

Print Using Blue or Black Ink Only

Your Social Security Number _____

Spouse's Social Security Number _____

Your First Name _____

MI _____

Your Last Name _____

Spouse's First Name _____

MI _____

Spouse's Last Name _____

Read Instructions for Form 502CR. Note: You must complete and submit pages 1 through 4 of this form to receive credit for the items listed.

PART A - TAX CREDITS FOR INCOME TAXES PAID TO OTHER STATES AND LOCALITIES

If you were a part-year resident, do not claim a credit for tax paid on nonresident income you included on line 12 of the Form 502.

If you are claiming a credit for taxes paid to multiple states and/or localities, see instructions.

- | | | | | |
|------------|---|------------|-------|----|
| 1. | Enter your taxable net income from line 20, Form 502 (or line 10, Form 504). | 1. | _____ | 00 |
| 2. | Taxable net income in other state. Write on this line only the net income which is taxable in both the other state and Maryland. If you are taxed in the other state on income which is not taxable in Maryland, do not include that amount here. NOTE: When the tax in the other state is a percentage of a tax based on your total income regardless of source, you must apply the same percentage to your taxable income in the other state to determine the income taxable in both states. | 2. | _____ | 00 |
| 3. | Revised taxable net income (Subtract line 2 from line 1.) If less than zero, enter zero. | 3. | _____ | 00 |
| 4. | Enter the Maryland tax (sum of lines 21 and 21a, Form 502; or line 11, Form 504). This is the Maryland tax based on your total income for the year. | 4. | _____ | 00 |
| 5. | Tax on amount on line 3. Compute the Maryland tax that would be due on the revised taxable net income by using the Maryland Tax Table or Computation Worksheet contained in the instructions for Forms 502 or 504. Do not include the local income tax | 5. | _____ | 00 |
| 6. | Tentative State tax credit (Subtract line 5 from line 4.) If less than zero, enter zero. | 6. | _____ | 00 |
| 7. | Enter the Local tax from line 28, Form 502 (or line 18, Form 504). This is the Local tax based on your total income for the year. | 7. | _____ | 00 |
| 8. | Local tax on amount on line 3. Compute the Local tax that would be due on the revised taxable net income by multiplying line 3 by your Local tax rate .0 _____ | 8. | _____ | 00 |
| 9. | Tentative Local tax credit (Subtract line 8 from line 7.) If less than zero, enter zero. | 9. | _____ | 00 |
| 10. | Tentative Total tax credit (Add line 6 and line 9.) | 10. | _____ | 00 |
| 11. | Total state and local tax shown on tax return(s) filed with the state of (Enter 2-letter state code, code must be entered for credit to be allowed) ▶ _____ Enter the amount of your 2023 income tax liability (after deducting any credits for personal exemptions) to the other state and locality in the other state (where applicable). Do not enter state or locality tax withheld from your W-2 forms. It is important that a copy of the tax return that was filed with the other state and/or locality be attached to your Maryland return | 11. | _____ | 00 |
| 12. | Credit for income tax paid to other state and/or locality. Your credit for taxes paid to another state and/or locality is the smaller of the tax actually paid (line 11) or the reduction in Maryland tax resulting from the exclusion of income in the other state and/or locality (line 10). Write the lesser of line 11 or line 10. | 12. | _____ | 00 |

State and Local Credits Allowed

- | | | | | |
|------------|---|------------|-------|----|
| 13. | State Credit for Income Tax Paid to other state (Lesser of line 6 or line 12). Enter on line 1, Part AA. . . . ▶ | 13. | _____ | 00 |
| 14. | Local Credit for Income Tax Paid to other state (Subtract line 13 from line 12.) Enter on line 1, Part BB . . ▶ | 14. | _____ | 00 |

NAME _____ SSN _____

PART B - CREDIT FOR CHILD AND DEPENDENT CARE EXPENSES

- 1. Enter your federal adjusted gross income from line 1 of Form 502. 1. _____ 00
- 2. Enter your federal Child and Dependent Care Credit from federal Form 2441 2. _____ 00
- 3. Enter the decimal amount from the chart in the instructions that applies to the amount on line 1 3. _____
- 4. Multiply line 2 by line 3. Enter here and on Part AA, line 2. ▶ 4. _____ 00

PART C - QUALITY TEACHER INCENTIVE CREDIT

Enter the Name of Qualified Employer

- | | Taxpayer A | Taxpayer B |
|--|------------|------------------|
| 1. Enter the Maryland public school system or a State or local correctional facility or qualified juvenile facility in which you are employed and teach 1. _____ | | 1. _____ |
| 2. Enter amount of tuition paid to: _____ 2. _____ 00 | 00 | 2. _____ 00 |
| Name of Institution(s) | | |
| 3. Enter amount of tuition reimbursement 3. _____ 00 | 00 | 3. _____ 00 |
| 4. Subtract line 3 from line 2 4. _____ 00 | 00 | 4. _____ 00 |
| 5. Maximum Credit 5. _____ 1500 00 | 1500 00 | 5. _____ 1500 00 |
| 6. Enter the lesser of line 4 or line 5 here. 6. _____ 00 | 00 | 6. _____ 00 |
| 7. Total (Add amounts from line 6, for Taxpayers A and B). Enter here and on Part AA, line 3 ▶ 7. _____ 00 | | |

PART D - CREDIT FOR AQUACULTURE OYSTER FLOATS

- 1. Enter the amount paid to purchase an aquaculture oyster float(s) Enter here and on Part AA, line 4. This credit is limited. See Instructions. ▶ 1. _____ 00

PART E - LONG-TERM CARE INSURANCE CREDIT: (THIS IS A ONE-TIME CREDIT.)

Answer the questions and see instructions below before completing Columns A through E for each person for whom you paid long-term care insurance premiums.

- Question 1** - Did the insured individual have long-term care insurance prior to July 1, 2000? Yes No
- Question 2** - Is the credit being claimed for the insured individual in this year by any other taxpayer? Yes No
- Question 3** - Has credit been claimed **by anyone** for the insured individual in any other tax year? Yes No
- Question 4** - Is the insured individual for whom the credit is being claimed a nonresident of Maryland? Yes No

If you answered YES to any of the above questions, that insured person does NOT qualify for the credit.

Complete Columns A through D only for insured individuals who qualify for credit. Enter in Column E the lesser of the amount of premium paid for each insured person or:

- \$480 for those insured who are 40 or less, as of 12/31/23
- \$500 for those insured who are over age 40, as of 12/31/23

Add the amounts in Column E and enter the total on line 5 (total) and on Part AA, line 5.

Column A Name of Qualifying Insured Individual	Age	Column B Social Security No. of Insured	Column C Relationship to Taxpayer	Column D Amount of Premium Paid	Column E Credit Amount
1. _____ ▶	_____ ▶	_____ ▶	_____ ▶	00	1. _____ 00
2. _____ ▶	_____ ▶	_____ ▶	_____ ▶	00	2. _____ 00
3. _____ ▶	_____ ▶	_____ ▶	_____ ▶	00	3. _____ 00
4. _____ ▶	_____ ▶	_____ ▶	_____ ▶	00	4. _____ 00
				TOTAL	5. _____ 00

PART F - CREDIT FOR PRESERVATION AND CONSERVATION EASEMENTS

PTE members may not use the Form 502CR to claim this credit.

Taxpayer A

Taxpayer B

- | | | | |
|--|----|----------|----|
| 1. Enter the portion of the total current-year conveyance amount, and any carryover from prior year(s), attributable to each taxpayer 1. _____ | 00 | 1. _____ | 00 |
| 2. Enter the amount of any payment received for the easement by each taxpayer during 2023. 2. _____ | 00 | 2. _____ | 00 |
| 3. Subtract line 2 from line 1 3. _____ | 00 | 3. _____ | 00 |
| 4. Enter the amount from line 21 and 21a of Form 502; line 32d of Form 505; line 33 and 33a of Form 515; line 13 of Form 504 or \$5,000, whichever is less. See instructions. . 4. _____ | 00 | 4. _____ | 00 |
| 5. Enter the lesser of line 3 or 4 here. (If you itemize deductions, see Instruction 14.) 5. _____ | 00 | 5. _____ | 00 |
| 6. Total (Add amounts from line 5 for Taxpayers A and B). Enter here and on Part AA, line 6 ▶ 6. _____ | | | 00 |
| 7. Excess credit carryover. Subtract line 6 from the sum of lines 3A and 3B. 7. _____ | | | 00 |

NAME _____ SSN _____

PART G – RESERVED XXXXXXXXXXXXX

PART H – COMMUNITY INVESTMENT TAX CREDIT ** must attach required certification

This credit is limited to individual taxpayers who have elected not to claim this credit on Form 500CR. If you have an Excess Carryover on Form 500CR attributable to any credit other than the Community Investment Tax Credit (CITC), you are not eligible to claim the CITC on Form 502CR. You must use Form 500CR. Also, PTE members may not elect to use Form 502CR to claim the CITC.

- 1. Enter the amount of Excess CITC Carryover from 2022. 1. _____ 00
- 2. Amount of approved contributions. 2. _____ 00
- 3. Enter 50% of line 2. 3. _____ 00
- 4. Enter the amount from line 3 or \$250,000, whichever is less. 4. _____ 00
- 5. Add line 1 and line 4. Enter the result here and on Part AA, line 8. ▶ 5. _____ 00

PART I – ENDOW MARYLAND TAX CREDIT **must attach required certification

This credit is limited to individual taxpayers who have elected not to claim this credit on Form 500CR.

- 1. Enter the amount of Excess Endow Maryland Tax Credit Carryover from 2022 1. _____ 00
- 2. Amount of approved donation to a qualified permanent endowment fund 2. _____ 00
- 3. Enter 25% of line 2. 3. _____ 00
- 4. Enter the amount from line 3 or \$50,000, whichever is less 4. _____ 00
- 5. Add line 1 and line 4. Enter the result here and on Part AA, line 9. ▶ 5. _____ 00

Note: Line 2 of Part I requires an addition to income. See Instruction 12.

PART J – PRECEPTORS IN AREAS WITH HEALTH CARE WORKFORCE SHORTAGES TAX CREDIT ** must attach required certification

- 1. **Physician Preceptorship Tax Credit:** Enter amount certified by Maryland Department of Health (See Instructions for specific requirements.) 1. _____ 00
- 2. **Nurse Practitioner Preceptorship Tax Credit:** Enter amount certified by Maryland Department of Health (See Instructions for specific requirements.) 2. _____ 00
- 3. **Physician Assistant Preceptorship Tax Credit:** Enter amount certified by Maryland Department of Health (See Instructions for specific requirements) 3. _____ 00
- 4. Add line 1, 2, and 3. Enter the result here and on Part AA, line 10 ▶ 4. _____ 00

PART K - INDEPENDENT LIVING TAX CREDIT ** must attach required certification

- 1. Credit (Certified by the Maryland Department of Housing and Community Development) Enter here and on Part AA, line 11. ▶ 1. _____ 00

PART L - ENDOWMENTS OF MARYLAND HISTORICALLY BLACK COLLEGES AND UNIVERSITIES TAX CREDIT ** must attach required certification

- 1. Credit (Certified by the Office of The Comptroller). Enter here and on Part AA line 12. ▶ 1. _____ 00

PART M - SENIOR TAX CREDIT

- 1. Enter the credit claimed here and on Part AA, line 13 (See Instructions) ▶ 1. _____ 00

PART AA - INCOME TAX CREDIT SUMMARY

- 1. Enter the amount from Part A, line 13 (If more than one state, see Instructions.) 1. _____ 00
- 2. Enter the amount from Part B, line 4 2. _____ 00
- 3. Enter the amount from Part C, line 7 3. _____ 00
- 4. Enter the amount from Part D, line 1 4. _____ 00
- 5. Enter the amount from Part E, line 5. 5. _____ 00
- 6. Enter the amount from Part F, line 6. 6. _____ 00
- 7. **Reserved** 7. XXXXXXXXXXXX 00
- 8. Enter the amount from Part H, line 5 8. _____ 00
- 9. Enter the amount from Part I, line 5. 9. _____ 00
- 10. Enter the amount from Part J, line 4. 10. _____ 00
- 11. Enter the amount from Part K, line 1 11. _____ 00
- 12. Enter the amount from Part L, line 1 12. _____ 00
- 13. Enter the amount from Part M, line 1. 13. _____ 00
- 14. Total (Add lines 1 through 13.) Enter this amount on line 24 of Form 502; line 14 of Form 504; line 34 of Form 505 or line 35 of Form 515 14. _____ 00

NAME _____ SSN _____

PART BB – LOCAL INCOME TAX CREDIT SUMMARY

1. Enter the amount from Part A, line 14 (If more than one state, see Instructions.) 1. _____ 00
Enter this amount on line 31 of Form 502; line 19 of Form 504.

PART CC- REFUNDABLE INCOME TAX CREDITS

1. Student Loan Debt Relief Tax Credit (See Instructions.). Enter the amount and attach certification. ▶ 1. _____ 00
2. Heritage Structure Rehabilitation Tax Credit (See Instructions for Form 502S). Attach certification(s). ▶ 2. _____ 00
3. Refundable Business Income Tax Credit (See Instructions for Form 500CR.) **You must file your return electronically to claim a business income tax credit.**
4. IRC Section 1341 Repayment Credit. (See Instructions and Administrative Release 40.) Attach documentation ▶ 4. _____ 00
5. Catalytic Revitalization Projects and Historic Revitalization Tax Credit
(See Instructions for required attachments) ▶ 5. _____ 00
6. Flow-through Nonresident PTE tax (See Instructions for required attachments.) ▶ 6. _____ 00
7. Refundable credit for Child and Dependent Care Expenses. (See Instructions.) ▶ 7. _____ 00
8. Refundable Maryland Child Tax Credit (See worksheet 21C Instructions) ▶ 8. _____ 00
9. PTE Tax paid on members' distributive or pro rata shares of income ▶ 9. _____ 00
10. Total. (Add lines 1 through 9.) Enter this amount on line 43 of Form 502, line 46 of Form 505
or line 51 of Form 515. 10. _____ 00

Part DD- Recapture of Previously Claimed Credit

1. Recapture of Student Loan Debt Relief Tax Credit for 2020 (See Instructions). Enter this amount on line 21a of
Form 502, line 32d of Form 505, or line 33a of Form 515 ▶ 1. _____ 00