## **AMENDED TAX RETURN**



|                                                                                                                                                                                                                                                                                                                                                                                                | 2023, ENDING                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                              |
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| 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                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                     | ocial security card? If not, to ensu<br>s, contact SSA at 1-800-772-1213 (                                                                                                                                                   |
| Current Mailing Address Line 1 ( <b>Street</b>                                                                                                                                                                                                                                                                                                                                                 | t No. and Street Name or PO Box)                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Maryland County                                                                                                                                                                                                                     | ,                                                                                                                                                                                                                            |
| Current Mailing Address Line 2 ( <b>Apt N</b>                                                                                                                                                                                                                                                                                                                                                  | o., Suite No., Floor No.)                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | City, Town or Ta)  Name of county and incresided on the last day to Maryland County limit                                                                                                                                           | orporated city, town or special taxing area in which you of the taxable period. (Baltimore City residents leave                                                                                                              |
| City or Town                                                                                                                                                                                                                                                                                                                                                                                   | Sta                                                                                                                                                                                                                                            | te ZIP Code + 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                     |                                                                                                                                                                                                                              |
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| Foreign Country Name                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Foreign Province/State/County                                                                                                                                                                                                       |                                                                                                                                                                                                                              |
| Foreign Country Name  Foreign Postal Code                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Foreign Province/State/County                                                                                                                                                                                                       |                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                | Check here if <b>your spouse</b> is:                                                                                                                                                                                                           | IF THIS IS BEIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NG FILED TO CLAIM A NI                                                                                                                                                                                                              | ET OPERATING LOSS, CHECK<br>BACK (farming loss only)<br>FORWARD                                                                                                                                                              |
| Foreign Postal Code  Check here if <b>you</b> are:                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                | THE APPROPRIATION OF THE APPRO | NG FILED TO CLAIM A NI<br>ATE BOX: CARRY<br>CARRY<br>TE: Read the instruction<br>f the federal loss year re                                                                                                                         | BACK (farming loss only) FORWARD s and complete page 3 first.                                                                                                                                                                |
| Check here if <b>you</b> are:  65 or over Blind  Is this address different from the Check: Full-year resident                                                                                                                                                                                                                                                                                  | e address on your original return?  Part-year resident or                                                                                                                                                                                      | THE APPROPRIATION IMPORTANT NO Attach copies of A and B. See In                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NG FILED TO CLAIM A NEATE BOX: CARRY CARRY TE: Read the instruction of the federal loss year restruction 15.                                                                                                                        | BACK (farming loss only) FORWARD IS and complete page 3 first. Eturn and Form 1045, Schedule  YES NO                                                                                                                         |
| Check here if <b>you</b> are:  65 or over Blind  Is this address different from the Check: Full-year resident  If part-year resident or nonresident                                                                                                                                                                                                                                            | e address on your original return?                                                                                                                                                                                                             | THE APPROPRIATION IMPORTANT NO Attach copies of A and B. See In Nonresident (See In ryland                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | NG FILED TO CLAIM A NEATE BOX: CARRY CARRY TE: Read the instruction of the federal loss year restruction 15.  capture of the struction 14.)  capture of the federal federal loss year restruction 15.                               | BACK (farming loss only) FORWARD Is and complete page 3 first. Eturn and Form 1045, Schedule  YES NO                                                                                                                         |
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## **AMENDED TAX RETURN**



Name \_\_\_\_\_ SSN

|                                                              |              | A. As originally reported or as previously adjusted (See instructions.) | <b>B.</b> Net change – increase or (decrease) – explain on page 4. | C. Corrected amount. |
|--------------------------------------------------------------|--------------|-------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------|
| 1. Federal adjusted gross income                             | 1.           | .00                                                                     | .00                                                                | .00                  |
| <b>1a.</b> Earned income                                     |              | 0.0                                                                     | .00                                                                | .00                  |
| <b>2.</b> Additions to income (from lines 2, 3, 4, and 5 or  |              | 0.0                                                                     | .00                                                                | .00                  |
| <b>3.</b> Total (Add lines 1 and 2)                          | ,            |                                                                         | .00                                                                | .00                  |
| 4. Subtractions from income (from lines 8 through            |              |                                                                         | .00                                                                | .00                  |
| <b>5.</b> Total Maryland adjusted gross income               |              | 0.0                                                                     | .00                                                                | .00                  |
| <b>6.</b> CHECK ONLY ONE METHOD (See Instruction 5.)         |              |                                                                         |                                                                    |                      |
| STANDARD DEDUCTION METHOD  STANDARD DEDUCTION METHOD         |              |                                                                         |                                                                    |                      |
| Enter 15% (See Instruction 5 for limits.)                    |              |                                                                         |                                                                    |                      |
|                                                              |              |                                                                         |                                                                    |                      |
| ITEMIZED DEDUCTION METHOD                                    |              |                                                                         |                                                                    |                      |
| Enter total MD itemized deductions from Part                 | •            | .00                                                                     | .00                                                                | .00                  |
| on page 4                                                    |              | 2.2                                                                     | .00                                                                | .00                  |
| 7. Net income (Subtract line 6 from line 5.)                 |              | 0.0                                                                     | .00                                                                | .00                  |
| 8. Exemption amount (See Instruction 5.)                     |              | 0.0                                                                     |                                                                    | .00                  |
| <b>9.</b> Taxable net income (Subtract line 8 from line 7.   | •            | 0.0                                                                     | .00                                                                |                      |
| 10. Maryland tax (from Tax Table or Computation W            |              | .00                                                                     | .00                                                                | 00                   |
| <b>10a.</b> Recaptured credits from Part DD, line 1 of Form  |              | .00                                                                     | .00                                                                | .00                  |
| (Attach Form 502CR.)                                         | 10a          | .00                                                                     | .00                                                                | 00                   |
| 10b. Credits: Earned Income Credit                           |              |                                                                         |                                                                    |                      |
| Poverty Level Credit                                         |              |                                                                         |                                                                    |                      |
| Personal Credit                                              |              |                                                                         |                                                                    |                      |
| Business Credit X X X X X X X                                | XXX          | .00                                                                     | .00                                                                | .00                  |
| Enter total credits                                          | 10b.         | .00                                                                     | .00                                                                |                      |
| <b>10c.</b> Maryland tax after credits (Add lines 10 and 10a | and subtract | .00                                                                     | 0.0                                                                | .00                  |
| line 10b.) If less than 0, enter 0                           | 10c.         | .00                                                                     | .00                                                                |                      |
| 11. Local income tax (Use rate applicable for year           | of return.)  | 0.0                                                                     | 0.0                                                                | 0.0                  |
| Multiply line 9 by (See Instruction 7.)                      | ) 11.        | .00                                                                     | .00                                                                | .00                  |
| <b>11a.</b> Local credits: Earned Income Credit              |              |                                                                         |                                                                    |                      |
| Poverty Level Credit                                         |              |                                                                         |                                                                    |                      |
| Personal Credit                                              |              | 0.0                                                                     |                                                                    | 0.0                  |
| Enter total credits                                          | 11a.         | .00                                                                     | .00                                                                | .00                  |
| 11b. Local tax after credits (Subtract line 11a from lin     | ne 11.)      | 2.2                                                                     |                                                                    | 0.0                  |
| If less than 0, enter 0                                      | 11b.         | .00                                                                     | .00                                                                | .00                  |
| 12. Total Maryland and local income tax                      |              |                                                                         |                                                                    |                      |
| (Add lines 10c and 11b.)                                     | 12.          | .00                                                                     | .00                                                                | .00                  |
|                                                              |              |                                                                         |                                                                    |                      |
|                                                              |              |                                                                         |                                                                    |                      |
| Enter total contributions (See Instruction 8.)               |              | .00                                                                     | .00                                                                | .00                  |
| 14. Total Maryland income tax, local income tax, and         | d            |                                                                         |                                                                    |                      |
| contributions (Add lines 12 and 13.)                         |              | .00                                                                     | .00                                                                | .00                  |
| <b>15.</b> Total Maryland tax withheld                       |              | ()()                                                                    | .00                                                                | .00                  |
| <b>16.</b> Estimated tax payment, extension, and payment     |              |                                                                         |                                                                    |                      |
| Form MW506NRS                                                |              | .00                                                                     | .00                                                                | .00                  |
| <b>17.</b> Refundable earned income credit                   |              | $\cap$                                                                  | .00                                                                | .00                  |
| <b>18.</b> Nonresident tax paid by pass-through entities     |              | ()()                                                                    | .00                                                                | .00                  |
| <b>19.</b> Refundable income tax credits (Attach Form 502    |              |                                                                         |                                                                    |                      |
| 502S.)                                                       |              | .00                                                                     | .00                                                                | .00                  |
| <b>20.</b> Total payments and credits (Add lines 15 through  |              | 0.0                                                                     | .00                                                                | .00                  |
|                                                              |              |                                                                         |                                                                    |                      |

## **AMENDED TAX RETURN**

2023

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| Nam | e SSN                                                                 |                                                            |                                       |                             |
|-----|-----------------------------------------------------------------------|------------------------------------------------------------|---------------------------------------|-----------------------------|
| 21. | Balance due (if line 14 is more than line 20)                         | .00                                                        |                                       |                             |
| 22. | Overpayment (if line 14 is less than line 20)                         | .00                                                        |                                       |                             |
|     | Tax paid with original return, plus additional tax paid after it w    | .00                                                        |                                       |                             |
|     | Prior overpayment (Total all refunds previously issued.)              | .00                                                        |                                       |                             |
|     | <b>REFUND</b> (If line 21 is less than 23, subtract line 21 from 23.) |                                                            |                                       |                             |
|     | subtract line 24 from 22.) (Add lines 22 and 23.) (See Instruct       |                                                            | <b>REFUND</b> 25.                     | .00                         |
| 26. | BALANCE DUE (If line 21 is more than 23, subtract line 23 fro         | om 21.) (Add line 21 to 24.)                               |                                       |                             |
|     | (If line 22 is less than 24, subtract line 22 from 24.) (See Inst     | ruction 10.)                                               | 26.                                   | .00                         |
| 27. | Interest and/or penalty charges on tax due and/or from Form           | 502UP (See Instruction 11.)                                | 27.                                   | .00                         |
| 28. | TOTAL AMOUNT DUE (Add line 26 and line 27.)                           | PAY IN FULL                                                | WITH THIS RETURN 28.                  | .00                         |
|     |                                                                       |                                                            |                                       |                             |
|     | NCOME AND ADJUSTMENTS TO INCOME: You must comple                      |                                                            | •                                     |                             |
| ai  | e no changes to the amounts claimed on your original Marylan          |                                                            | and complete Column A an              |                             |
|     |                                                                       | <b>A.</b> As originally reported or as previously adjusted | <b>B.</b> Net increase or (decrease). | <b>C.</b> Corrected amount. |
| TNC | OME AND ADJUSTMENTS INFORMATION (See Instruction 4.)                  | as previously adjusted                                     | (decrease).                           |                             |
|     | Wages, salaries, tips, etc                                            | .00                                                        | .00                                   | .00                         |
|     | Taxable interest income                                               | 0.0                                                        | .00                                   | .00                         |
|     | Dividend income                                                       | 0.0                                                        | .00                                   | .00                         |
|     | Taxable refunds, credits, or offsets of state and local               |                                                            |                                       |                             |
|     | income taxes                                                          | .00                                                        | .00                                   | .00                         |
| 5.  | Alimony received                                                      | 0.0                                                        | .00                                   | .00                         |
|     | Business income or (loss)                                             | 0.0                                                        | .00                                   | .00                         |
|     | Capital gain or (loss)                                                | 0.0                                                        | .00                                   | .00                         |
|     | Other gains or (losses) (from federal Form 4797) 8.                   | $\cap$                                                     | .00                                   | .00                         |
|     | Taxable amount of pensions, IRA distributions,                        |                                                            |                                       |                             |
| ٠.  | and annuities                                                         | .00                                                        | .00                                   | .00                         |
| 10  | Rents, royalties, partnerships, estates, trusts, etc.                 |                                                            |                                       |                             |
| -0. | (Circle appropriate item.)                                            | .00                                                        | .00                                   | .00                         |
| 11  | Farm income or (loss)                                                 | 0.0                                                        | .00                                   | .00                         |
|     | Unemployment compensation                                             | 0.0                                                        | .00                                   | .00                         |
|     | Taxable amount of Social Security and                                 |                                                            |                                       |                             |
|     | Tier 1 Railroad Retirement benefits                                   | .00                                                        | .00                                   | .00                         |
| 14  | Other income (including lottery or other                              |                                                            |                                       |                             |
|     | gambling winnings)14.                                                 | .00                                                        | .00                                   | .00                         |
| 15  | Total income (Add lines 1 through 14.)                                | 0.0                                                        | .00                                   | .00                         |
|     | Total adjustments to income from federal return                       |                                                            |                                       |                             |
| 10. | (IRA, alimony, etc.)                                                  | .00                                                        | .00                                   | .00                         |
| 17  | Adjusted gross income (Subtract line 16 from 15.)                     |                                                            |                                       |                             |
| -7. | (Enter on page 2, in each appropriate column of line 1.) . 17.        | .00                                                        | .00                                   | .00                         |

Page 4



| Name SSN                                                                                                                                                             |                                                        |                                                    |                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|----------------------------------------------------|-------------------------------|
| II. ITEMIZED DEDUCTIONS: If you itemized deductions of                                                                                                               | on your Maryland return, you mus                       | st complete the following. If th                   | nere are no changes to the    |
| amounts claimed on your original Maryland return, check                                                                                                              | k here and complete Column                             | A and line 11 of Column C.                         |                               |
|                                                                                                                                                                      | A. As originally reported or<br>as previously adjusted | <b>B.</b> Net increase or (decrease).              | <b>C.</b> Corrected amount.   |
| 1. Medical and dental expenses                                                                                                                                       | .00                                                    | .00                                                | .00                           |
| 2. Taxes                                                                                                                                                             | 0.0                                                    | .00                                                | .00                           |
| 3. Interest                                                                                                                                                          | 0.0                                                    | .00                                                | .00                           |
| 4. Contributions                                                                                                                                                     | 0.0                                                    | .00                                                | .00                           |
| <b>5.</b> Casualty or theft losses                                                                                                                                   | 0.0                                                    | .00                                                | .00                           |
| 6. Miscellaneous                                                                                                                                                     | 0.0                                                    | .00                                                | .00                           |
| 7. Enter total itemized deductions from federal Schedule                                                                                                             | 0.0                                                    | .00                                                | .00                           |
| 8. Enter state and local income taxes included on line 2                                                                                                             | - · · / ·                                              |                                                    |                               |
| or from worksheet (See Instruction 4.)                                                                                                                               | .00                                                    | .00                                                | .00                           |
| <b>9.</b> Net deductions (Subtract line 8 from line 7.)                                                                                                              | 0.0                                                    | .00                                                | .00                           |
| <b>10.</b> Less deductions during period of nonresident status                                                                                                       |                                                        |                                                    |                               |
| (See Instructions 13 & 14.)                                                                                                                                          | 10.                                                    | .00                                                | .00                           |
| 11. Total Maryland deductions (Subtract line 10 from line                                                                                                            |                                                        |                                                    |                               |
| (Enter on page 2, in each appropriate column of line 6                                                                                                               | , U                                                    | .00                                                | .00                           |
| Check here if you authorize your preparer to discu                                                                                                                   |                                                        | pmpanying schodules and s                          | tataments, and to the         |
| Under penalties of perjury, I declare that I have exam best of my knowledge and belief it is true, correct and on all information of which the preparer has any know | l complete. If prepared by a pe                        |                                                    |                               |
| Your signature Date                                                                                                                                                  | Signature of prepare                                   | r other than taxpayer (Required by                 | y Law)                        |
| Spouse's signature Date                                                                                                                                              | Printed name of the I                                  | Preparer/Firm's name                               |                               |
| To make an online payment, scan the QR code below instructions.                                                                                                      | Street address of Pre                                  | parer/Firm                                         |                               |
|                                                                                                                                                                      | City, State, ZIP + 4                                   | <b>.</b>                                           |                               |
|                                                                                                                                                                      | Telephone number of                                    | f preparer Prep                                    | arer's PTIN (Required by Law) |
|                                                                                                                                                                      |                                                        | cial Security Number/ I our check in blue of black |                               |

Comptroller of Maryland Revenue Administration Division 110 Carroll Street Annapolis, Maryland 21411-0001

payment. Make checks payable and mail to:

include this information will delay the processing of your