MARYLAND FORM **505**

NONRESIDENT INCOME TAX RETURN



105050240

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	Da	-	2

Name _		SSN	_			
34. Othe	er income tax credits for individuals from Pa	art AA, line 13 of Form	n 502CR (Attach Form 502CR.)	34.	·	
35. Busi	5. Business tax credits You must file this form electronically to claim business tax					
36. Tota	36. Total credits (Add lines 33 through 35.) 36.					
37. Mary	37.					
38. Cont	ribution to Chesapeake Bay and Endangere	d Species Fund (See I	nstruction 21.)▶ 38.			
39. Cont	ribution to Developmental Disabilities Servi	ces and Support Fund	(See Instruction 21.) .▶ 39.			
10. Cont	ribution to Maryland Cancer Fund (See Inst	ruction 21.)	▶ 40.	i		
	ribution to Fair Campaign Financing Fund (•				
	al Maryland income tax and contribution	•	· · · · · · · · · · · · · · · · · · ·			
	I Maryland tax withheld (Enter total from y				:_	
	9 estimated tax payments, amount applied			*		
	m MW506NRS		· ·			
	resident tax paid by pass-through entities (
	indable income tax credits from Part CC, lin					
	I payments and credits (Add lines 43 through	•				
	ince due (If line 42 is more than line 47, su	• •				
	rpayment (If line 42 is less than line 47, su					
	ount of overpayment TO BE APPLIED TO 2		*			
	ount of overpayment TO BE REFUNDED TO					
	rest charges from Form 502UP					
	· —		(See Instruction 23.) Total	. 7 52.	·-	
			NAV IN FULL WITH THE PETURN			
	TAL AMOUNT DUE (Add line 48 and line 52 lude Form PV	, ,				
of perjury	cally. Check here if you agree to rece y, I declare that I have examined this return, correct and complete. If prepared by a pers	ive your 1099G Incom including accompanyi	e Tax Refund statement electronically (Seng schedules and statements and to the b	est of my knowledge and	penalties belief	
Your signature Date			Spouse's signature	Da	te	
Signature of Preparer other than taxpayer (Required by Law)			Street address of Preparer/Firm			
Duinkad	name of the Deserve (Firm) a name		Cib. Chata ZID Cada I 4			
Printed	name of the Preparer/Firm's name		City, State, ZIP Code + 4	•		
			Telephone number of Preparer	Preparer's PTIN (Requir	ed by law)	
			▶_	CODE NUMBERS (3 digits	per line)	
	For returns filed without payments, mail your completed return to:	checks payable to	with payments, attach check or money order to Form PV. Make to Comptroller of Maryland. Do not attach Form PV or check/Form 505. Place Form PV with attached check/money order on the sand mail to:			
	Comptroller of Maryland Revenue Administration Division 110 Carroll Street Annapolis, MD 21411-0001 Comptroller of Maryland Payment Processing PO Box 8888 Annapolis, MD 21401-8888					