MARYLAND FORM **505**

NONRESIDENT INCOME TAX RETURN



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| Nar | ne SSN _ | | _ | | |
|----------------------------------|--|---|--|--|--|
| 34. | Other income tax credits for individuals from Part AA | A, line 13 of Form | 502CR (Attach Form | n 502CR.) | 34. |
| 35. | Business tax credits Y | ou must file th | is form electronica | ally to claim bu | usiness tax credits on Form 500 |
| 36. | Total credits (Add lines 33 through 35.) | | | | 36. |
| 37. | Maryland tax after credits (Subtract line 36 from line | 32c.) If less than | n 0, enter 0 | | 37. |
| 38. | Contribution to Chesapeake Bay and Endangered Spe | ecies Fund (See Ir | nstruction 21.) | .▶ 38 | |
| 39. | Contribution to Developmental Disabilities Services and | nd Support Fund | (See Instruction 21.) | .▶ 39 | · |
| 40. | Contribution to Maryland Cancer Fund (See Instruction | on 21.) | | .▶ 40 | |
| 41. | Contribution to Fair Campaign Financing Fund (See In | nstruction 21.) | | . > 41. | |
| 42. | Total Maryland income tax and contributions (Ad | dd lines 37 throug | jh 41.) | | 42. |
| 43. | Total Maryland tax withheld (Enter total from your V | W-2 and 1099 fo | rms and attach if | MD tax is withl | held.)▶ 43 |
| 44. | 2021 estimated tax payments, amount applied from | 2020 return, pay | ments made with an | extension requ | est and |
| | Form MW506NRS | | | | ▶ 44 |
| 45. | Nonresident tax paid by pass-through entities (Attac | ch Maryland Sch | nedule K-1 (510)) . | | ▶ 45 |
| 46. | Refundable income tax credits from Part CC, line 10 | of Form 502CR (A | Attach Form 502CR | R. See Instructio | n 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 | t line 47 from line | . 42.) | | ▶ 48 |
| 49. | Overpayment (If line 42 is less than line 47, subtract | t line 42 from line | 47.) | | ▶ 49 |
| 50. | Amount of overpayment TO BE APPLIED TO 2022 | ESTIMATED TAX | | | ▶ 50 |
| 51. | Amount of overpayment TO BE REFUNDED TO YOU | (Subtract line 50 | from line 49.) See | line 54 REF | UND ▶ 51 |
| 52. | Interest charges from Form 502UP or | r for late filing | (See Ins | struction 23.) To | otal . ▶ 52 |
| | Check here if you are attaching Form 5020 | | | • | |
| 53. | TOTAL AMOUNT DUE (Add line 48 and line 52.) IF | \$1 OR MORE, P | AY IN FULL WITH | THIS RETURN. | |
| | Include Form PV | | | | |
| | | | | | |
| | wing information clearly and legibly. Type of account: Checking Savings | 54b. | Routing Number (9- | digits) ► | |
| 546 | . Account Number | 54d | Name(s) | | |
| 5-10 | - Account Number P | | | | ars on the bank account |
| Che | ck here if you authorize your preparer to discuss | this return with u | s. Check here |] if you autho | orize your paid preparer not to file |
| elec of p | tronically. Check here \(\bigcup \) if you agree to receive yerjury, I declare that I have examined this return, inclutive, correct and complete. If prepared by a person otweldge. | uding accompanyi | ng schedules and sta | ent electronically tements and to t | γ (See Instruction 25). Under penalti the best of my knowledge and belief |
| Y | our signature | Date | Spouse's signature | | Date |
| • | | | | | |
| Taxpayer(s) daytime phone number | | Signature of Preparer other than taxpayer (Required by Law) | | | |
| S | treet address of Preparer/Firm | | Printed name of the Printe | reparer/Firm's nam | e |
| _ | | | | | |
| C | ity, State, ZIP Code + 4 | | Telephone number of | Preparer | Preparer's PTIN (Required by la |