

**Filing Status** ☐ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☒ Head of household (HOH) ☐ Qualifying widow(er) (QW)  
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial Michelle L		Last name Smith		Your social security number (b) (6)	
If joint return, spouse's first name and middle initial		Last name		Spouse's social security number	
Home address (number and street). If you have a P.O. box, see instructions. (b) (6)				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. (b) (6)			State (b)	ZIP code (b) (6)	
Foreign country name		Foreign province/state/country		Foreign postal code	

**Presidential Election Campaign**  
 Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.  
☐ You ☐ Spouse

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? (b) (6)

**Standard Deduction** **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent  
☐ Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** **You:** ☐ Were born before January 2, 1956 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1956 ☐ Is blind

**Dependents** (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions): Child tax credit	Credit for other dependents
(b) (6)					
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

If more than four dependents, see instructions and check here ▶ ☐

<b>Attach Sch. B if required.</b>  <b>Standard Deduction for—</b> • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under <b>Standard Deduction</b> , see instructions.	<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	<b>1</b>	(b) (6)
	<b>2a</b>	Tax-exempt interest . . . . .	<b>2b</b>	Taxable interest . . . . .
	<b>3a</b>	Qualified dividends . . . . .	<b>3b</b>	Ordinary dividends . . . . .
	<b>4a</b>	IRA distributions . . . . .	<b>4b</b>	Taxable amount . . . . .
	<b>5a</b>	Pensions and annuities . . . . .	<b>5b</b>	Taxable amount . . . . .
	<b>6a</b>	Social security benefits . . . . .	<b>6b</b>	Taxable amount . . . . .
	<b>7</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>	<b>7</b>	
	<b>8</b>	Other income from Schedule 1, line 9 . . . . .	<b>8</b>	
	<b>9</b>	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶	<b>9</b>	
	<b>10</b>	Adjustments to income:		
	<b>a</b>	From Schedule 1, line 22 . . . . .	<b>10a</b>	
	<b>b</b>	Charitable contributions if you take the standard deduction. See instructions . . . . .	<b>10b</b>	
	<b>c</b>	Add lines 10a and 10b. These are your <b>total adjustments to income</b> . . . . . ▶	<b>10c</b>	
	<b>11</b>	Subtract line 10c from line 9. This is your <b>adjusted gross income</b> . . . . . ▶	<b>11</b>	
	<b>12</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>12</b>	
<b>13</b>	Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .	<b>13</b>		
<b>14</b>	Add lines 12 and 13 . . . . .	<b>14</b>		
<b>15</b>	<b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .	<b>15</b>	107,909.	

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2020)

<b>16</b>	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	<b>16</b>																					
<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>																					
<b>18</b>	Add lines 16 and 17	<b>18</b>																					
<b>19</b>	Child tax credit or credit for other dependents	<b>19</b>																					
<b>20</b>	Amount from Schedule 3, line 7	<b>20</b>																					
<b>21</b>	Add lines 19 and 20	<b>21</b>																					
<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>																					
<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 10	<b>23</b>																					
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>																					
<b>25</b>	Federal income tax withheld from:																						
<b>a</b>	Form(s) W-2	<b>25a</b>	(b) (6)																				
<b>b</b>	Form(s) 1099	<b>25b</b>																					
<b>c</b>	Other forms (see instructions)	<b>25c</b>																					
<b>d</b>	Add lines 25a through 25c	<b>25d</b>																					
<b>26</b>	2020 estimated tax payments and amount applied from 2019 return	<b>26</b>																					
<b>27</b>	Earned income credit (EIC) <span style="float: right;">NO</span>	<b>27</b>																					
<b>28</b>	Additional child tax credit. Attach Schedule 8812	<b>28</b>																					
<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>																					
<b>30</b>	Recovery rebate credit. See instructions	<b>30</b>																					
<b>31</b>	Amount from Schedule 3, line 13	<b>31</b>																					
<b>32</b>	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>																					
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>																					
<b>Refund</b>	<b>34</b> If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>																					
	<b>35a</b> Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>																					
Direct deposit? See instructions.	<b>b</b> Routing number <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
	<b>d</b> Account number <table border="1" style="display: inline-table; text-align: center; width: 200px;"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
	<b>36</b> Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	<b>36</b>																					
<b>Amount You Owe</b>	<b>37</b> Subtract line 33 from line 24. This is the <b>amount you owe now</b>	<b>37</b>																					
For details on how to pay, see instructions.	<b>Note:</b> Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.																						
	<b>38</b> Estimated tax penalty (see instructions)	<b>38</b>																					
<b>Third Party Designee</b>	Do you want to allow another person to discuss this return with the IRS? See instructions <input checked="" type="checkbox"/> <b>Yes. Complete below.</b> <input type="checkbox"/> <b>No</b>																						
	Designee's name <b>(b) (6)</b>	Phone no. <b>(b) (6)</b>	Personal identification number (PIN) <b>(b) (6)</b>																				
<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.																						
	Your signature	Date	Your occupation																				
			FOIA Analyst																				
Joint return? See instructions. Keep a copy for your records.	Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation																				
	Phone no.	Email address																					
<b>Paid Preparer Use Only</b>	Preparer's name <b>(b) (6)</b>	Preparer's signature	Date																				
	Firm's name <b>(b) (6)</b>	PTIN <b>(b) (6)</b>	Check if: <input type="checkbox"/> Self-employed																				
	Firm's address <b>(b) (6)</b>	Phone no. <b>(b) (6)</b>	Firm's EIN <b>(b) (6)</b>																				





201010013

2020

Keep this form for your records. Do not send this form to the State of Maryland unless specifically requested to do so. See Instructions.

Print Using Blue or Black Ink Only.

MICHELLE L SMITH (b) (6)  
First Name MI Last Name SSN/Taxpayer Identification Number

Spouse's First Name MI Spouse's Last Name SSN/Taxpayer Identification Number

**Part I Tax Return Information (whole dollars only)**

1. Amount of overpayment to be applied to 2021 estimated tax ..... 1. \_\_\_\_\_
2. Amount of overpayment to be refunded to you ..... **REFUND** 2. \_\_\_\_\_ (b) (6)
3. Total amount due (Pay in full by April 15, 2021. See instructions.) ..... 3. \_\_\_\_\_

**Part II Taxpayer Declaration and Signature Authorization**

Under penalties of perjury, I declare that I have compared the information contained on my electronic return with the information that I provided to my Electronic Return Originator (ERO) or entered on-line and that the name(s) and amounts described above agree with the amounts shown on the corresponding lines of my 2020 Maryland electronic income tax return. To the best of my knowledge and belief, my return is true, correct and complete. I consent that my return, including accompanying schedules and statements, be sent to the Maryland Revenue Administration Division by my Electronic Return Originator or by my electronic return software provider.

**Your PIN: check one box only**

- ☒ I authorize \_\_\_\_\_ (b) (6) \_\_\_\_\_ to enter or generate my PIN \_\_\_\_\_ (b) (6) \_\_\_\_\_  
ERO firm name  
as my signature on my tax year 2020 electronically filed income tax return. Enter five digits. Do not enter all zeros.
- ☐ I will enter my PIN as my signature on my tax year 2020 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature \_\_\_\_\_ Date \_\_\_\_\_

**Spouse's PIN: check one box only**

- ☐ I authorize \_\_\_\_\_ to enter or generate my PIN Enter five digits. Do not enter all zeros.  
ERO firm name  
as my signature on my tax year 2020 electronically filed income tax return.
- ☐ I will enter my PIN as my signature on my tax year 2020 electronically filed income tax return. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature \_\_\_\_\_ Date \_\_\_\_\_

**Practitioner PIN Method Returns Only**

**Part III Certification and Authentication - Practitioner PIN Method Only**

**ERO's EFIN/PIN.** Enter your six-digit EFIN followed by your five-digit self-selected PIN. \_\_\_\_\_ (b) (6) Do not enter all zeros.

I certify this numeric entry is my PIN, which is my signature for the tax year 2020 electronically filed income tax return for the taxpayer(s). I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and the Maryland MeF Handbook for Authorized e-file Providers.

ERO's signature \_\_\_\_\_ Date \_\_\_\_\_

DO NOT MAIL

**MARYLAND  
FORM  
502**

**RESIDENT INCOME  
TAX RETURN**



205020013

**2020**

\$

OR FISCAL YEAR BEGINNING \_\_\_\_\_ 2020, ENDING \_\_\_\_\_

(b) (6)

Your Social Security Number

Spouse's Social Security Number

MICHELLE

L

Your First Name

MI

SMITH

Your Last Name

Spouse's First Name

MI

Spouse's Last Name

(b) (6)

Current Mailing Address Line 1 (Street No. and Street Name or PO Box)

Current Mailing Address Line 2 (Apt No., Suite No., Floor No.)

City or Town

State

ZIP Code + 4

(b) (6)

**REQUIRED:** Maryland Physical address of taxing area as of December 31, 2020 or last day of the taxable year for fiscal year taxpayers. **See Instruction 6. Part-year residents see Instruction 26.**

(b) (6)

4 Digit Political Subdivision Code (See Instruction 6)

PRINCE GEORGE'S

Maryland Political Subdivision (See Instruction 6)

(b) (6)

Maryland Physical Address Line 1 (Street No. and Street Name) (No PO Box)

Maryland Physical Address Line 2 (Apt No., Suite No., Floor No.) (No PO Box)

City

State

ZIP Code + 4

(b) (6)

PRINCE GEORGE'S

Maryland County

**FILING STATUS**

**CHECK ONE  
BOX**

See Instruction 1 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 SSN ▶ \_\_\_\_\_
4. ☒ Head of household
5. ☐ Qualifying widow(er) with dependent child
6. ☐ Dependent taxpayer (Enter 0 in Exemption Box (A) - See Instruction 7.)

**PART-YEAR  
RESIDENT**

See Instruction 26.

**Dates of Maryland Residence (MM DD YYYY) FROM \_\_\_\_\_ TO \_\_\_\_\_**

Other state of residence: \_\_\_\_\_

If you began or ended legal residence in Maryland in 2020 place a **P** in the box. . . . . ▶ ☐

**MILITARY:** If you or your spouse has **non-Maryland** military income, place an **M** in the box. . . . . ▶ ☐

Enter **Military Income** amount here: \_\_\_\_\_

**EXEMPTIONS**

See Instruction 10. Check appropriate box(es). **NOTE:** If you are claiming dependents, you **must attach the Dependents' Information Form 502B** to this form to receive the applicable exemption amount.

- A. ▶ ☒ **Yourself** ☐ **Spouse** . . . . . Enter number checked  See Instruction 10 A. \$ (b) (6)
- B. ▶ ☐ 65 or over ▶ ☐ 65 or over
- ▶ ☐ Blind ▶ ☐ Blind . . . . . Enter number checked  \$1,000 . . . . . B. \$
- C. ▶ Enter number from line 3 of Dependent Form 502B . . . . .  See Instruction 10 C. \$
- D. Enter **Total Exemptions (Add A, B and C.)** . . . . . ▶  **Total Amount. . . . . D. \$**





205020113

NAME MICHELLE L SMITH

SSN (b) (6)

**MARYLAND  
HEALTH CARE  
COVERAGE**

See Instruction 3.

Check here ☐ If you do not have health care coverage DOB (mm/dd/yyyy) \_\_\_\_\_

Check here ☐ If your spouse does not have health care coverage DOB (mm/dd/yyyy) \_\_\_\_\_

Check here ☐ I 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 no-cost or low-cost health care coverage.

E-mail address \_\_\_\_\_

**INCOME**

See Instruction 11.

1. Adjusted gross income from your federal return ..... 1. (b) (6)
- 1a. Wages, salaries and/or tips ..... 1a. (b) (6)
- 1b. Earned income ..... 1b. \_\_\_\_\_
- 1c. Capital Gain or (loss) ..... 1c. \_\_\_\_\_
- 1d. Taxable Pensions, IRAs, Annuities (Attach Form 502R.) ..... 1d. \_\_\_\_\_
- 1e. Place a "Y" in this box if the amount of your investment income is more than \$3,650. ... ☐

**ADDITIONS  
TO INCOME**

See Instruction 12.

2. Tax-exempt interest on state and local obligations (bonds) other than Maryland ..... 2. (b) (6)
3. State retirement pickup. .... 3. \_\_\_\_\_
4. Lump sum distributions (from worksheet in Instruction 12.) ..... 4. \_\_\_\_\_
5. Other additions (Enter code letter(s) from Instruction 12.) ..... 5. \_\_\_\_\_
6. Total additions to Maryland income (Add lines 2 through 5.) ..... 6. \_\_\_\_\_
7. Total federal adjusted gross income and Maryland additions (Add lines 1 and 6.) ..... 7. \_\_\_\_\_

**SUBTRACTIONS  
FROM INCOME**

See Instruction 13.

8. Taxable refunds, credits or offsets of state and local income taxes included in line 1 ..... 8. \_\_\_\_\_
9. Child and dependent care expenses ..... 9. \_\_\_\_\_
- 10a. Pension exclusion from worksheet (13A) ..... Yourself ☐ Spouse ☐ ... 10a. \_\_\_\_\_
- 10b. Pension exclusion from worksheet (13E) ..... Yourself ☐ Spouse ☐ ... 10b. \_\_\_\_\_
11. Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line 1 .... 11. \_\_\_\_\_
12. Income received during period of nonresidence (See Instruction 26.) ..... 12. \_\_\_\_\_
13. Subtractions from attached Form 502SU ..... BB ..... 13. \_\_\_\_\_
14. Two-income subtraction from worksheet in Instruction 13. .... 14. \_\_\_\_\_
15. Total subtractions from Maryland income (Add lines 8 through 14.) ..... 15. \_\_\_\_\_
16. Maryland adjusted gross income (Subtract line 15 from line 7.) ..... 16. \_\_\_\_\_

**DEDUCTION  
METHOD**

See Instruction 16.

- All taxpayers must select one method and check the appropriate box.**
- ☐ **STANDARD DEDUCTION METHOD** (Enter amount on line 17.)
- ☒ **ITEMIZED DEDUCTION METHOD** (Complete lines 17a and 17b.)
- 17a. Total federal itemized deductions (from line 17, federal Schedule A) . 17a. (b) (6)
- 17b. State and local income taxes (See Instruction 14.) ..... 17b. \_\_\_\_\_
- Subtract line 17b from line 17a and enter amount on line 17.
17. Deduction amount (Part-year residents see Instruction 26 (l and m).) ..... 17. \_\_\_\_\_

**MARYLAND  
TAX  
COMPUTATION**

18. Net income (Subtract line 17 from line 16.) ..... 18. \_\_\_\_\_
19. Exemption amount from Exemptions area (See Instruction 10.) ..... 19. \_\_\_\_\_
20. Taxable net income (Subtract line 19 from line 18.) ..... 20. 106667
21. Maryland tax (from Tax Table or Computation Worksheet Schedules I or II) ..... 21. (b) (6)
22. Earned income credit (EIC)(See Instruction 18.) ..... 22. \_\_\_\_\_
- ☐ Check this box if you are claiming the Maryland Earned Income Credit, but do not qualify for the federal Earned Income Credit.
23. Poverty level credit (See Instruction 18.) ..... 23. \_\_\_\_\_
24. Other income tax credits for individuals from Part AA, line 13 of Form 502CR. (Attach Form 502CR.) 24. \_\_\_\_\_
25. Business tax credits. .... You must file this form electronically to claim business tax credits on Form 500CR.
26. Total credits (Add lines 22 through 25.) ..... 26. \_\_\_\_\_
27. Maryland tax after credits (Subtract line 26 from line 21.) If less than 0, enter 0. .... 27. (b) (6)



205020213

NAME MICHELLE L SMITH

SSN

(b) (6)

<b>LOCAL TAX COMPUTATION</b>	<b>28.</b> Local tax (See Instruction 19 for tax rates and worksheet.) <b>Multiply line 20 by your local tax rate .0 0320</b> or use the Local Tax Worksheet . . . . . 28.	(b) (6)
	<b>29.</b> Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.) . . . . . 29.	
	<b>30.</b> Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19.) . . . . . 30.	
	<b>31.</b> Local tax credit from Part BB, line 1 of Form 502CR ( <b>Attach Form 502CR.</b> ) . . . . . 31.	
	<b>32.</b> Total credits (Add lines 29 through 31.) . . . . . 32.	
	<b>33.</b> <b>Local tax</b> after credits (Subtract line 32 from line 28.) If less than 0, enter 0 . . . . . 33.	
	<b>34.</b> Total Maryland and local tax (Add lines 27 and 33.) . . . . . 34.	
<b>CONTRIBUTIONS</b> See Instruction 20.	<b>35.</b> Contribution to Chesapeake Bay and Endangered Species Fund . . . . . ▶ 35.	
	<b>36.</b> Contribution to Developmental Disabilities Services and Support Fund . . . . . ▶ 36.	
	<b>37.</b> Contribution to Maryland Cancer Fund. . . . . ▶ 37.	
	<b>38.</b> Contribution to Fair Campaign Financing Fund . . . . . ▶ 38.	
	<b>39.</b> <b>Total Maryland income tax, local income tax and contributions</b> (Add lines 34 through 38.) . 39.	
	<b>40.</b> Total Maryland and local tax withheld (Enter total from your W-2 and 1099 forms and attach if MD tax is withheld.) . . . . . ▶ 40.	
	<b>41.</b> 2020 estimated tax payments, amount applied from 2019 return, payment made with an extension request, and <b>Form MW506NRS</b> . . . . . ▶ 41.	
	<b>42.</b> Refundable earned income credit (from worksheet in Instruction 21) . . . . . ▶ 42.	
	<b>43.</b> Refundable income tax credits from Part CC, line 8 of Form 502CR ( <b>Attach Form 502CR.</b> See Instruction 21.) . . . . . 43.	
	<b>44.</b> Total payments and credits (Add lines 40 through 43.) . . . . . 44.	
	<b>45.</b> Balance due (If line 39 is more than line 44, subtract line 44 from line 39. See Instruction 22.) . . . . . ▶ 45.	
	<b>46.</b> Overpayment (If line 39 is less than line 44, subtract line 39 from line 44.) . . . . . ▶ 46.	
<b>REFUND</b>	<b>47.</b> <b>Amount of overpayment TO BE APPLIED TO 2021 ESTIMATED TAX.</b> . . . . . ▶ 47.	
	<b>48.</b> Amount of overpayment <b>TO BE REFUNDED TO YOU</b> (Subtract line 47 from line 46.) See line 51 . . . . . <b>REFUND</b> ▶ 48.	
	<b>49.</b> Check here <input type="checkbox"/> if you are attaching Form 502UP. Enter interest charges from line 18 of Form 502UP _____ or for late filing _____ . . . . . ▶ 49.	
<b>AMOUNT DUE</b>	<b>50. TOTAL AMOUNT DUE</b> (Add lines 45 and 49.) <b>IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN. INCLUDE FORM PV.</b> . . . . . 50.	