Form ID: MD		
Maryland General Information		
	Taxpayer	Spouse
County of residence	[1]	[2]
City of residence		[3]
	Contributions	
Amoun	t of charitable contributions you wish to make to:	
Chesapeake Bay and Endangered Species Fund		[5]
Developmental Disabilities Waiting List Equity Fund		[6]
Maryland Cancer Fund		[7]
Fair Campaign Financing Fund		[8]
Part-ye	ear Resident and Nonresident Information	
If you were a part-year	resident during the tax year, enter the dates you liv	ed in Maryland
Part-year residency dates:		
From		[9]
То		[10]
State of legal residence (Other than Maryland)		[11]
If Maryland return filed for previous year, indicate type (Nonresident only) (1 = Resident, 2 = Nonresident)		[12]
Mark if taxpayer or spouse in military (Nonresident only)		[13]

NOTES/QUESTIONS: