

Maryland Information (Page 1 of 2)

Ge	neral Information:								
1	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, 2023								
	Taxpayer Spouse								
	Do you qualify as totally disabled? Do you or will you have health care coverage at the				Yes	No	Yes No		
	If No, do you want to authorize the Comptrolle							ı	
this tax return with the Maryland Health Benefit Exchange for the purpose of determining pre-eligibility for low- or no-cost health care coverage? 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? Yes No									
Re	sidency Information:				From		То		
	If you did not live in Maryland for all of 2023: Enter the dates you did live in Maryland Enter the other state of residence (Mo/Da/Yr) (Mo/Da/Yr)								
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									
Edu	ıcation Savings:								
I	Did you or your spouse make any contributions to Trust or Maryland College Investment Plan Acc If Yes, enter the following:	-	-	~	Yes	No			
T	S Name of Designated Beneficiary	Туре о	f Plan	Social Security Number		Account I	Number	2023 Amount Contributed	
Vo	luntary Contributions:								
	Enter the amount you wish to contribute on your	2023 tax r	eturn to	:					
	Chesapeake Bay and Endangered Species Fu	ınd							
	Maryland Cancer Fund								
	Developmental Disabilities Services and Support Fund Fair Campaign Financing Fund								
Long-Term Care Insurance Information:									
	Name of Insured		Age Social Security Number		Rel	ationship	to Taxpayer	Amount of Premium Paid	



Maryland Information (Page 2 of 2)

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		
Enter Any Additional Maryland Information:		



Maryland Information (Page 1 of 2)

neral Information:					
Political subdivision					
County of residence on December 31, 2022					
			Taxpayer	Spouse	
Do you or will you have health care coverage at to lf No, do you want to authorize the Comptroll this tax return with the Maryland Health Be determining pre-eligibility for low- or no-conface you or your spouse a member of the military? Do all dependents that will be listed on the return	the time the income er of Maryland to she enefit Exchange for st health care cover?	tax return is filed? nare information from the purpose of rage? ave health care	Yes Yes	No No	
	illed:				
•				Yr)	
Enter the other state of residence Enter the state names other than Maryland where Pennsylvania residents: What is the name of your township? What is the name of your county? f you are a nonresident of Maryland, did you resident	e you had income			:	
your state of legal residency?			Yes No		
cation Savings:					
	•	-	Yes No		
If Yes, enter the following:					
If Yes, enter the following: Name of Designated Beneficiary	Type of Plan	Social Security Number	Account Numb	er	2022 Amount Contributed
		Social Security	Account Numb	er	
Name of Designated Beneficiary Suntary Contributions: Enter the amount you wish to contribute on your	Type of Plan 2022 tax return to:	Social Security Number			
Name of Designated Beneficiary Suntary Contributions: Enter the amount you wish to contribute on your Chesapeake Bay and Endangered Species Full Maryland Cancer Fund Developmental Disabilities Services and Supplemental Disabilities Services Services Services Services Services Services S	Type of Plan 2022 tax return to: und oort Fund	Social Security Number			
Name of Designated Beneficiary Suntary Contributions: Enter the amount you wish to contribute on your Chesapeake Bay and Endangered Species Full Maryland Cancer Fund Developmental Disabilities Services and Supplemental Disabilities Services Services Services Services Services Services S	Type of Plan 2022 tax return to: und cort Fund	Social Security Number			
Name of Designated Beneficiary Suntary Contributions: Enter the amount you wish to contribute on your Chesapeake Bay and Endangered Species Fu Maryland Cancer Fund Developmental Disabilities Services and Supp Fair Campaign Financing Fund	Type of Plan 2022 tax return to: und cort Fund	Social Security Number			
	Political subdivision If the political subdivision is not known, enter the County of residence on December 31, 2022 Incorporated city, town or taxing area on Dec Do you qualify as totally disabled? Do you or will you have health care coverage at t If No, do you want to authorize the Comptrolle this tax return with the Maryland Health Be determining pre-eligibility for low- or no-cos Are you or your spouse a member of the military? Do all dependents that will be listed on the return coverage at the time the income tax return is sidency Information: If you did not live in Maryland for all of 2022: Enter the dates you did live in Maryland Enter the other state of residence Enter the state names other than Maryland where 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 resi your state of legal residency? Incation Savings: Did you or your spouse make any contributions to	Political subdivision If the political subdivision is not known, enter the county of residence County of residence on December 31, 2022 Incorporated city, town or taxing area on December 31, 2022 Do you qualify as totally disabled? Do you or will you have health care coverage at the time the income If No, do you want to authorize the Comptroller of Maryland to sit this tax return with the Maryland Health Benefit Exchange for determining pre-eligibility for low- or no-cost health care cover Are you or your spouse a member of the military? Do all dependents that will be listed on the return have or will they h coverage at the time the income tax return is filed? Sidency Information: If you did not live in Maryland for all of 2022: 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? Incation Savings: Did you or your spouse make any contributions to a Maryland Preparate	Political subdivision If the political subdivision is not known, enter the county of residence and city, town, or to County of residence on December 31, 2022 Incorporated city, town or taxing area on December 31, 2022 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? 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? Sidency Information: If you did not live in Maryland for all of 2022: 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? Incation Savings: Did you or your spouse make any contributions to a Maryland Prepaid College	f the political subdivision is not known, enter the county of residence and city, town, or taxing area: County of residence on December 31, 2022 Incorporated city, town or taxing area on December 31, 2022 Taxpayer Yes No Yes No Yes No Yes No Yes Oo you qualify as totally disabled? Oo 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? Yes Oo 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? Yes Sidency Information: From (Mo/Da/Yr) To (Mo/Da/Yr) To (Mo/Da/Yr) What is the name of your township? What is the name of your county? f you are a nonresident of Maryland, did you reside the full year in your state of legal residency?	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, 2022 Incorporated city, town or taxing area on December 31, 2022 Taxpayer Yes No 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? Yes No Or you or your spouse a member of the military? 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Maryland Information (Page 2 of 2)

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			
Enter Any Additional Maryland Information:			