

OR FISCAL YEAR BEGINNING _____ 2023, ENDING _____

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 _____

Does your name match the name on your social security card? If not, to ensure you get credit for your personal exemptions, contact SSA at 1-800-772-1213 or visit **ssa.gov**.

Current Mailing Address Line 1 (Street No. and Street Name or PO Box) _____ Maryland County _____

Current Mailing Address Line 2 (Apt No., Suite No., Floor No.) _____ City, Town or Taxing Area _____

Name of county and incorporated city, town or special taxing area in which you resided on the last day of the taxable period. (Baltimore City residents leave Maryland County line blank.)

City or Town _____ State _____ ZIP Code + 4 _____

Foreign Country Name _____ Foreign Province/State/County _____

Foreign Postal Code _____

Check here if **you** are: 65 or over Blind
Check here if **your spouse** is: 65 or over Blind

IF THIS IS BEING FILED TO CLAIM A NET OPERATING LOSS, CHECK THE APPROPRIATE BOX: CARRY BACK (farming loss only)
 CARRY FORWARD

IMPORTANT NOTE: Read the instructions and complete page 3 first. Attach copies of the federal loss year return and Form 1045, Schedules A and B. See Instruction 15.

Is this address different from the address on your original return? YES NO

Check: Full-year resident Part-year resident or Nonresident (See Instruction 14.)

If part-year resident or nonresident, enter dates you resided in Maryland _____ - _____. Any changes from the original filing must be explained in Part III on page 4 of this form. **Submit copy of tax return filed with the other state.**

Did you request an extension of time to file the original return? YES NO

If yes, enter the date the return was filed _____

Is an amended federal return being filed? **If yes, submit copy.** YES NO

Has your original federal return been changed or corrected by the Internal Revenue Service? **If yes, submit copy of the IRS notice.** YES NO

CHANGE OF FILING STATUS

Original	Amended		Original	Amended	
<input type="checkbox"/>	<input type="checkbox"/>	Single	<input type="checkbox"/>	<input type="checkbox"/>	Head of household
<input type="checkbox"/>	<input type="checkbox"/>	Married filing joint return or spouse had no income	<input type="checkbox"/>	<input type="checkbox"/>	Qualifying Surviving Spouse with dependent child
<input type="checkbox"/>	<input type="checkbox"/>	Married filing separately _____ Spouse's Social Security No. _____	<input type="checkbox"/>	<input type="checkbox"/>	Dependent taxpayer

Name _____	SSN _____		
21. Balance due (if line 14 is more than line 20)	21.	_____	.00
22. Overpayment (if line 14 is less than line 20)	22.	_____	.00
23. Tax paid with original return, plus additional tax paid after it was filed (Do not include any interest or penalty.)	23.	_____	.00
24. Prior overpayment (Total all refunds previously issued.)	24.	_____	.00
25. REFUND (If line 21 is less than 23, subtract line 21 from 23.) (If line 24 is less than 22, subtract line 24 from 22.) (Add lines 22 and 23.) (See Instruction 10.)	REFUND 25.	_____	.00
26. BALANCE DUE (If line 21 is more than 23, subtract line 23 from 21.) (Add line 21 to 24.) (If line 22 is less than 24, subtract line 22 from 24.) (See Instruction 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

I. INCOME AND ADJUSTMENTS TO INCOME: You must complete the following using the amounts from your federal income tax return. If there are no changes to the amounts claimed on your original Maryland return, check here and complete Column A and line 17 of Column C.

	A. As originally reported or as previously adjusted	B. Net increase or (decrease).	C. Corrected amount.
INCOME AND ADJUSTMENTS INFORMATION (See Instruction 4.)			
1. Wages, salaries, tips, etc. . . . .	.00	.00	.00
2. Taxable interest income . . . . .	.00	.00	.00
3. Dividend income . . . . .	.00	.00	.00
4. Taxable refunds, credits, or offsets of state and local income taxes . . . . .	.00	.00	.00
5. Alimony received . . . . .	.00	.00	.00
6. Business income or (loss) . . . . .	.00	.00	.00
7. Capital gain or (loss). . . . .	.00	.00	.00
8. Other gains or (losses) (from federal Form 4797) . . . . .	.00	.00	.00
9. Taxable amount of pensions, IRA distributions, and annuities . . . . .	.00	.00	.00
10. Rents, royalties, partnerships, estates, trusts, etc. (Circle appropriate item.) . . . . .	.00	.00	.00
11. Farm income or (loss). . . . .	.00	.00	.00
12. Unemployment compensation. . . . .	.00	.00	.00
13. Taxable amount of Social Security and Tier 1 Railroad Retirement benefits . . . . .	.00	.00	.00
14. Other income (including lottery or other gambling winnings). . . . .	.00	.00	.00
15. Total income (Add lines 1 through 14.) . . . . .	.00	.00	.00
16. Total adjustments to income from federal return (IRA, alimony, etc.) . . . . .	.00	.00	.00
17. Adjusted gross income (Subtract line 16 from 15.) (Enter on page 2, in each appropriate column of line 1.) . 17.	.00	.00	.00

Name _____ SSN _____

II. ITEMIZED DEDUCTIONS: If you itemized deductions on your Maryland return, you must complete the following. If there are no changes to the amounts claimed on your original Maryland return, check here and complete Column A and line 11 of Column C.

	A. As originally reported or as previously adjusted	B. Net increase or (decrease).	C. Corrected amount.
1. Medical and dental expenses 1.	.00	.00	.00
2. Taxes 2.	.00	.00	.00
3. Interest 3.	.00	.00	.00
4. Contributions 4.	.00	.00	.00
5. Casualty or theft losses 5.	.00	.00	.00
6. Miscellaneous 6.	.00	.00	.00
7. Enter total itemized deductions from federal Schedule A . . 7.	.00	.00	.00
8. Enter state and local income taxes included on line 2 or from worksheet (See Instruction 4.) 8.	.00	.00	.00
9. Net deductions (Subtract line 8 from line 7.) 9.	.00	.00	.00
10. Less deductions during period of nonresident status (See Instructions 13 & 14.) 10.	.00	.00	.00
11. Total Maryland deductions (Subtract line 10 from line 9.) (Enter on page 2, in each appropriate column of line 6.) . 11.	.00	.00	.00

III. EXPLANATION OF CHANGES TO INCOME, DEDUCTIONS AND CREDITS: Enter the line number from page 2 for each item you are changing and give the reason for each change. Attach any required supporting forms and schedules for items changed.

Check here if you authorize your preparer to discuss this return with us.

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.

Your signature _____ Date _____
 Spouse's signature _____ Date _____

To make an online payment, scan the QR code below and follow instructions.



Signature of preparer other than taxpayer **(Required by Law)** _____
 Printed name of the Preparer/Firm's name _____
 Street address of Preparer/Firm _____
 City, State, ZIP + 4 _____
 Telephone number of preparer _____ Preparer's PTIN **(Required by Law)** _____

Write your Social Security Number/ ITIN, tax year, and tax type on your check in blue or black ink. Failure to include this information will delay the processing of your payment. Make checks payable and mail to:

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