

Print Using Blue or Black Ink Only. Use only one PV per payment type.

Your Social Security Number				
If Joint Return, Spouse's Social Security Number				
Your First Name MI	-			
Your Last name				
If Joint Return, Spouse's First Name MI	Spouse's Last Na	ame		
Current Mailing Address - Line 1 (Street No. and Street Name or I	PO Box)			
Current Mailing Address - Line 2 (Apt. No., Suite No., Floor No.)			To make an online payment, scan this QR code and follow instructions.	
City or Town	State	ZIP Code +4		
PAYMENT TYPE Check ONLY one box (1,2,3, or 4) for type of pay checked, also check box 1a., if first time estima status has changed.			PAYMENT AMOUNT Amount you are paying by chec	ck or money order.
1. Estimated Payment/Quarterly (502D)	Tax Year:			
1a. First time filer or change in filing sta	tus		Dollars	Cents
2. Extension Payment (502E)	Tax Year:		Make your check or money order payab Comptroller of Maryland . Include on money order: your Social Security num	your check or ber or Individual
Payment with resident return (502)Payment with nonresident return (505)	Tax Year:		Taxpayer Identification Number, tax ye. Failure to include this information will dof your payment. Mail to: Comptroller of Maryland Payment Processing PO Box 8888	ar, and tax type.



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