505

MARYLAND NONRESIDENT INCOME TAX RETURN

OR FISCAL YEAR BEGINNING

2005, ENDING



2005

SOCIAL SECURITY # SPOUSE'S SOCIAL SECURITY #													
Your Fi	rst Nam	ne	Initial	Last Name									
Spouse's First Name Initial Last Name													
PRESE	NT AD	DRESS (No. and street)											
City or Town State Zip Code													
VOLD FIL ING CENTUS							MPTIONS—See In	notmiotion 1	0				
	YOUR FILING STATUS—See Instruction 4 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)							ouse	Enter No.	(A) X	\$2,400 \$	ption Amount	
	2.	Single (If you can be claimed on another person's tax return, use Filing Status 6) Married filing joint return or spouse had no income				' '	Check here if you are: Sp	pouse is:	Checked				
	3.	Married filing separately				(B)	65 or over Blind	65 or over Bl	Enter No. Checked	(B) X	\$1,000 \$		
	4. 🛚	Head of household SPOUSE'S SOCIAL SECURITY NUMBER							Enter	(C) ×	\$2,400 \$		
	5.	Qualifying widow(er) with dependent child					(C) Dependent Children: Name(s) Social Security number(s)						
	6. L	☐ Dependent taxpayer	(Enter	0 in Exemption Bo	x (A)—See Instruction 8)								
		IDENCE INFORMAT			-								
	Enter	your state of legal residence			If no attach aurilmetics	-	P	Fn	ter Enter				
-	Yes \ No \ If no, attach explanation. Are you or your spouse a member of the military? Yes \ No \						(D) Other Dependents: Enter No. Regular 65 or over Total (D) X \$2,400 \$						
_	Did you file a Maryland income tax return for 2004? Yes No						Name(s) and Relationshi	-		cial Security n	umber(s)		
		es," was it a Resident or				-							
	Advis	e dates you resided within	Mary	land for 2005. I	f none, enter "NONE."	(E)	Enter Total Exempt	tions		(E)	_ — — — Total		
]	FRO	М	_ T)			Add A, B, C and D				Amount \$		
	Sec	e Instruction 4 if you	're fi	ling for Mar	yland taxes withheld in e	rror.	FEDERAL		MARYL	AND	NON-MAF	RYLAND	
	INC	COME AND ADJUST	MEN	TS INFORM	IATION (See Instruction 11		INCOME (LO	SS)	INCOME (LOSS)	INCOME	(LOSS)	
	1.	Wages, salaries, tips, et	c			1				_			
	2.	Taxable interest income											
						1 4			///////////////////////////////////////				
					nd local income taxes	=			<u>/////////////////////////////////////</u>			_	
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ΞS					4797)								
30		_			ons, and annuities etc. (Circle appropriate item).	110			///////////////////////////////////////				
attach here with			-			111							
e F		` /				113							
F E					railroad retirement benefits .	143							
ach				-	mbling winnings)	14							
			_			4 =							
and	16.	Total adjustments to inc	come	from federal re	eturn (IRA, alimony, etc.)	16							
or r	17.	Adjusted gross income	(Subt	ract line 16 fro	m 15)	► 17							
and tax statements an	AD	DITIONS TO INCOM	IE (S	ee Instruction	12)				40	_	Dollars	Cents	
state										=		-	
ax s					12)					=		_	
od t		,								╡ ──		_	
. a					yland additions (Add lines 17	(Colu	nn 1) and 20)		21				
riace	SU	BTRACTIONS FROM	1 INC	COME (See In	nstruction 13)				-	7			
									22	-		-	
	23.	Other (Enter code letter	(s) fr	om Instruction	13)				23	=		_	
	24.	Total subtractions (Add	22 and 23)					╡ ──					
	<u>25.</u>	Maryland adjusted gros	s inco	me (Subtract l	ine 24 from line 21)				25				
	DE				elect one method and check the			□ [3	l6a				
					nstruction 15 and worksheet. E	nter an	nount on line 26a					-	
		ITEMIZED DEDUCTION		_				<u></u> Г	6b				
		Total federal itemized deductions (from line 28 federal Schedule A)							6c			-	
		State and local income taxes included in federal Schedule A, line 5										_	
		Net itemized deductions					6d						
	26.	Deduction amount (Multip	oly lin	es 26a or 26d by	the MD income factor) 26e.	(f	rom worksheet in In	struction 14	4)▶ 26	<u> </u>			



MARYLAND NONRESIDENT INCOME TAX RETURN



	Name \$5#		I	Dollars		Cent
27.	Net income (Subtract line 26 from line 25)	27				
28.	Total exemption amount (from EXEMPTIONS area, page 1) See Instruction 10	28				
29.	Enter your Maryland income factor (from worksheet in Instruction 14)	29				
30.	Maryland exemption allowance (Multiply line 28 by line 29)	30				_
31.	Taxable net income (Subtract line 30 from line 27) Figure tax on this amount	31				
MAI	RYLAND TAX COMPUTATION					
32a.	Maryland tax (from Tax Table or Computation Worksheet)	32a				
32b.	Special nonresident tax. Multiply line 31 by .0125 (1.25%)	32b				
32c.	Total Maryland tax. (Add lines 32a and 32b)	32c				
33.	Earned income credit from worksheet in Instruction 20.	33				
34.	Poverty level credit from worksheet in Instruction 20.	34				
35.	Other income tax credits for individuals from Part G, line 8 of Form 502CR. (Attach Form 502CR)	35				
36.	Business tax credits (Attach Form 500CR).	36				
37.	Total credits (Add lines 33 through 36)	37				
38.	Maryland tax after credits (Subtract line 37 from line 32c) If less than 0, enter 0.	38				
39.	Contribution to Chesapeake Bay and Endangered Species Fund (See Instruction 21)	39				
40.	Contribution to Fair Campaign Financing Fund (See Instruction 21)	40				
41.	Contribution to Maryland Cancer Fund (See Instruction 21)	41				
42.	Total Maryland income tax and contributions (Add lines 38 through 41)	42				
43.	Total Maryland tax withheld (Enter total from and attach your W-2 and 1099 forms if MD tax is withheld)	43				
44.	2005 estimated tax payments, amount applied from 2004 return and payment made with an extension request Form 502E	44				
45.	Refundable earned income credit from worksheet in Instruction 20	45				
46.	Nonresident tax paid by pass-through entities (Attach Schedule K-1 or other statement)	46				
47.	Refundable income tax credits from Part H, line 5 of Form 502CR (Attach Form 502CR. See Instruction 22)	47				
48.	Total payments and credits (Add lines 43 through 47)	48				
49.	Balance due (If line 42 is more than line 48, subtract line 48 from line 42)	49				
50.	Overpayment (If line 42 is less than line 48, subtract line 42 from line 48)	50				
51.	Amount of overpayment TO BE APPLIED TO 2006 ESTIMATED TAX > 51					_
52.	Amount of overpayment TO BE REFUNDED TO YOU (Subtract line 51 from line 50)	52				
53.	Interest charges from Form 502UP or for late filing (See Instruction 23) Total	53				
54.	TOTAL AMOUNT DUE (Add line 49 and line 53)	54				
For o	credit card payment check here and see Instruction 25. Direct debit is available only if you file electronically.					
DIR	ECT DEPOSIT OF REFUND (See Instruction 23) Please be sure the account information is correct.					
55. T	Fo choose the direct deposit option, complete the following information: 55a. Type of account: ▶ ☐ Checking			Savings		
55b.	Routing number ▶ 55c. Account number ▶					
		!				
			\neg			
Dayti	ime telephone no. Home telephone no. CODE NUMBERS (3 digits pe	box)				
	nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and Make checks payable to: attements and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person It is recommended that the commended of the commend					
ot	ther than taxpayer, the declaration is based on all information of which the preparer has any knowledge. Check re if you authorize your preparer to discuss this return with us.	ink. Ma	il to: Con	iptroller o	f Maryla	ınd,
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Yo	our signature Date Preparer's SSN or PTIN Signa	ture of p	reparer of	her than ta	xpayer	
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Sp	ouse's signature Date Address and telephone number of preparer					