



12505X049

Form header section with fields for name, address, and social security numbers.

IF THIS IS BEING FILED TO CLAIM A NET OPERATING LOSS, CHECK THE APPROPRIATE BOX Attach copies of the federal loss year return and Form 1045, Schedules A and B. See Instruction 13.

Form section for address and filing status questions.

STOP sign and CHANGE OF FILING STATUS section.

IMPORTANT NOTE: Read the instructions and complete page 2 first.

Main table with columns for A, B, and C, and rows 1 through 28 for tax calculations.



12505X149

NAME _____ SSN _____

I. INCOME AND ADJUSTMENTS TO INCOME: You must complete the following using the amounts from your federal income tax return. If there are no changes to the amounts claimed on your original Maryland return, check here [] and complete Column A and line 17 of Column C.

INCOME AND ADJUSTMENTS INFORMATION (See Instruction 4) (Use a minus sign (-) to indicate a loss.)

- 1. Wages, salaries, tips, etc
2. Taxable interest income
3. Dividend income
4. Taxable refunds, credits or offsets of state and local income taxes
5. Alimony received
6. Business income or loss
7. Capital gain or loss
8. Other gains or losses (from federal Form 4797)
9. Taxable amount of pensions, IRA distributions, and annuities
10. Rents, royalties, partnerships, estates, trusts, etc. (Circle appropriate item)
11. Farm income or loss
12. Unemployment compensation
13. Taxable amount of social security and tier 1 railroad retirement benefits
14. Other income (including lottery or other gambling winnings)
15. Total income (Add lines 1 through 14)
16. Total adjustments to income from federal return (IRA, alimony, etc.)
17. Adjusted gross income (Subtract line 16 from 15) (Carry the amount from line 17, column A, to page 1, line 1, column C)

Table with 3 columns: A. Federal income or loss (-) as corrected, B. Maryland income or loss (-) as corrected, C. Non-Maryland income or loss (-) as corrected. Rows 1-17.

II. ITEMIZED DEDUCTIONS: If you itemized deductions on your Maryland return, you must complete the following. If there are no changes to the amounts claimed on your original Maryland return, check here [] and complete Column A and line 11 of Column C.

- 1. Medical and dental expense
2. Taxes
3. Interest
4. Contributions
5. Casualty or theft losses
6. Miscellaneous
7. Enter total itemized deductions from federal Schedule A
8. Enter state and local income taxes included on line 2 or from worksheet (See Instruction 4)
9. Net deductions (Subtract line 8 from line 7)
10. AGI factor (See instruction 14 of the nonresident instructions)
11. Total Maryland deductions (multiply line 9 by line 10) (Enter on page 1, in each appropriate column of line 6)

Table with 3 columns: A. As originally reported or as previously adjusted, B. Net increase or decrease (-), C. Corrected amount. Rows 1-11.

III. EXPLANATION OF CHANGES TO INCOME, DEDUCTIONS AND CREDITS: Enter the line number from page 1 for each item you are changing and give the reason for each change. Attach any required supporting forms and schedules for items changed.

Check here [] if you authorize your preparer to discuss this return with us.

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.

Make checks payable and mail to: COMPTROLLER OF MARYLAND Revenue Administration Division, 110 Carroll Street Annapolis, Maryland 21411-0001 (It is recommended that you write your Social Security number on your check in blue or black ink.)

Your signature _____ Date _____ Spouse's signature _____ Date _____

Signature of preparer other than taxpayer _____ Preparer's PTIN (Required by Law) _____ Address and telephone number of preparer _____