



2021

General Information:

Political subdivision

If the political subdivision is not known, enter the county of residence and city, town, or taxing area:

County of residence on December 31, 2021

Incorporated city, town or taxing area on December 31, 2021

Taxpayer		Spouse	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you qualify as totally disabled?

Do you or will you have health care coverage at the time the income tax return is filed?

If No, do you want to authorize the Comptroller of Maryland to share information from this tax return with the Maryland Health Benefit Exchange for the purpose of determining pre-eligibility for low- or no-cost health care coverage?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Are you or your spouse a member of the military?

Do all dependents that will be listed on the return have or will they have health care coverage at the time the income tax return is filed?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Residency Information:

If you did not live in Maryland for all of 2021:

Enter the dates you did live in Maryland

Enter the other state of residence

Enter the state names other than Maryland where you had income

Pennsylvania residents:

What is the name of your township?

What is the name of your county?

If you are a nonresident of Maryland, did you reside the full year in your state of legal residency? Yes No

From (Mo/Da/Yr)	To (Mo/Da/Yr)
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Education Savings:

Did you or your spouse make any contributions to a Maryland Prepaid College Trust or Maryland College Investment Plan Account? Yes No

If Yes, enter the following:

TS	Name of Designated Beneficiary	Type of Plan	Social Security Number	Account Number	2021 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2021 tax return to:

Chesapeake Bay and Endangered Species Fund	<input type="text"/>
Maryland Cancer Fund	<input type="text"/>
Developmental Disabilities Services and Support Fund	<input type="text"/>
Fair Campaign Financing Fund	<input type="text"/>

Long-Term Care Insurance Information:

Name of Insured	Age	Social Security Number	Relationship to Taxpayer	Amount of Premium Paid



Quality Teacher Incentive Credit:

Taxpayer

Spouse

If you are a Maryland teacher and qualify for this credit:

Enter the amount of tuition paid

Enter the amount of tuition reimbursement

[Empty box]

[Empty box]

[Empty box]

[Empty box]

Enter Any Additional Maryland Information:

[Large empty table for additional information]