## **FORM** 505

## MARYLAND NONRESIDENT INCOME **TAX RETURN**



NAME SSN

			Dollars	Cents
27.	Net income (Subtract line 26 from line 25.)	27		
28.	Total exemption amount (from EXEMPTIONS area, page 1) See Instruction 10	28		
29.				
30.				
31.	Taxable net income (Subtract line 30 from line 27.) Figure tax on Form 505NR			
	RYLAND TAX COMPUTATION - COMPLETE FORM 505NR BEFORE CONTINUING.			
32	a. Maryland tax from line 16 of Form 505NR (Attach Form 505NR.)			
32	<b>b.</b> Special nonresident tax from line 17 of Form 505NR (Attach Form 505NR.)	32b		
32	c. Total Maryland tax (Add lines 32a and 32b.)	32c		
33.	Earned income credit from worksheet in Instruction 20			
34.	Poverty level credit from worksheet in Instruction 20			
35.	Other income tax credits for individuals from Part H, line 8 of Form 502CR (Attach Form 5	502CR.) <b>35</b>		
36.	Business tax credits You must file this form electronically to	o claim business ta	x credits on Forn	n 500CR.
37.	Total credits (Add lines 33 through 36.)			
38.				
39.				
40.				
41.				
42.				
43.	Total Maryland tax withheld (Enter total from and attach your W-2 and 1099 forms if MD tax is v			
44.				
45.		[		
46.		4.5		
47.				
48.				
49.				
50.				
51.				
	Amount of overpayment <b>TO BE REFUNDED TO YOU</b> (Subtract line 51 from line 50.) See line 5			
		n 23.) Total .▶ <b>53</b>		
	TOTAL AMOUNT DUE (Add line 49 and line 53.) IF \$1 OR MORE, PAY IN FULL WITH			
DIR	<b>RECT DEPOSIT OF REFUND</b> (See Instruction 23.) Be sure the account information is cor <b>3.</b> To comply with banking rules, check here $\blacktriangleright \Box$ if this refund will go to an account outside	rect. For Splitting I	Direct Deposit, s checked, see Instri	ee Form uction 23.
55.	For the direct deposit option, complete the following information, clearly and legibly: ▶ 5	<b>5a.</b> Type of account:	► ☐ Checking ☐	Savings
55b	o. Routing number 55c. Account number ▶			
1		<b>•</b>		
	Daytime telephone no. Home telephone no.	CODE	NUMBERS (3 digits p	per box)
paid p ment sched	electronically. Under penalties of perjury, 1 deciare that 1 have examined this return, including accompanying	Comptroller of Maryland, F 110 Carroll Street, Anna (It is recommended that y	apolis, Maryland 2141	1-0001 I Security
Your	signature Date Preparer's PTIN (require	ed by law) Signature o	f preparer other than t	taxpayer
Spou	se's signature Date Address and telephone	number of preparer		