



Final 11/02/15

Name _____ SSN _____

- 34. Other income tax credits for individuals from Part J, line 10 of Form 502CR (Attach Form 502CR.)
35. Business tax credits
36. Total credits (Add lines 33 through 35.)
37. Maryland tax after credits (Subtract line 36 from line 32c.)
38. Contribution to Chesapeake Bay and Endangered Species Fund
39. Contribution to Developmental Disabilities Services and Support Fund
40. Contribution to Maryland Cancer Fund
41. Contribution to Fair Campaign Financing Fund
42. Total Maryland income tax and contributions
43. Total Maryland tax withheld
44. 2015 estimated tax payments, amount applied from 2014 return
45. Nonresident tax paid by pass-through entities
46. Refundable income tax credits from Part L, line 6 of Form 502CR
47. Total payments and credits
48. Balance due
49. Overpayment
50. Amount of overpayment TO BE APPLIED TO 2016 ESTIMATED TAX
51. Amount of overpayment TO BE REFUNDED TO YOU
52. Interest charges from Form 502UP
53. TOTAL AMOUNT DUE

DIRECT DEPOSIT OF REFUND (See Instruction 23.) Be sure the account information is correct. For Splitting Direct Deposit, see Form 588. If this refund will go to an account outside of the United States, then to comply with banking rules, place a "Y" in this box and see Instruction 23.

54. For the direct deposit option, complete the following information, clearly and legibly: 54a. Type of account: Checking Savings

54b. Routing number (9-digit) 54c. Account number

Check here if you authorize your preparer to discuss this return with us. Check here if you authorize your paid preparer not to file electronically. Check here if you agree to receive your 1099G Income Tax Refund statement electronically (See Instructions). 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 Signature of preparer other than taxpayer

Spouse's signature Date Street address of preparer

Daytime telephone no. City, State, ZIP

Home telephone no. Telephone number of preparer Preparer's PTIN (Required by law)

Make checks payable to and mail to:

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

CODE NUMBERS (3 digits per line)

It is recommended that you include your Social Security Number on check using blue or black ink.