



- Name \_\_\_\_\_ SSN \_\_\_\_\_
34. Other income tax credits for individuals from Part AA, line 13 of Form 502CR (Attach Form 502CR.) . . . . .34.
35. Business tax credits . . . . . You must file this form electronically to claim business tax credits on Form 500CR
36. Total credits (Add lines 33 through 35.) . . . . .36.
37. Maryland tax after credits (Subtract line 36 from line 32c.) If less than 0, enter 0. . . . .37.
38. Contribution to Chesapeake Bay and Endangered Species Fund (See Instruction 21.) . . . . ▶ 38.
39. Contribution to Developmental Disabilities Services and Support Fund (See Instruction 21.) ▶ 39.
40. Contribution to Maryland Cancer Fund (See Instruction 21.) . . . . . ▶ 40.
41. Contribution to Fair Campaign Financing Fund (See Instruction 21.) . . . . . ▶ 41.
42. Total Maryland income tax and contributions (Add lines 37 through 41.) . . . . .42.
43. Total Maryland tax withheld (Enter total from your W-2 and 1099 forms and attach if MD tax is withheld.)▶ 43.
44. 2020 estimated tax payments, amount applied from 2019 return, payments made with an extension request and Form MW506NRS . . . . . ▶ 44.
45. Nonresident tax paid by pass-through entities (Attach Maryland Schedule K-1 (510)) . . . . . ▶ 45.
46. Refundable income tax credits from Part CC, line 8 of Form 502CR (Attach Form 502CR. See Instruction 22.) . .46.
47. Total payments and credits (Add lines 43 through 46.) . . . . . ▶ 47.
48. Balance due (If line 42 is more than line 47, subtract line 47 from line 42.) . . . . . ▶ 48.
49. Overpayment (If line 42 is less than line 47, subtract line 42 from line 47.) . . . . . ▶ 49.
50. Amount of overpayment TO BE APPLIED TO 2021 ESTIMATED TAX. . . . . ▶ 50.
51. Amount of overpayment TO BE REFUNDED TO YOU (Subtract line 50 from line 49.) See line 54 . . REFUND ▶ 51.
52. Interest charges from Form 502UP \_\_\_\_\_ or for late filing \_\_\_\_\_ (See Instruction 23.) Total ▶ 52.
Check here [ ] if you are attaching Form 502UP.
53. TOTAL AMOUNT DUE (Add line 48 and line 52.) IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN.
Include Form PV. . . . .53.

DIRECT DEPOSIT OF REFUND (See Instruction 22.) Be sure the account information is correct. For Splitting Direct Deposit, use Form 588. To comply with banking and NACHA (National Automated Clearing House Association) rules, if this refund will go to an account outside of the United States, place "Y" in this box [ ] or if you authorize the State of Maryland to direct deposit your refund check this box [ ] and complete the following information clearly and legibly.

- 54a. Type of account: [ ] Checking [ ] Savings
54b. Routing Number (9-digits) ▶ \_\_\_\_\_
54c. Account Number ▶ \_\_\_\_\_
54d. Name(s) as it appears on the bank account \_\_\_\_\_

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 Instruction 25). 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 \_\_\_\_\_
Taxpayer(s) daytime phone number \_\_\_\_\_ Signature of Preparer other than taxpayer (Required by Law) \_\_\_\_\_
Street address of Preparer/Firm \_\_\_\_\_ Printed name of the Preparer/Firm's name \_\_\_\_\_
City, State, ZIP Code + 4 \_\_\_\_\_ Telephone number of Preparer \_\_\_\_\_ Preparer's PTIN (Required by law) \_\_\_\_\_
CODE NUMBERS (3 digits per line)