

Current Address:

Street Address

Address Line 2

City

State

Zip Code

Did you live in Maryland all year?

Yes

No

If no, in what other states did you reside?

Phone Number: _____

Is anyone claiming you as a dependent?

Yes

No

Employment Status

Employed

Unemployed

Self-employed

Dependent Information:

Please provide information for all dependents below

	Name	SSN	Date of Birth	Relationship	Status (select one)
1					19 and under FT student, under 24 Disabled
2					19 and under FT student, under 24 Disabled
3					19 and under FT student, under 24 Disabled
4					19 and under FT student, under 24 Disabled
5					19 and under FT student, under 24 Disabled

Do your dependents have tuition expenses?

Yes No

Do you have any expenses for childcare?

Yes No

Are you contributing to any pre-tax retirement account outside of your employer?

Yes No

Did you take any money from your 401K?

Yes No

Other Income Sources (check all that apply):

- Social Security
- Retirement/Pension
- Interest Income
- Stock or Mutual Fund Sale
- Investments
- Rental Property

Household Information (check all that apply):

- Changed Family Size
- Changed Marital Status
- Student Loans
- Health Insurance
- Health Savings Account (HSA) Contribution

Miscellaneous (check all that apply):

- Sold Home
- IRA Contribution
- Foreign Bank Accounts
- Win/Loss Gambling Statement
- Made Estimated Tax Payments

Expenses:

	Amount
Medical Expenses	
Dental Expenses/Eye Care	
Insurance Premiums Paid	
Long Term Care Premiums	
Prescription Medications	
Home Mortgage	
Cash Contributions	
Non-cash Contributions	
Investment Expenses	
TOTAL	

Medical Miles Traveled for Doctors/Hospital visits: _____

Bank Account Information:

In case you receive a refund, please provide information for direct deposit:

Name of bank: _____

Routing number: _____

Account number: _____

By checking this box, I certify all information is true and correct to the best of my knowledge.