MARYLAND FORM **505**

NONRESIDENT INCOME TAX RETURN



2022 Page 3

Name SSI	N			
34. Other income tax credits for individuals from Part	AA, line 14 of For	rm 502CR (Attach Form 502CR.)	34.	.00
35. Business tax credits	You must file	this form electronically to claim bus	iness tax credits on I	Form 500CR
36. Total credits (Add lines 33 through 35.)				
37. Maryland tax after credits (Subtract line 36 from I	ine 32c.) If less th	han 0, enter 0	37.	00
38. Contribution to Chesapeake Bay and Endangered S	Species Fund (See	e Instruction 21.) ▶ 38.	00	
39. Contribution to Developmental Disabilities Services				
40. Contribution to Maryland Cancer Fund (See Instru				
41. Contribution to Fair Campaign Financing Fund (See Instruction 21.) ▶ 41.				
42. Total Maryland income tax and contributions	(Add lines 37 thro	ough 41.)	42.	00
43. Total Maryland tax withheld (Enter total from you				
44. 2022 estimated tax payments, amount applied from				
Form MW506NRS				
$\textbf{45.} \ \ \text{Nonresident tax paid by pass-through entities } \textbf{(At}$				
46. Refundable income tax credits from Part CC, line				
$\textbf{47.} \ \text{Total payments and credits (Add lines 43 through}$				
48. Balance due (If line 42 is more than line 47, subtr				
49. Overpayment (If line 42 is less than line 47, subtr				
50. Amount of overpayment TO BE APPLIED TO 202				
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.) Tota	l .▶ 52	
Check here if you are attaching Form 5	02UP.			
53. TOTAL AMOUNT DUE (Add line 48 and line 52.)	, ,			
Include Form PV	<u> </u>		53.	
54a. Type of account: ▶ ☐ Checking ☐ Savin		1b. Routing Number (9-digits)		
54c. Account Number ▶	54	ld. Name(s)as it appears	on the bank account	
Check here if you authorize your preparer to discuss electronically. Check here if you agree to receive of perjury, I declare that I have examined this return, it is true, correct and complete. If prepared by a person knowledge.	e your 1099G Inco	ome Tax Refund statement electronically (nying schedules and statements and to the	e best of my knowledge	der penalties and belief
Your signature	Date	Spouse's signature	1	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 (Req	uired by law)
		> .	CODE NUMBERS (3 dic	