FORM EL101

MARYLAND INCOME TAX DECLARATION FOR ELECTRONIC FILING

Taxpayer's first name and middle initial	Last name	SSN/Taxpayer identification number
Spouse's first name and middle initial	Last name	SSN/Taxpayer identification number
Present address (number and street)	City or town	State / ZIP code

Part I Tax Return Information (whole dollars only)

1.	Adjusted gross income from your federal return	
2.	Taxable net income from your Maryland return	
3.	Total Maryland income tax, local income tax and contributions (as applicable)	
4.	Total payments and credits	
5.	Amount of overpayment to be applied to 2004 estimated tax	
6.	Amount of overpayment to be refunded to you **REFUND**	
7.	Total amount due (Pay in full by April 15, 2004. See instructions.)	

Part II Declaration of Taxpayer

Check appropriate box to consent to: ☐ **Direct Deposit of refund or** ☐ **Electronic Funds Withdrawal (direct debit)**

8a. Type of account ☐ Checking ☐ Savings

8b. Routing number

8c. Account number

Attach Wage and Tax Statements Here

8d. Direct Debit Settlement Date _____ / _____ / _____ (Enter the date you want your payment withdrawn from your account.)

☐ I consent that my refund be directly deposited as designated above, and declare that the information shown is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. By consenting, I also agree to disclose to the Maryland State Treasurer's Office certain income tax information including name, amount of refund and the above bank information. This disclosure is necessary to effect direct deposit.

☐ I authorize the State of Maryland and its designated financial agent to initiate an electronic funds withdrawal payment entry to the financial institution account indicated for payment of my Maryland and local taxes owed, and the financial institution to debit the entry to this account. Upon confirmation of consent during the filing of my state return, this authorization is to remain in full force and effect, and I may not terminate the authorization. I also authorize the financial institutions involved in the processing of this electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

☐ I do not want direct deposit of my refund or an electronic funds withdrawal (direct debit) of my balance due.

Under penalties of perjury, I declare that I have compared the information contained on my electronic return with the information that I provided to my electronic return originator or entered on-line and that the name(s), address and amounts described above agree with the amounts shown on the corresponding lines of my 2003 Maryland electronic income tax return. To the best of my knowledge and belief, my return is true, correct and complete. I consent that my return, including accompanying schedules and statements, be sent to the Maryland Revenue Administration Division by my electronic return originator or by my electronic return software provider.

Please Sign Here

Taxpayer's signature _____ Date _____

Spouse's signature (if joint return, both must sign) _____ Date _____

Please wait ten (10) days *after* the receipt of a valid acknowledgement before calling 410-260-7701 from Central Maryland, or 1-800-218-8160 from elsewhere, about your refund.

Part III Declaration of Electronic Return Originator (paid preparer)

I declare that I have reviewed the taxpayer's return and that the entries on this form are complete and correct to the best of my knowledge. I have obtained the taxpayer's signature before submitting the return to the Maryland Revenue Administration Division, have provided the taxpayer with a copy of all forms and information to be filed with the Maryland Revenue Administration Division, and have followed all other requirements described in the *Handbook for Electronic Filers of Maryland Income Tax Returns* (Tax Year 2003). This declaration is to be retained at the site of the electronic return originator.

Electronic Return Originator Use Only

Originator's signature		Date	EFIN 38 2957030
Firm's name (or yours if self-employed) and address	Express File, Inc.		
	Express File P.O. Box 131007, Ann Arbor, MI	ZIP code 48113	Phone 800-875-FILE

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