



Form ID: MD

### Maryland General Information

	Taxpayer	Spouse
County of residence	_____ [1]	_____ [2]
City of residence	_____ [3]	_____ [3]

### Contributions

Amount of charitable contributions you wish to make to:

Chesapeake Bay and Endangered Species Fund	_____ [4]
Developmental Disabilities Waiting List Equity Fund	_____ [5]
Maryland Cancer Fund	_____ [6]
Fair Campaign Financing Fund	_____ [7]

### Part-year Resident and Nonresident Information

If you were a part-year resident during the tax year, enter the dates you lived in Maryland

Part-year residency dates:

From	_____ [8]
To	_____ [9]

State of legal residence (Other than Maryland) \_\_\_\_\_ [10]

If Maryland return filed for previous year, indicate type (Nonresident only) (1 = Resident, 2 = Nonresident) \_\_\_\_\_ [11]

Mark if taxpayer or spouse in military (Nonresident only) \_\_\_\_\_ [12]

NOTES/QUESTIONS: