



2023

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, 2023 .....

Incorporated city, town or taxing area on December 31, 2023 .....

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 2023:

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? .....

From (Mo/Da/Yr)	To (Mo/Da/Yr)
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<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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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
<input type="checkbox"/>	<input type="checkbox"/>

If Yes, enter the following:

TS	Name of Designated Beneficiary	Type of Plan	Social Security Number	Account Number	2023 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2023 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





2022

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, 2022 .....

Incorporated city, town or taxing area on December 31, 2022 .....

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 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?  Yes  No

From (Mo/Da/Yr)	To (Mo/Da/Yr)
.....	.....

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	2022 Amount Contributed

Voluntary Contributions:

Enter the amount you wish to contribute on your 2022 tax return to:

Chesapeake Bay and Endangered Species Fund .....	
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	Relationship to Taxpayer	Amount of Premium Paid



2022

**Quality Teacher Incentive Credit:**

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

Enter the amount of tuition paid .....

Enter the amount of tuition reimbursement .....

Taxpayer

Spouse



**Enter Any Additional Maryland Information:**

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