

FORM MARYLAND
505 NONRESIDENT INCOME TAX RETURN

OR FISCAL YEAR BEGINNING 2010, ENDING



2010
\$

Please Print Using Blue or Black Ink

| | | | |
|----------------------------------|---------|---------------------------------|----------|
| Social Security Number | | Spouse's Social Security Number | |
| Your first name | Initial | Last name | |
| Spouse's first name | Initial | Last name | |
| Present Address (No. and street) | | | |
| City or Town | | State | Zip Code |

Check Only One Box

YOUR FILING STATUS — See Instruction 1 to determine if you are required to file.

1. **Single** (If you can be claimed on another person's tax return, use Filing Status 6.)
2. **Married filing joint return or spouse had no income**
3. **Married filing separately** ▶ SPOUSE'S SOCIAL SECURITY NUMBER
4. **Head of household**
5. **Qualifying widow(er) with dependent child**
6. **Dependent taxpayer** (Enter 0 in Exemption Box (A)—See Instruction 8)

RESIDENCE INFORMATION — See Instruction 9

Enter your state of legal residence. Were you a resident for the entire year of 2010?
 Yes No If no, attach explanation.

Are you or your spouse a member of the military? Yes No

Did you file a Maryland income tax return for 2009? Yes No

If "Yes," was it a Resident or a Nonresident return?
 Advise dates you resided within Maryland for 2010. If none, enter "NONE."
FROM _____ **TO** _____

Check here for Maryland taxes withheld in error
 ▶
 (See instruction 4)

EXEMPTIONS — See Instruction 10

Check here if you are: Spouse is:

(A) Yourself Spouse (B) 65 or over Blind 65 or over Blind

| | | | | |
|--|----------------------|---------------------|----|-------|
| (A) Enter No. Checked..... | <input type="text"/> | See Instruction 10 | \$ | _____ |
| (B) Enter No. Checked..... | <input type="text"/> | × \$1,000 | \$ | _____ |
| (C) Enter No. Checked in Columns 4 & 5 | <input type="text"/> | See Instruction 10 | \$ | _____ |
| (D) Enter the Total Exemptions (Add A, B, and C) | <input type="text"/> | Total Amount | \$ | _____ |

| (1) First name | Last name | (C) Dependents: (2) Social Security number | (3) Relationship to you | (4) Regular | (5) 65 or Over |
|----------------|-----------|---|-------------------------|--------------------------|--------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

INCOME AND ADJUSTMENTS INFORMATION (See Instruction 11)

Place CHECK or MONEY ORDER on top of your W-2 wage and tax statements and ATTACH HERE with ONE staple.

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

ADDITIONS TO INCOME (See Instruction 12)

| | | | | | |
|--|----|----------------------|---------|-------|-------|
| 18. Non-Maryland loss and adjustments..... | 18 | _____ | Dollars | _____ | Cents |
| 19. Other (Enter code letter(s) from Instruction 12)..... | 19 | <input type="text"/> | | | |
| 20. Total additions (Add lines 18 and 19)..... | 20 | _____ | | | |
| 21. Total federal adjusted gross income and Maryland additions (Add lines 17 (Column 1) and 20)..... | 21 | _____ | | | |

SUBTRACTIONS FROM INCOME (See Instruction 13)

| | | |
|--|----|----------------------|
| 22. Taxable Military Income of Nonresident..... | 22 | _____ |
| 23. Other (Enter code letter(s) from Instruction 13)..... | 23 | <input type="text"/> |
| 24. Total subtractions (Add lines 22 and 23)..... | 24 | _____ |
| 25. Maryland adjusted gross income before subtraction of non-Maryland income. (Subtract line 24 from line 21)..... | 25 | _____ |

DEDUCTION METHOD See Instruction 15 (All taxpayers must select one method and check the appropriate box)

- STANDARD DEDUCTION METHOD** (Enter amount on line 26a) **26a** _____
- ITEMIZED DEDUCTION METHOD** (Complete lines 26b, c and d) **26b** _____

Total federal itemized deductions (from line 29, federal Schedule A)..... **26b** _____

State and local **income** taxes included in federal Schedule A, line 5..... **26c** _____

Net itemized deductions (subtract line 26c from line 26b)..... **26d** _____

26. Deduction amount (Multiply lines 26a or 26d by the AGI factor) **26e** _____ (from worksheet in Instruction 14)..... **26** _____



Table with columns for line numbers (27-31), descriptions, and columns for Dollars and Cents.

MARYLAND TAX COMPUTATION - COMPLETE FORM 505NR BEFORE CONTINUING

Main table for Maryland tax computation with lines 32a through 54, including descriptions and columns for Dollars and Cents.

For credit card or electronic payment check here [] and see Instruction 25.

DIRECT DEPOSIT OF REFUND (See Instruction 23) Please be sure the account information is correct. For Splitting Direct Deposit, see Form 588.

In order to comply with new banking rules, please check [] here if this refund will go to an account outside the United States. If checked, see instruction 23.

55. For the direct deposit option, complete the following information, clearly and legibly: 55a. Type of account: [] Checking [] Savings []

55b. Routing number (9-digit) [] 55c. Account number []

Daytime telephone no. [] Home telephone no. [] CODE NUMBERS (3 digits per box) []

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.

Make checks payable and mail to: Comptroller of Maryland, Revenue Administration Division, Annapolis, Maryland 21411-0001 It is recommended that you include your Social Security number on check using blue or black ink.

Signatures and dates for taxpayer, spouse, and preparer.