

MARYLAND
FORM
502X

AMENDED TAX RETURN



24502X0-19

2024

OR FISCAL YEAR BEGINNING _____ 2024, ENDING _____

Your Social Security Number _____

Spouse's Social Security Number _____

Your First Name _____

MI

Your Last Name _____

Spouse's First Name _____

MI

Spouse's Last Name _____

Does your name match the name on your social security card? If not, to ensure you get credit for your personal exemptions, contact SSA at 1-800-772-1213 or visit ssa.gov.

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

Maryland County _____

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

City, Town or Taxing Area _____

Name of county and incorporated city, town or special taxing area in which you resided on the last day of the taxable period. (Baltimore City residents leave Maryland County line blank.)

City or Town _____

State _____

ZIP Code + 4 _____

Foreign Country Name _____

Foreign Province/State/County _____

Foreign Postal Code _____

Check here if **you** are:

Check here if **your spouse** is:

☐

65 or over

☐

Blind

☐

65 or over

☐

Blind

IF THIS IS BEING FILED TO CLAIM A NET OPERATING LOSS, CHECK THE APPROPRIATE BOX: ☐ CARRY BACK (farming loss only)

☐

CARRY FORWARD

IMPORTANT NOTE: Read the instructions and complete page 3 first. Attach copies of the federal loss year return and Form 1045, Schedules A and B. See Instruction 15.

Is this address different from the address on your original return? ☐ YES ☐ NO

Check: ☐ Full-year resident ☐ Part-year resident or ☐ Nonresident (See Instruction 14.)

If part-year resident or nonresident, enter dates you resided in Maryland _____ - _____. Any changes from the original filing must be explained in Part III on page 4 of this form. **Submit copy of tax return filed with the other state.**

Did you request an extension of time to file the original return? ☐ YES ☐ NO

If yes, enter the date the return was filed _____.

Is an amended federal return being filed? **If yes, submit copy.** ☐ YES ☐ NO

Has your original federal return been changed or corrected by the Internal Revenue Service? **If yes, submit copy of the IRS notice.** ☐ YES ☐ NO

CHANGE OF FILING STATUS

Original

Amended

☐
☐
☐

Single

Married filing joint return or spouse had no income

Married filing separately _____

Spouse's Social Security No. _____

Original

Amended

☐
☐
☐

Head of household

Qualifying Surviving Spouse with dependent child

Dependent taxpayer