



255050249

Name \_\_\_\_\_ SSN \_\_\_\_\_

MARYLAND TAX COMPUTATION - COMPLETE FORM 505NR BEFORE CONTINUING.

Table with 2 columns: Description and Amount. Rows include Maryland tax (32a-32e), poverty level credit (33), other income tax credits (34), business tax credits (35), total credits (36), Maryland tax after credits (37), contributions (38-42), total Maryland income tax and contributions (43), Maryland tax withheld (44), amount withheld on MW506NRS (45), 2025 estimated tax payments (46), nonresident tax paid (47), refundable income tax credits (48), total payments and credits (49), balance due (50), overpayment (51), amount of overpayment to be applied (52), amount of overpayment to be refunded (53), interest charges (54), and total amount due (55).

DIRECT DEPOSIT OF REFUND (See Instruction 23.) Verify that all account information is correct and clearly legible.

If you are requesting direct deposit of your refund, complete the following. For Splitting Direct Deposit, use Form 588.
Check here if you authorize the State of Maryland to issue your refund by direct deposit.
Check here if this refund will go to an account outside of the United States.
56a. Type of account: Checking Savings
56b. Routing Number (9-digits)
56c. Account Number
56d. Name(s) NAME 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)