

FORM 503 MARYLAND TAX RETURN RESIDENT



2002 \$

Personal information fields: Your first name, Initial, Last name; Spouse's first name, Initial, Last name; Present address (No. and street), City or town, State, Zip code.

Please Print Blue or Black Ink Only

SOCIAL SECURITY NUMBER (S) (REQUIRED) grid

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)

- 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

EXEMPTIONS—See Instruction 10 (A) Yourself, Spouse, (B) 65 or over, Blind, (C) Dependent Children, (D) Other Dependents, (E) Enter Total Exemptions

Place your check or money order on top of your wage and tax statements and attach here with ONE staple.

Table with 22 rows for tax calculations, columns for Dollars and Cents. Includes items like Adjusted gross income, Standard deduction, Net income, Maryland tax, Local tax, Total Maryland and local tax, etc.

DIRECT DEPOSIT OF REFUND (See Instruction 22) Please be sure the account information is correct. 23. To choose the direct deposit option, complete the following information: 23a. Type of account: 23b. Routing number 23c. Account number

Daytime telephone no., Home telephone no., CODE NUMBER, FOR OFFICE USE ONLY, Check here if you use a paid preparer and do not want Maryland forms mailed to you next year.

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. Write social security no. on check using blue or black ink. Mail to: Comptroller of Maryland, Revenue Administration Division, Annapolis, Maryland 21411-0001

Your signature, Date, Spouse's signature, Date, Signature of preparer other than taxpayer, Preparer's SSN or PTIN, Address and telephone number of preparer

2002 MARYLAND FORM 503
WHO MAY USE THIS FORM?



You may use this short form (Form 503) if you answer "NO" to ALL of these questions

- | YES | NO | | YES | NO | |
|-----------------------------|--------------------------|---|-----------------------------|--------------------------|---|
| 1. <input type="checkbox"/> | <input type="checkbox"/> | Will you have any Additions to Income or Subtractions from Income on your Maryland return? If you are eligible for a subtraction, such as the pension exclusion, it will be to your benefit to use Form 502. If you have a state pickup amount on your Form W-2, you must use Form 502. | 5. <input type="checkbox"/> | <input type="checkbox"/> | Were you a nonresident of Maryland? |
| 2. <input type="checkbox"/> | <input type="checkbox"/> | Do you want to itemize deductions? | 6. <input type="checkbox"/> | <input type="checkbox"/> | Were you a part-year resident of Maryland? |
| 3. <input type="checkbox"/> | <input type="checkbox"/> | Did you make estimated payments in 2002, have part or all of your 2001 refund applied to your 2002 estimated account or make a payment with an extension request, Form 502E? | 7. <input type="checkbox"/> | <input type="checkbox"/> | Does your return cover less than a 12 month period? |
| 4. <input type="checkbox"/> | <input type="checkbox"/> | Are you claiming a tax credit on Maryland Form 500CR or Form 502CR? | 8. <input type="checkbox"/> | <input type="checkbox"/> | Were you a fiscal year taxpayer? |
| | | | 9. <input type="checkbox"/> | <input type="checkbox"/> | Will you want part or all of your refund credited to next year's estimated account? |
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