

Tax Year 2019 502/502B Draft – Health Care Easy Enrollment

**MARYLAND
FORM
502**

**RESIDENT INCOME
TAX RETURN**



195020149

2019
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NAME

SSN

**MARYLAND
HEALTH CARE
COVERAGE**
See Instruction 30.

Check here if you do not have health care coverage DOB (mm/dd/yyyy) ▶ _____

Check here if your spouse does not have health care coverage DOB (mm/dd/yyyy) ▶ _____

Check here I authorize the Comptroller of Maryland to share information from this tax return with the Maryland Health Benefit Exchange for the purpose of determining pre-eligibility for no-cost or low-cost health care coverage.

E-mail address ▶ _____

1. Adjusted gross income from your federal return. ▶ 1. _____

**MARYLAND
FORM
502B**

Dependents' Information
(Attach to Form 502, 505
or 515.)



195028049

2019

Dependents (If a dependent listed below is age 65 or over, check both 4 and 5.)

▶ 1. _____	MI _____	▶ Last Name _____	Check here <input type="checkbox"/> if this dependent does not have health care coverage
Social Security Number	Relationship	Regular 65 or over	
▶ 2. _____	3. _____	4. _____	5. _____
			DOB (MM/DD/YYYY) ▶ _____

▶ 1. _____	MI _____	▶ Last Name _____	Check here <input type="checkbox"/> if this dependent does not have health care coverage
Social Security Number	Relationship	Regular 65 or over	
▶ 2. _____	3. _____	4. _____	5. _____
			DOB (MM/DD/YYYY) ▶ _____