorporated city, town or special taxing area in which you were a resident on the last day of the taxable period. (See Instruction 6) <b>HW</b>		Maryland county <b>HW</b>	City, town or taxing area

**PART-YEAR RESIDENT:** If you began or ended legal residence in Maryland in 2008 place a **P** in the box (See Instruction 26).

Give dates of Maryland Residence

MO DAY YEAR MO DAY YEAR

FROM TO

Other state of residence

**MILITARY:** If you or your spouse has **non-Maryland** military income,place an **M** in the box. **Enter amount here**

(See Instruction 29).

CHECK  
ONLY  
ONE  
BOX**YOUR FILING STATUS** - See Instruction 1 to determine 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
4. ☐ Head of household
5. ☐ Qualifying widow(er) with dependent child
6. ☐ Dependent taxpayer (Enter 0 in Exemption Box (A)-See Instruction 7)

**EXEMPTIONS** - See Instruction 10(A) Yourself ☒ Spouse ☒

Check here if you are:

Spouse is:

(B) ☐ 65 or over ☐ Blind ☐ 65 or over ☐ Blind(A) Enter No. Checked **2** See Instruction 10Exemption Amount \$ **6400**(B) Enter No. Checked ☐ X \$1,000(C) Enter No. Checked **2** See Instruction 10\$ **6400**(D) Enter the Total Exemptions (Add A, B, and C) **4** Total Amount\$ **12800**

(1) First name		(2) Social Security number	(3) Relationship	(4) Check if Dep. Child	(5) If Dependent Child is checked, does child have health care?	(6) Regular	(7) 65 or Over
KELLY ROSS		216514383	DAUGHT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BRIAN ROSS		214579262	SON	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**INCOME**1. Adjusted gross income from your federal return (See Instruction 11) **1** **133000**1a. Wages, salaries and/or tips (See Instruction 11) **1a** **135005****ADDITIONS TO INCOME** (See Instruction 12)

2. Tax-exempt interest on state and local obligations (bonds) other than Maryland **2**
3. State retirement pickup **3**
4. Lump sum distributions (from worksheet in Instruction 12) **4**
5. Other additions (Enter code letter(s) from Instruction 12) **5**
6. Total additions to Maryland income (Add lines 2 through 5) **6**
7. Total federal adjusted gross income and Maryland additions (Add lines 1 and 6) **7** **133000**

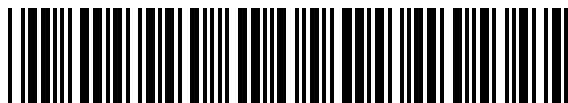
**SUBTRACTIONS FROM INCOME** (See Instruction 13)

8. Taxable refunds, credits or offsets of state and local income taxes included in line 1 above. **8** **826**
9. Child and dependent care expenses **9** **5966**
10. Income from U.S. obligations **10**
11. Pension exclusion from worksheet in Instruction 13 **11**
12. Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line 1 above **12**
13. Income received during period of nonresidence (See Instructions 26 and 29) **13**
14. Other subtractions (Enter code letter(s) from Instruction 13) **14** **5000**
15. Subtotal (Add lines 8 through 14). **15** **11792**
16. Two-income subtraction from worksheet in Instruction 13 **16** **1200**
17. Total subtractions from Maryland income (Add lines 15 and 16) **17** **12992**
18. Maryland adjusted gross income (Subtract line 17 from line 7) **18** **120008**

**DEDUCTION METHOD** (All taxpayers must select one method and check the appropriate box)**STANDARD DEDUCTION METHOD** See Instruction 16 and worksheet. (Enter amount on line 19)**ITEMIZED DEDUCTION METHOD** Complete lines 19a and 19bTotal federal itemized deductions (from line 29, federal Schedule A) **19a** **26747**State and local **income** taxes included in federal Schedule A, line 5 (or from worksheet in Instruction 14) **19b** **8721**

Subtract line 19b from line 19a and enter amount on line 19.

**19.** Deduction amount (Part-year residents see Instruction 26 (l and m) and military personnel see Instruction 29) **19** **18026****20.** Net income (Subtract line 19 from line 18) **20** **101982****21.** Exemption amount from Exemptions area above (See Instruction 10) **21** **12800****22.** Taxable net income (Subtract line 21 from line 20) **22** **89182**Place  
your  
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NAME ROSS SSN 381489108

## MARYLAND TAX COMPUTATION

		Dollars	Cents
23.	Amount from line 22 (taxable net income) GO TO TAX TABLE, in the instructions. Enter the tax on line 24 . . . . .	23	89182
24.	<b>Maryland tax</b> (from Tax Table or Computation Worksheet Schedules I or II) . . . . .	24	4183
25.	Earned income credit (1/2 of federal earned income credit. See Instruction 18). . . . .	25	
26.	Poverty level credit (See Instruction 18) . . . . .	26	
27.	Other income tax credits for individuals from Part G, line 8 of Form 502CR (Attach Form 502CR) . . . . .	27	
28.	Business tax credits (Attach Form 500CR) . . . . .	28	
29.	Total credits (Add lines 25 through 28) . . . . .	29	
30.	<b>Maryland tax after credits</b> (Subtract line 29 from line 24) If less than 0, enter 0. . . . .	30	4183

## LOCAL TAX COMPUTATION

31.	Local tax (See Instruction 19 for tax rates and worksheet.) <b>Multiply line 23 by your local tax rate .0320</b> or use the Local Tax Worksheet . . . . .	31	2854
32.	Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19) . . . . .	32	
33.	Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19) . . . . .	33	
34.	Total credits (Add lines 32 and 33) . . . . .	34	
35.	<b>Local tax after credits</b> (Subtract line 34 from line 31) If less than 0, enter 0. . . . .	35	2854
36.	Total Maryland and local tax (Add lines 30 and 35) . . . . .	36	7037
37.	Contribution to Chesapeake Bay and Endangered Species Fund (See Instruction 20) . . . . .	37	
38.	Contribution to Fair Campaign Financing Fund (See Instruction 20) . . . . .	38	
39.	Contribution to Maryland Cancer Fund (See Instruction 20) . . . . .	39	
40.	<b>Total Maryland income tax, local income tax and contributions</b> (Add lines 36 through 39) . . . . .	40	7037
41.	Total Maryland and local tax withheld (Enter total from and attach your W-2 and 1099 forms if MD tax is withheld) . . . . .	41	8721
42.	2008 estimated tax payments, amount applied from 2007 return and payment made with an extension request Form 502E . . . . .	42	
43.	Refundable earned income credit (from worksheet in Instruction 21) . . . . .	43	
44.	Refundable income tax credits from Part H, line 6 of Form 502CR (Attach Form 502CR. See Instruction 21) . . . . .	44	
45.	Total payments and credits (Add lines 41 through 44) . . . . .	45	8721
46.	Balance due (If line 40 is more than line 45, subtract line 45 from line 40) . . . . .	46	
47.	Overpayment (If line 40 is less than line 45, subtract line 40 from line 45) . . . . .	47	1684

48.	Amount of overpayment <b>TO BE APPLIED TO 2009 ESTIMATED TAX</b> ▶ 48	
49.	Amount of overpayment <b>TO BE REFUNDED TO YOU</b> (Subtract line 48 from line 47) See line 52 . . . <b>REFUND</b> ▶ 49	1684
50.	Interest charges from Form 502UP <input type="text"/> or for late filing <input type="text"/> (See Instruction 22) Total ▶ 50	
51.	<b>TOTAL AMOUNT DUE</b> (Add lines 46 and 50) . . . . . <b>IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN</b> 51	

For credit card or electronic payment check here ☐ and see Instruction 24.**DIRECT DEPOSIT OF REFUND** (See Instruction 22) Please be sure the account information is correct.52. To choose the direct deposit option, complete the following information: 52a. Type of account: ☐ Checking ☐ Savings52b. Routing number ▶  52c. Account number ▶ 

▶ 410-917-2642

Daytime telephone no.

410-531-6889

Home telephone no.

▶   

CODE NUMBERS (3 digits per box)

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.

Check here ☐ if you authorize your preparer to discuss this return with us.

Make checks payable to: **COMPTROLLER OF MARYLAND.**  
**It is recommended that you include your Social Security number on check. Mail to: Comptroller of Maryland, Revenue Administration Division, Annapolis, Maryland 21411-0001**

Your signature \_\_\_\_\_ Date \_\_\_\_\_

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

COM/RAD-009 08-51

▶ \_\_\_\_\_  
Preparer's SSN or PTIN Signature of preparer other than taxpayer\_\_\_\_\_  
Address and telephone number of preparer