

MARYLAND
FORM
502X

AMENDED TAX RETURN



16502X013

2016

OR FISCAL YEAR BEGINNING _____ 2016, ENDING _____

Your Social Security Number Spouse's Social Security Number

K _____
Your First Name Initial

Your Last Name

Spouse's First Name Initial

Spouse's Last Name

ALLEGANY
Maryland County

CITY OF CUMBERLAND

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.)

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

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

BOX ELDER SD 57719
City or Town State ZIP 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
 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		Original	Amended	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Single	<input type="checkbox"/>	<input type="checkbox"/>	Head of household
<input type="checkbox"/>	<input type="checkbox"/>	Married filing joint return or spouse had no income	<input type="checkbox"/>	<input type="checkbox"/>	Qualifying widow(er) with dependent child
<input type="checkbox"/>	<input type="checkbox"/>	Married filing separately _____ Spouse's Social Security No.	<input type="checkbox"/>	<input type="checkbox"/>	Dependent taxpayer



LAST NAME K (Lorins) SSN

	A. As originally reported or as previously adjusted (See instructions.)	B. Net change - increase or (decrease) - explain on page 4.	C. Corrected amount.
1. Federal adjusted gross income 1.	33156	-33156	0
2. Additions to Income 2.			
3. Total (Add lines 1 and 2.) 3.	33156	-33156	0
4. Subtractions from income 4.	0	0	
5. Total Maryland adjusted gross income (Subtract line 4 from line 3.) 5.	33156	-33156	0
6. CHECK ONLY ONE METHOD (See Instruction 5.)			
<input type="checkbox"/> STANDARD DEDUCTION METHOD			
Enter 15% (See Instruction 5 for limits.)			
<input type="checkbox"/> ITEMIZED DEDUCTION METHOD			
Enter total MD itemized deductions from Part II, on page 3. 6.			
	2000	-2000	
7. Net income (Subtract line 6 from line 5.) 7.			
8. Exemption amount (See Instruction 5.) 8.	3200	0	3200
9. Taxable net income (Subtract line 8 from line 7.) 9.	-3200	0	-3200
10. Maryland tax (from Tax Table or Computation Worksheet). 10.			
10a. Credits: Earned Income Credit			
Poverty Level Credit			
Personal Credit 0			
Business Credit X X X X X X X X X X			
Enter total credits. 10a.	43	-43	0
10b. Maryland tax after credits (Subtract line 10a from line 10.) If less than 0, enter 0 10b.	0	0	0
11. Local income tax (Use rate applicable for year of return.) Multiply line 9 by .0305 (See Instruction 7.) 11.	853	-853	0
11a. Local credits: Earned Income Credit			
Poverty Level Credit			
Personal Credit			
Enter total credits. 11a.	0	0	
11b. Local tax after credits (Subtract line 11a from line 11.) If less than 0, enter 0. 11b.	853	-853	0
12. Total Maryland and local income tax (Add lines 10b and 11b.) 12.	853	-853	0
13. Contribution:			
A. B.			
C. D.			
Enter total contributions (See Instruction 8.) 13.			
14. Total Maryland income tax, local income tax and contribution (Add lines 12 and 13.) 14.	853	-853	0
15. Total Maryland tax withheld 15.	2307	0	2307
16. Estimated tax payments and payments made with Form 502E and Form MW506NRS 16.			
17. Refundable earned income credit 17.	0	0	0
18. Nonresident tax paid by pass-through entities 18.			
19. Refundable income tax credits (Attach Form 502CR and/or 502S.) 19.			
20. Total payments and credits (Add lines 15 through 19.) . . 20.	2307	0	2307



16502X213

LAST NAME K (Lorins) SSN

21. Balance due (if line 14 is more than line 20).....	21.	0
22. Overpayment (if line 14 is less than line 20).....	22.	2307
23. Tax paid with original return, plus additional tax paid after it was filed (Do not include any interest or penalty.)	23.	
24. Prior overpayment (Total all refunds previously issued.).....	24.	221
25. REFUND (If line 21 is less than 23, subtract line 21 from 23.) (If line 24 is less than 22, subtract line 24 from 22.) (Add lines 22 and 23.) (See Instruction 10.).....	REFUND 25.	2086
26. BALANCE DUE (If line 21 is more than 23, subtract line 23 from 21.) (Add line 21 to 24.) (If line 22 is less than 24, subtract line 22 from 24.) (See Instruction 10.).....	26.	
27. Interest and/or penalty charges on tax due and/or from Form 502UP (See Instruction 11.).....	27.	
28. TOTAL AMOUNT DUE (Add line 26 and line 27.).....	PAY IN FULL WITH THIS RETURN 28.	

I. INCOME AND ADJUSTMENTS TO INCOME: You must complete the following using the amounts from your federal income tax return. If there are no changes to the amounts claimed on your original Maryland return, check here and complete Column A and line 17 of Column C.

	A. As originally reported or as previously adjusted	B. Net increase or (decrease).	C. Corrected amount.
INCOME AND ADJUSTMENTS INFORMATION (See Instruction 4.)			
1. Wages, salaries, tips, etc.	15175	-15175	0
2. Taxable interest income			
3. Dividend income			
4. Taxable refunds, credits or offsets of state and local income taxes	0	0	
5. Alimony received			
6. Business income or (loss)			
7. Capital gain or (loss).....			
8. Other gains or (losses) (from federal Form 4797)			
9. Taxable amount of pensions, IRA distributions, and annuities	17981	-17981	0
10. Rents, royalties, partnerships, estates, trusts, etc. (Circle appropriate item.)			
11. Farm income or (loss).....			
12. Unemployment compensation.....			
13. Taxable amount of Social Security and Tier 1 Railroad Retirement benefits			
14. Other income (including lottery or other gambling winnings).....			
15. Total income (Add lines 1 through 14.).....	33156	-33156	0
16. Total adjustments to income from federal return (IRA, alimony, etc.)			
17. Adjusted gross income (Subtract line 16 from 15.) (Enter on page 2, in each appropriate column of line 1.)	33156	-33156	0



LAST NAME K [redacted] (Lovins) SSN [redacted]

II. ITEMIZED DEDUCTIONS: If you itemized deductions on your Maryland return, you must complete the following. If there are no changes to the amounts claimed on your original Maryland return, check here and complete Column A and line 11 of Column C.

	A. As originally reported or as previously adjusted	B. Net increase or (decrease).	C. Corrected amount.
1. Medical and dental expenses	1.		
2. Taxes	2.		
3. Interest	3.		
4. Contributions	4.		
5. Casualty or theft losses	5.		
6. Miscellaneous	6.		
7. Enter total itemized deductions from federal Schedule A	7.		
8. Enter state and local income taxes included on line 2 or from worksheet (See Instruction 4.)	8.		
9. Net deductions (Subtract line 8 from line 7.)	9.		
10. Less deductions during period of nonresident status (See Instructions 13 & 14.)	10.		
11. Total Maryland deductions (Subtract line 10 from line 9.) (Enter on page 2, in each appropriate column of line 6.)	11.		

III. EXPLANATION OF CHANGES TO INCOME, DEDUCTIONS AND CREDITS: Enter the line number from page 2 for each item you are changing and give the reason for each change. Attach any required supporting forms and schedules for items changed.

Rebuttal of incorrectly reported "Wages" on amended 2016 filing. Please see attached IRS Forms 1040X and substitute 1040 and supporting rebuttal information. Both information returns are being submitted simultaneously due to time constraint.

Check here if you authorize your preparer to discuss this return with us.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

[Signature] (Lovins) Date 3/6/2019

Spouse's signature Date

Signature of preparer other than taxpayer

Street address of preparer

Make checks payable and mail to:
Comptroller of Maryland
Revenue Administration Division
110 Carroll Street
Annapolis, Maryland 21411-0001

City, State, ZIP

Telephone number of preparer

Write your Social Security number on your check in blue or black ink.

Preparer's PTIN (required by law)

**MARYLAND
FORM
502**

**RESIDENT INCOME
TAX RETURN**



165020013

2016

OR FISCAL YEAR BEGINNING _____ 2016, ENDING _____

Your Social Security Number _____ Spouse's Social Security Number _____

Your First Name _____ Initial _____

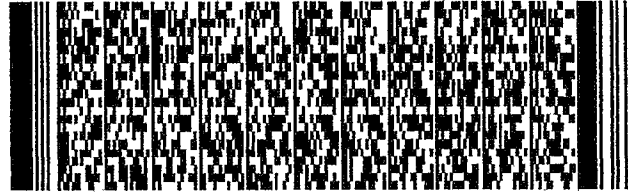
Your Last Name (Lovins)

Spouse's First Name _____ Initial _____

Spouse's Last Name _____

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

Current Mailing Address Line 2 (Apt No., Suite No., Floor No.) _____ BOX ELDER SD 57719
City or Town State ZIP Code



REQUIRED: Physical address as of December 31, 2016 or last day of the taxable year for fiscal year taxpayers. See Instruction 6. Part-year residents see Instruction 26.

0102 CITY OF CUMBERLAND
4 Digit Political Subdivision Code (See Instruction 6) Maryland Political Subdivision (See Instruction 6)

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

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

CUMBERLAND MD 21502 ALLEGANY
City State ZIP Code 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 2016 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 1 See Instruction 10 A. \$ _____ 3200
- B. 65 or over 65 or over
- ▶ Blind Blind Enter number checked X \$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.) 1 Total Amount D. \$ _____ 3200

Print Using Blue or Black Ink Only
Place your W-2, wage and tax statements and ATTACH HERE with one staple. Do not attach check or money order to Form 502. Attach check or money order to Form IND PV.



165020113

NAME **K [REDACTED] (Lovins)** SSN **[REDACTED]**

INCOME See Instruction 11.	1. Adjusted gross income from your federal return	1.	0
	1a. Wages, salaries and/or tips	1a.	0
	1b. Earned income	1b.	
	1c. Capital Gain or (loss)	1c.	
	1d. Taxable Pension, IRA, Annuities (Attach Form 502R.)	1d.	0
	1e. Place a "Y" here in this box if the amount of your investment income is more than \$3,400.		<input type="checkbox"/>
ADDITIONS TO INCOME See Instruction 12.	2. Tax-exempt interest on state and local obligations (bonds) other than Maryland	2.	
	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.	0
	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.	
10. Pension exclusion from worksheet in Instruction 13		10.	
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		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.	0
DEDUCTION METHOD See Instruction 16.		All taxpayers must select one method and check the appropriate box.	
	<input type="checkbox"/> STANDARD DEDUCTION METHOD (Enter amount on line 17.)		
	<input type="checkbox"/> ITEMIZED DEDUCTION METHOD (Complete lines 17a and 17b.)		
	17a. Total federal itemized deductions (from line 29, federal Schedule A)	17a.	
	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.	
	18. Net income (Subtract line 17 from line 16.)	18.	0
	19. Exemption amount from Exemptions area (See Instruction 10.)	19.	3200
	20. Taxable net income (Subtract line 19 from line 18.)	20.	0
MARYLAND TAX COMPUTATION	21. Maryland tax (from Tax Table or Computation Worksheet Schedules I or II)	21.	0
	22. Earned income credit (1/2 of federal earned income credit. See Instruction 18.)	22.	
	23. Poverty level credit (See Instruction 18.)	23.	
	24. Other income tax credits for individuals from Part K, line 11 of Form 502CR (Attach Form 502CR.)	24.	0
	25. Business tax credits You must file this form electronically to claim business tax credits on Form 500CR.	25.	0
	26. Total credits (Add lines 22 through 25.)	26.	0
	27. Maryland tax after credits (Subtract line 26 from line 21.) If less than 0, enter 0.	27.	0
LOCAL TAX COMPUTATION	28. Local tax (See Instruction 19 for tax rates and worksheet.) Multiply line 20 by your local tax rate .0305 or use the Local Tax Worksheet	28.	0
	29. Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.)	29.	
	30. Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19.)	30.	
	31. Local tax credit from Part L, line 1 of Form 502CR (Attach Form 502CR.)	31.	
	32. Total credits (Add lines 29 through 31.)	32.	
	33. Local tax after credits (Subtract line 32 from line 28.) If less than 0, enter 0	33.	0
34. Total Maryland and local tax (Add lines 27 and 33.)	34.	0	
35. Contribution to Chesapeake Bay and Endangered Species Fund (See Instruction 20.)	35.		
36. Contribution to Developmental Disabilities Services and Support Fund (See Instruction 20.)	36.		
37. Contribution to Maryland Cancer Fund (See Instruction 20.)	37.		
38. Contribution to Fair Campaign Financing Fund (See Instruction 20.)	38.		



165020213

NAME [REDACTED] (Lovins) SSN [REDACTED]

	39. Total Maryland income tax, local income tax and contributions (Add lines 34 through 38.)	39.	0
	40. Total Maryland and local tax withheld (Enter total from your W-2 and 1099 forms if MD tax is withheld and attach.)	40.	2307
	41. 2016 estimated tax payments, amount applied from 2015 return, payment made with an extension request, and Form MW506NRS	41.	
	42. Refundable earned income credit (from worksheet in Instruction 21)	42.	
	43. Refundable income tax credits from Part M, line 6 of Form 502CR (Attach Form 502CR. See Instruction 21.)	43.	
	44. Total payments and credits (Add lines 40 through 43.)	44.	2307
	45. Balance due (If line 39 is more than line 44, subtract line 44 from line 39. See Instruction 22.)	45.	0
	46. Overpayment (If line 39 is less than line 44, subtract line 39 from line 44.)	46.	2307
	47. Amount of overpayment TO BE APPLIED TO 2017 ESTIMATED TAX	47.	
REFUND	48. Amount of overpayment TO BE REFUNDED TO YOU (Subtract line 47 from line 46.) See line 51	REFUND 48.	2307
	49. Interest charges from Form 502UP or for late filing (See Instruction 22.) Total.	49.	
AMOUNT DUE	50. TOTAL AMOUNT DUE (Add lines 45 and 49.)	50.	

IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN. INCLUDE FORM IND PV.

DIRECT DEPOSIT OF REFUND (See Instruction 22.) Be sure the account information is correct. **For Splitting Direct Deposit**, see Form 588. If this refund will go to an account outside of the United States, then to comply with banking rules, place a "Y" in this box and see Instruction 22. For the direct deposit option, complete the following information clearly and legibly.

51a. Type of account: Checking Savings *Old Info*

51b. Routing Number (9-digits) [REDACTED] **51c.** Account Number [REDACTED]

[REDACTED] [REDACTED] [REDACTED]

Daytime telephone no. Home telephone no. CODE NUMBERS (3 digits per line)

Check here if you authorize your preparer to discuss this return with us. Check here if you authorize your paid preparer not to file electronically. Check here if you agree to receive your 1099G Income Tax Refund statement electronically. (See Instruction 24.)

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

[Signature] [REDACTED] *3/6/19* [REDACTED]

Your signature Date

SELF-PREPARED

Signature of preparer other than taxpayer

Spouse's signature Date

Street address of preparer

City, State, ZIP

Telephone number of preparer Preparer's PTIN (required by law)

<p>For returns filed without payments, mail your completed return to:</p> <p>Comptroller of Maryland Revenue Administration Division 110 Carroll Street Annapolis, MD 21411-0001</p>	<p>For returns filed with payments, attach check or money order to Form IND PV. Make checks payable to Comptroller of Maryland. Do not attach Form IND PV or check/money order to Form 502. Place Form IND PV with attached check/money order on top of Form 502 and mail to:</p> <p>Comptroller of Maryland Payment Processing PO Box 8888 Annapolis, MD 21401-8888</p>
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