



SOCIAL SECURITY #, SPOUSE'S SOCIAL SECURITY #, Your First Name, Spouse's First Name, PRESENT ADDRESS, City or Town, State, Zip Code, Name of county and incorporated city, town or special taxing area

CHECK ONLY ONE BOX YOUR FILING STATUS - See Instruction 1 to determine if you are required to file. 1. Single, 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

PART-YEAR RESIDENT: If you began or ended legal residence in Maryland in 2008 place a P in the box. Give dates of Maryland Residence 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

EXEMPTIONS - See Instruction 10. (A) Yourself, Spouse, (B) 65 or over, Blind, Spouse is: 65 or over, Blind. Exemption Amount

Table with columns: (1) First name, Last 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

INCOME 1. Adjusted gross income from your federal return (See Instruction 11) 1a. Wages, salaries and/or tips (See Instruction 11) ADDITIONS TO INCOME (See Instruction 12) 2. Tax-exempt interest on state and local obligations (bonds) other than Maryland, 3. State retirement pickup, 4. Lump sum distributions, 5. Other additions, 6. Total additions to Maryland income, 7. Total federal adjusted gross income and Maryland additions

SUBTRACTIONS FROM INCOME (See Instruction 13) 8. Taxable refunds, credits or offsets of state and local income taxes included in line 1 above, 9. Child and dependent care expenses, 10. Income from U.S. obligations, 11. Pension exclusion from worksheet in Instruction 13, 12. Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line 1 above, 13. Income received during period of nonresidence, 14. Other subtractions, 15. Subtotal, 16. Two-income subtraction from worksheet in Instruction 13, 17. Total subtractions from Maryland income, 18. Maryland adjusted gross income

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 19b. Total federal itemized deductions, State and local income taxes included in federal Schedule A, Subtract line 19b from line 19a and enter amount on line 19. 19. Deduction amount, 20. Net income, 21. Exemption amount, 22. Taxable net income

Place your CHECK or MONEY ORDER on top of your wage and tax statements and attach here with ONE staple.



NAME _____ SSN _____

MARYLAND TAX COMPUTATION

Table with 2 columns: Description and Amount. Rows 23-30. Includes Maryland tax, earned income credit, poverty level credit, other income tax credits, business tax credits, total credits, and Maryland tax after credits.

LOCAL TAX COMPUTATION

Table with 2 columns: Description and Amount. Rows 31-35. Includes local tax, local earned income credit, local poverty level credit, total credits, and local tax after credits.

Table with 2 columns: Description and Amount. Rows 36-40. Includes total Maryland and local tax, contributions to Chesapeake Bay and Endangered Species Fund, Fair Campaign Financing Fund, Maryland Cancer Fund, and total Maryland income tax.

Table with 2 columns: Description and Amount. Rows 41-45. Includes total Maryland and local tax withheld, 2008 estimated tax payments, refundable earned income credit, refundable income tax credits, and total payments and credits.

Table with 2 columns: Description and Amount. Rows 46-47. Includes balance due and overpayment.

Table with 2 columns: Description and Amount. Rows 48-51. Includes amount of overpayment to be applied to 2009 estimated tax, amount of overpayment to be refunded to you, interest charges, and total amount due.

DIRECT DEPOSIT OF REFUND (See Instruction 22) Please be sure the account information is correct.

Form for direct deposit of refund. Includes fields for type of account (Checking/Savings), routing number, and account number.

Form for telephone numbers and code numbers. Includes fields for daytime and home telephone numbers, and a box for code numbers (049).

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

Form for signatures and preparer information. Includes fields for taxpayer signature, date, spouse's signature, date, preparer's SSN or PTIN, signature of preparer other than taxpayer, and address and telephone number of preparer.