IN RE: PETITION FOR ADMIN. VARIANCE **(6 Sylvanoak Way)** 11th Election District 5th Council District Gregory W. Ruff Petitioner	*	BEFORE THE
	*	OFFICE OF ADMINISTRATIVE
	*	HEARINGS FOR
	*	BALTIMORE COUNTY
	*	**CASE NO. 2015-0241-A**

* * * * * * *

OPINION AND ORDER

This matter comes before the Office of Administrative Hearings (OAH) as a Petition for Administrative Variance filed by the legal owner of the property, Gregory W. Ruff ("Petitioner"). The Petitioner is requesting Variance relief from §§ 504 of the Baltimore County Zoning Regulations (B.C.Z.R.) and V.B.7 (Private Yard Factor of 1980 Comprehensive Manual of Development Policies [C.M.D.P.]), to permit an addition (two story deck) to the rear of an existing dwelling with a 360 sq. ft. of private yard space in lieu of the required minimum area of 500 sq. ft. The subject property and requested relief is more fully depicted on the site plan that was marked and accepted into evidence as Petitioner's Exhibit 1.

The Zoning Advisory Committee (ZAC) comments were received and are made part of the record of this case. There were no adverse ZAC comments received from any of the County reviewing agencies.

The Petitioner having filed a Petition for Administrative Variance and the subject property having been posted on May 17, 2015, and there being no request for a public hearing, a decision shall be rendered based upon the documentation presented.

The Petitioner has filed the supporting affidavits as required by Section 32-3-303 of the Baltimore County Code (B.C.C.). Based upon the information available, there is no evidence in the file to indicate that the requested variance would adversely affect the health, safety or general

ORDER RECEIVED FOR FILING

Date 6-17-15

By

welfare of the public and should therefore be granted. In the opinion of the Administrative Law Judge, the information, photographs, and affidavits submitted provide sufficient facts that comply with the requirements of Section 307.1 of the B.C.Z.R. Furthermore, strict compliance with the B.C.Z.R. would result in practical difficulty and/or unreasonable hardship upon the Petitioner.

Pursuant to the posting of the property and the provisions of both the Baltimore County Code and the Baltimore County Zoning Regulations, and for the reasons given above, the requested variance should be granted.

THEREFORE, IT IS ORDERED, this **17th** day of **June, 2015**, by the Administrative Law Judge for Baltimore County, that the Petition for Variance seeking Variance relief from §§ 504 of the Baltimore County Zoning Regulations (B.C.Z.R.) and V.B.7 (Private Yard Factor of 1980 Comprehensive Manual of Development Policies [C.M.D.P.]), to permit an addition (two story deck) to the rear of an existing dwelling with a 360 sq. ft. of private yard space in lieu of the required minimum area of 500 sq. ft., be and are hereby GRANTED.

The relief granted herein shall be subject to the following:

- Petitioner may apply for necessary permits and/or licenses upon receipt of this Order. However, Petitioner is hereby made aware that proceeding at this time is at his own risk until 30 days from the date hereof, during which time an appeal can be filed by any party. If for whatever reason this Order is reversed, Petitioner would be required to return the subject property to its original condition.

Any appeal of this decision must be made within thirty (30) days of the date of this Order.

JOHN E. BEVERUNGEN
Administrative Law Judge
for Baltimore County

JEB:dlw

ORDER RECEIVED FOR FILING
Date 6-17-15
By DW

ADMINISTRATIVE ZONING PETITION

FOR ADMINISTRATIVE VARIANCE – OR – ADMINISTRATIVE SPECIAL HEARING

To be filed with the Department of Permits, Approvals and Inspections

To the Office of Administrative Law of Baltimore County for the property located at:

Address 6 Sylvanoak Way **which is presently zoned** DR 5.5

Deed Reference 11972/ 00094 10 Digit Tax Account # 1800004867

Property Owner(s) Printed Name(s) Gregory Ruff

(SELECT THE HEARING(S) BY MARKING X AT THE APPROPRIATE SELECTION(S) AND ADDING THE PETITION REQUEST)

Administrative Variances require that the Affidavit on the reverse of this Petition Form be completed / notarized.

The undersigned legal owner(s) of the property situate in Baltimore County and which is described in the description and plat attached hereto and made a part hereof, hereby petition for a

1. X **ADMINISTRATIVE VARIANCE** from section(s) 504 of BCZR and V.B.7 (Priviate Yard Factor of 1980 C.M.D.P.) to permit an addition (two story deck) to the rear of an existing dwelling with a 360 square feet of private yard space in lieu of the required minimum area of 500 square feet.

of the zoning regulations of Baltimore County, to the zoning law of Baltimore County.

2. ____ **ADMINISTRATIVE SPECIAL HEARING** to approve a waiver pursuant to Sections 32-4-107(b), 32-4-223.(8), and Section 32-4- 416(a)(2): (*indicate type of work in this space to raze, alter or construct addition to building*)

of the zoning regulations of Baltimore County, to the zoning law of Baltimore County.

Property is to be posted and advertised as prescribed by the zoning regulations.

I, or we, agree to pay expenses of above petition(s), advertising, posting, etc. and further agree to and are to be bounded by the zoning regulations and restrictions of Baltimore County adopted pursuant to the zoning law for Baltimore County.

Legal Owner(s) Affirmation: I / we do so solemnly declare and affirm, under the penalties of perjury, that I / We are the legal owner(s) of the property which is the subject of this / these Petition(s).

Contract Purchaser/Lessee:

Name- Type or Print

Signature

Mailing Address City State

Zip Code Telephone # Email Address

Legal Owners:

Gregory Ruff

Name #1 – Type or Print Name #2 – Type or Print

Signature #1 Signature # 2

6 Sylvanoak Way BALTIMORE MD

Mailing Address City State

21236 (410)529-8056

Zip Code Telephone # Email Address

Attorney for Petitioner:

Name- Type or Print

Signature

Mailing Address City State

Zip Code Telephone # Email Address

Representative to be contacted:

Gerard Andersen

Name – Type or Print

Signature

1212 E. Joppa Rd Towson MD

Mailing Address City State

21286 (410)321-0220

Zip Code Telephone # Email Address

ORDER RECEIVED FOR FILING

Date 6-17-15

By (SW)

A PUBLIC HEARING having formally demanded and/or found to be required, it is ordered by the Office of Administrative Law, of Baltimore County, this _____ day of _____, _____ that the subject matter of this petition be set for a public hearing, advertised, as required by the zoning regulations of Baltimore County and that the property be reposted.

Administrative Law Judge of Baltimore County

CASE NUMBER 2015-0241-A Filing Date 5/4/15 Estimated Posting Date 5/19/15 -6/1/15 Reviewer AJ

Rev 10/12/11

Affidavit in Support of Administrative Variance

(THIS AFFIDAVIT IS NOT REQUIRED FOR AN HISTORIC ADMINISTRATIVE OR FORMAL HEARING)

The undersigned hereby affirms under the penalties of perjury to the Administrative Law Judge of Baltimore County, the following: That the information herein given is within the personal knowledge of the Affiant(s) and that the Affiant(s) is/are competent to testify thereto in the event that a public hearing is scheduled in the future with regard thereto.

That the property is not under an active zoning violation citation and Affiant(s) is/are the resident home owner(s) of this residential lot, or is/are the contract purchaser(s) of this residential lot, who will, upon purchase, reside at the existing dwelling on said property located at:

Address: 6 Slyvanoak Way (Print or Type Address of property) Baltimore (City) Md (State) 21236 (Zip Code)

Based upon personal knowledge, the following are the facts which I/we base the request for an Administrative Variance at the above address. **(Clearly state practical difficulty or hardship here)**

We would like to build a 18'x12' open deck on the rear of our single family townhouse. Our hardships being :

1: we would construct the proposed open deck under existing 18'x13' 2nd level open deck. Although we are not enclosing the 1st level deck we would than lose the "open projection" setback allowance, therefore we are asking for a rear yard variance of 17' in lieu of required rear yard setback.

2. Within the Oakhurst subdivision we are to hold 500sqft of open space in our rear yard this being the total area of our rear yard, We have a minor sloping grade to our rear yard and would like to use the area this deck would give us, not only for personal enjoyment but also as a foundation for a future hot tub to be installed pending this variance & completion of final inspection of the deck. Therefore we are also asking for a variance of 284sqft in lieu of the required 500sqft open space area.

(If additional space for the petition request or the above statement is needed, label and attach it to this Form)

Signature of Affiant

Gregory Ruff
Name- Print or Type

Signature of Affiant

Name- Print or Type

The following information is to be completed by a Notary Public of the State of Maryland

STATE OF MARYLAND, COUNTY OF BALTIMORE, to wit:

I HEREBY CERTIFY, this 1 day of May, 2015, before me a Notary of Maryland, in and for the County aforesaid, personally appeared

Gregory Ruff

the Affiant(s) herein, personally known or satisfactorily identified to me as such Affiant(s) **(Print name(s) here)**

AS WITNESS my hand and Notaries Seal

Notary Public

11/27/15
My Commission Expires

REV. 10/12/11

Zoning Desc[illegible]pton for 6 Syl[illegible]noak Way.

Beginning at a point on the west side of Sylvanoak Way which is 80 foot wide. and located approx 106ft north of the nearest improved intersecting street being Oak park Dr being a 50ft right of way *Being Lot#86, Block G, section 2 in the subdivision of OAKHURST as recorded in the baltimore county plat book #42, Folio #119 Containing 1,800sq ft. Also known as 6 Sylvanoak Way. and located in the 11th election district. 5th concilmanic district.

2015-0241-A

BALTIMORE COUNTY, MARYLAND
OFFICE OF BUDGET AND FINANCE
MISCELLANEOUS CASH RECEIPT

No. 123690

Date: 5/4/15

Fund	Dept	Unit	Sub Unit	Rev Source/ Obj	Sub Rev/ Sub Obj	Dept Obj	BS Acct	Amount
001	806	0000		6150				$75.00
							Total:	$75.00

Rec From: RUFF, GREGORY

For: 6 SYLVANOAK WAY

2015-0241-A

DISTRIBUTION
WHITE - CASHIER PINK - AGENCY YELLOW - CUSTOMER GOLD - ACCOUNTING
PLEASE PRESS HARD!!!!

CASHIER'S VALIDATION

PAID RECEIPT

BUSINESS	ACTUAL	TIME	
5/04/2015	5/04/2015	09:38:22	1

REG WS01 WALKIN LRAS LJR
>>RECEIPT # 572975 5/04/2015
Dept 6 528 ZONING VERIFICATION
CK NO. 123690
Recpt Tot $75.00
0.00 CK $80.00 CA
$5.00- CB
Baltimore County, Maryland

BALTIMORE COUNTY DEPARTMENT OF PERMITS, APPROVALS AND INSPECTIONS
ZONING REVIEW

ADMINISTRATIVE VARIANCE INFORMATION SHEET AND DATES

Case Number 2015- 0241 -A Address 6 SYLVANOAK WAY

Contact Person: AARON TSUI Phone Number: 410-887-3391
Planner, Please Print Your Name

Filing Date: 5/4/2015 **Posting Date:** 5/17/15 **Closing Date:** 06/01/15

Any contact made with this office regarding the status of the administrative variance should be through the contact person (planner) using the case number.

1. **POSTING/COST:** The petitioner must use one of the sign posters on the approved list (on the reverse side of this form) and the petitioner is responsible for all printing/posting costs. Any reposting must be done only by one of the sign posters on the approved list and the petitioner is again responsible for all associated costs. The zoning notice sign must be visible on the property on or before the posting date noted above. It should remain there through the closing date.

2. **DEADLINE:** The closing date is the deadline for an occupant or owner within 1,000 feet to file a formal request for a public hearing. Please understand that even if there is no formal request for a public hearing, the process is not complete on the closing date.

3. **ORDER:** After the closing date, the file will be reviewed by the zoning or deputy zoning commissioner. He may: (a) grant the requested relief; (b) deny the requested relief; or (c) order that the matter be set in for a public hearing. You will receive written notification, usually within 10 days of the closing date if all County agencies' comments are received, as to whether the petition has been granted, denied, or will go to public hearing. The order will be mailed to you by First Class mail.

4. **POSSIBLE PUBLIC HEARING AND REPOSTING:** In cases that must go to a public hearing (whether due to a neighbor's formal request or by order of the zoning or deputy zoning commissioner), notification will be forwarded to you. The sign on the property must be changed giving notice of the hearing date, time and location. As when the sign was originally posted, certification of this change and a photograph of the altered sign must be forwarded to this office.

(Detach Along Dotted Line)

Petitioner: This Part of the Form is for the Sign Poster Only

USE THE ADMINISTRATIVE VARIANCE SIGN FORMAT

Case Number 2015- 0241 -A Address 6 SYLVANOAK WAY

Petitioner's Name GREGORY RUFF Telephone 410-529-8056

Posting Date: 5/17/15 **Closing Date:** 06/01/15

Wording for Sign: *To Permit* AN ADDITION TO THE REAR OF AN EXISTING DWELLING WITH A 360 SQUARE FEET OF PRIVATE YARD SPACE IN LIEU OF THE REQUIRED MINIMUM AREA OF 500 SQUARE FEET.

Revised 7/18/14

BALTIMORE COUNTY DEPARTMENT OF PERMITS, APPROVALS AND INSPECTIONS
ZONING REVIEW

CERTIFICATE OF POSTING

RE: Case No. 2015-0441-A

Petitioner: Gregory Ruff

Hearing / Closing Date: 6/1/15

Baltimore County Department of

Permits and Development Management

Room 111, County Office Building

111 W. Chesapeake Ave.

Towson, Md. 21204

This letter is to confirm, under penalties of perjury, that the necessary sign(s) were posted conspicuously on the property located at

6 Sylvanoak Way

on 5/17/15

Sincerely,

5/17/15

Richard E. Hoffman

904 Dellwood Drive

Fallston, Md. 21047

443-243-7360

Certificate of Posting

Case No. 2015-0241-A

6 Sylvanoak Way

(posted 5/17/15)

5/17/15

Richard E. Hoffman

904 Dellwood Drive

Fallston, Md. 21047

(443-243-7360)

MEMORANDUM

DATE: July 20, 2015

TO: Zoning Review Office

FROM: Office of Administrative Hearings

RE: Case No. 2015-0241-A – Appeal Period Expired

The appeal period for the above-referenced case expired on July 17, 2015. There being no appeal filed, the subject file is ready for return to the Zoning Review Office and is placed in the 'pick up box.'

c: Case File
Office of Administrative Hearings

CASE NO. 2015- 0241-A

CHECKLIST

Comment Received	Department	Support/Oppose/ Conditions/ Comments/ No Comment
5-13	DEVELOPMENT PLANS REVIEW (if not received, date e-mail sent _____)	NC
5-29	DEPS (if not received, date e-mail sent _____)	NC
_____	FIRE DEPARTMENT	_____
_____	PLANNING (if not received, date e-mail sent _____)	_____
5-14	STATE HIGHWAY ADMINISTRATION	No objection
_____	TRAFFIC ENGINEERING	_____
_____	COMMUNITY ASSOCIATION	_____
_____	ADJACENT PROPERTY OWNERS	_____

ZONING VIOLATION (Case No. _____)

PRIOR ZONING (Case No. _____)

NEWSPAPER ADVERTISEMENT Date: _____

SIGN POSTING Date: 5-17-15 by Hobbsman

PEOPLE'S COUNSEL APPEARANCE Yes ☐ No ☐

PEOPLE'S COUNSEL COMMENT LETTER Yes ☐ No ☐

Comments, if any: _____

To: John E. Beverungen
Administrative Law Judge
for Baltimore County

RECEIVED
JUN 16 2015
OFFICE OF ADMINISTRATIVE HEARINGS

From: Gregory W. Ruff
6 Sylvanoak Way
Nottingham, MD 21236

Dear Sir,

11 June 2015

I am writing in regard to your letter (attached) dated 9 June, 2015 about my requested administrative variance #2015-0241-A.

I was unaware that the Department of Assessment & Taxation did not change my address back to 6 Sylvanoak Way after my Military Deployment back from Iraq in 2006. Since the Bank takes care of paying my taxes every year I assumed that all correspondence was between Bank Of America and the State. When I was deployed to Iraq in Oct 2004 (Military Orders Attached dated 4 Oct 2004), I had my address changed to my father's address so he could pay my bills while I was at war. When I returned from Iraq, I had my address changed back to my home address at 6 Sylvanoak Way, Nottingham MD 21236. I do remember going to the department of Assessment & Taxation and giving them a letter requesting my address be changed back. However it looks like that did not happen. If you notice on the attached military orders #04-278-00029 dated 04 Oct 2004 my address is 6 Sylvanoak Way, then when I returned back from Iraq as stated on my DD214, my address is 6 Sylvanoak Way, also on orders #06-223-00031 dated 11 Aug 2006 my address is 6 Sylvanoak Way. So clearly before I was deployed to Iraq, and after I came back from Iraq my address was 6 Sylvanoak Way. If you look at the address stated by the Department of Assessment & Taxation, my address is IN CARE OF Fred W. Ruff who at that time lived at 3010 Primrose Dr. Scottsbluff, Nebraska (Who happened to pass away in 2010, so who at that address is getting my taxation statements I have no Idea). And at NO time have I ever changed my principal Residence from 6 Sylvanoak Way. So where the Department of Assessment and Taxation has gotten there information is beyond me. If you were to check there records I gave them a letter requesting my mail be forward to my father while I was in Iraq, and again requesting my mail be changed back when I returned from Iraq.

I have attached my State Income tax forms for the last 5 years (2010, 2011, 2012, 2013, & 2014) all stating my FULL time residence is in Maryland, and NOT Nebraska.

I have attached my Military ID, State Drives License, and vehicle registration ALL stating my address is and has always been 6 Sylvanoak Way.

I have attached BGE statements and City Of Baltimore Metered Water stating my address is 6 Sylvanoak Way from 2004 to Present.

I have also attached a letter dated 10 Jun 2015, which was Faxed and e-mailed to the department of Assessment & Taxation requesting my address be changed back to 6 Sylvanoak Way, once I found out my address was listed wrong at their office.

I am not sure what other information I can give you to prove that I have lived at 6 Sylvanoak Way, since I bought the house in 1996. I can look for and give you records dating back to 1996 if you wish.

Sincerely

Gregory W. Ruff
6 Sylvanoak Way
Nottingham, MD 21236
410-529-8056

KEVIN KAMENETZ
County Executive

LAWRENCE M. STAHL
Managing Administrative Law Judge
JOHN E. BEVERUNGEN
Administrative Law Judge

June 9, 2015

Gregory Wayne Ruff
6 Sylvanoak Way
Baltimore, Maryland 21236

Re: Petition for Administrative Variance
Case No. 2015-0241-A
Property: 6 Sylvanoak Way

Dear Mr. Ruff:

I am writing in regard to the captioned matter, wherein an administrative variance has been requested. The Baltimore County Code (B.C.C.) requires that a property be owner occupied in order to qualify for administrative hearing relief. State records in this case show the property is not your principal residence. As such, a public hearing is usually required in this scenario.

Please respond to the undersigned **in writing** regarding the above. Once I receive your information, I can then make my decision and prepare an Order or set the matter in for a public hearing.

Sincerely,

JOHN E. BEVERUNGEN
Administrative Law Judge
or Baltimore County

JEB:dlw
Attachment (SDAT Record)

c: Gerard Anderson, 1212 E. Joppa Rd., Towson, MD 21286

Real Property Data Search (w3) | Guide to searching the database

Search Result for BALTIMORE COUNTY

View Map | View GroundRent Redemption | View GroundRent Registration

Account Identifier: District - 11 Account Number - 1800004867

Owner Information

Owner Name:	RUFF GREGORY WAYNE	Use:	RESIDENTIAL
		Principal Residence:	NO
Mailing Address:	C/O FRED W RUFF 3010 PRIMROSE DR SCOTTSBLUFF NE 69361-1438	Deed Reference:	/11972/ 00094

Location & Structure Information

Premises Address:	6 SYLVANOAK WAY 0-0000	Legal Description:	1800 SQ FT 6 SYLVANOAK WAY WS OAKHURST

Map:	Grid:	Parcel:	Sub District:	Subdivision:	Section:	Block:	Lot:	Assessment Year:	Plat No:	1
0063	0019	0568		0000	2	G	89	2015	Plat Ref:	0042/ 0119

Special Tax Areas: | Town: NONE
Ad Valorem:
Tax Class:

Primary Structure Built	Above Grade Enclosed Area	Finished Basement Area	Property Land Area	County Use
1984	1,280 SF		1,800 SF	04

Stories	Basement	Type	Exterior	Full/Half Bath	Garage	Last Major Renovation
2		CENTER UNIT	FRAME	2 full/ 1 half		

Value Information

	Base Value	Value As of 01/01/2015	Phase-in Assessments As of 07/01/2014	As of 07/01/2015
Land:	70,000	70,000		
Improvements	100,700	104,600		
Total:	170,700	174,600	170,700	172,000
Preferential Land:	0			0

Transfer Information

Seller: CHANEY KAREN FRANCES	Date: 01/06/1996	Price: $99,000
Type: ARMS LENGTH IMPROVED	Deed1: /11972/ 00094	Deed2:
Seller: LEE JEFFREY W	Date: 12/08/1993	Price: $97,000
Type: ARMS LENGTH IMPROVED	Deed1: /10201/ 00448	Deed2:
Seller: GERMACK GERARD J,JR	Date: 04/18/1990	Price: $99,000
Type: ARMS LENGTH IMPROVED	Deed1: /08457/ 00246	Deed2:

Exemption Information

Partial Exempt Assessments:	Class	07/01/2014	07/01/2015
County:	000	0.00	
State:	000	0.00	
Municipal:	000	0.00|0.00	0.00|0.00

Tax Exempt:
Exempt Class:
Special Tax Recapture: NONE

Homestead Application Information

Homestead Application Status: No Application

99TH REGIONAL READINESS COMMAND
99 SOLDIERS LANE
CORAOPOLIS, PENNSYLVANIA 15108-2550

ORDERS 04-278-00029 04 October 2004

RUFF GREGORY W
6 SYLVANOAK WAY
BALTIMORE, MD 21236-4700

[redacted]-1154 MSG
0413 AG CO POSTAL DET 1 (WRPYY1)
BRISTOL, PA 19007-6898

You are ordered to Active Duty as a member of your Reserve Component unit for the period indicated unless sooner released or unless extended. Proceed from your current location in sufficient time to report by the date specified. You enter active duty upon reporting to unit home station.

Report to: 0413 AG CO POSTAL DET 1 (WRPYY1), 2501 FORD ROAD, BRISTOL, PA 19007-6898 Report On: 05 October 2004
Report to: USAG & Fort Dix, Bldg 5433, Delaware and 6th St, Fort Dix, NJ 08640-5001 Report On: 08 October 2004
Period of active duty: 545 Days
Purpose: Mobilization for IRAQI FREEDOM (IRAQ) (2003 - TBD)
Mobilization category code: "V"
Additional instructions: (01, 02, 03, 04, 06, 07, 08, 09, 10, 11, 12, 13, 14, 15, 16, 17, 20) See page 2

FOR ARMY USE
AUTHORITY: HQDAMSG032335ZSEP04/DAMO-ODOM/ORDTYP/NOBORD/HQDAONE/OEF/OIF NO.682-04
Accounting classification:
2142010.0000 01-1100 P1X1A00 11**/12** VIRQ F9203 5570 S12120
2142010.0000 01-1100 P2X2A00 11**/12** VIRQ F9203 5570 S12120
2142020.0000 01-1100 P135198 21**/22**/25** VIRQ F9203 5570 S99999
Sex: M
MDC: PME5
PMOS/AOC/ASI/LIC: 91W5
HOR: BALTIMORE, MD
PEBD: 23 October 1980
DOR: 01 February 2003
Security clearance: SECRET
Comp: USAR
Format: 165

FOR THE COMMANDER:

****
* *
* OFFICIAL *
* 99TH RRC *
****

JOHN J. FERENCE
COL, GS, USAR
DEPUTY CHIEF OF STAFF, G1

DISTRIBUTION: M1 PLUS
INDIVIDUAL CONCERNED (4)
FAMILY ASSISTANCE OFFICER (1)
MPRJ
FILE (ORIGINAL + 1)

1. NAME (Last, First, Middle)	2. DEPARTMENT, COMPONENT AND BRANCH	3. SOCIAL SECURITY NUMBER
RUFF, GREGORY WAYNE	ARMY/USAR	[redacted] 1154

4a. GRADE, RATE OR RANK	b. PAY GRADE	5. DATE OF BIRTH (YYYYMMDD)	6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD)
1SG	E08	19600628	00000000

7a. PLACE OF ENTRY INTO ACTIVE DUTY	b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known)
BRISTOL, PENNSYLVANIA	6 SYLVANOAK WAY BALTIMORE MARYLAND 21236

8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND	b. STATION WHERE SEPARATED
US ARMY CENTRAL COMMAND FC	FORT DIX, NJ 08640-5089

9. COMMAND TO WHICH TRANSFERRED	10. SGLI COVERAGE
413TH ADJUTANT GENERAL POSTAL COMPANY BRISTOL, PA. 19007	[ ] NONE AMOUNT: $400,000.00

11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.)
42L5O F4 ADMIN SP - 1 YRS 3 MOS//91W5O HEALTH CARE SPECIALIS - 23 YRS 5 MOS//NOTHING FOLLOWS

12. RECORD OF SERVICE	YEAR(S)	MONTH(S)	DAY(S)
a. DATE ENTERED AD THIS PERIOD	2004	10	05
b. SEPARATION DATE THIS PERIOD	2006	02	05
c. NET ACTIVE SERVICE THIS PERIOD	0001	04	01
d. TOTAL PRIOR ACTIVE SERVICE	0015	00	19
e. TOTAL PRIOR INACTIVE SERVICE	0008	10	23
f. FOREIGN SERVICE	0000	11	21
g. SEA SERVICE	0000	00	00
h. EFFECTIVE DATE OF PAY GRADE	2003	02	01

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)	14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed)
MERITORIOUS SERVICE MEDAL//ARMY COMMENDATION MEDAL (4TH AWARD)//ARMY ACHIEVEMENT MEDAL (6TH AWARD)//ARMY GOOD CONDUCT MEDAL (5TH AWARD))//ARMY RESERVE COMPONENTS ACHIEVEMENT MEDAL //NATIONAL DEFENSE SERVICE MEDAL (2ND AWARD) //NON COMMISSIONED OFFICER PROFESSIONAL DEVELOPMENT RIBBON (3RD//CONT IN BLOCK 18	ADMININISTRATIVE SPECIALIST, NOV 2004//NOTHING FOLLOWS

		YES		NO
15a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM			X	
b. HIGH SCHOOL GRADUATE OR EQUIVALENT	X			

16. DAYS ACCRUED LEAVE PAID	17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION	YES	NO
0.5			X

18. REMARKS

ITEM 12D ABOVE DOES NOT ACCOUNT FOR ANNUAL AND/OR WEEKEND TRAINING THIS SOLDIER MAY HAVE ACCOMPLISHED PRIOR TO DATE ENTERED IN ITEM 12A//INDIVIDUAL COMPLETED PERIOD FOR WHICH ORDERED TO ACTIVE DUTY FOR PURPOSE OF POST SERVICE BENEFITS AND ENTITLEMENTS//ORDERED TO ACTIVE DUTY IN SUPPORT OF OPERATION IRAQI FREEDOM IAW 10 USC 12302//MEMBER HAS COMPLETED FIRST FULL TERM OF SERVICE//SERVICE IN IRAQ 20050114 TO 20060104//SERVED IN A DESIGNATED IMMINENT DANGER PAY AREA//OVERSEAS SERVICE BAR(2)//CONT FROM BLOCK 13: AWARD)//ARMY SERVICE RIBBON//OVERSEAS SERVICE RIBBON (3RD AWARD)//ARMED FORCES RESERVE MEDAL W/ M DEVICE//GLOBAL WAR ON TERRORISM SERVICE MEDAL//IRAQ CAMPAIGN MEDAL//NOTHING FOLLOWS

The information contained herein is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with, the requirements of a Federal benefit program.

19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code)	b. NEAREST RELATIVE (Name and address – include ZIP Code)
6 SYLVANOAK WAY BALTIMORE MARYLAND 21236	FRED W. RUFF 3010 PRIMEROSE DR SCOTTSBLUFF NEBRASKA 69361

20. MEMBER REQUESTS COPY 6 BE SENT TO MD	DIRECTOR OF VETERANS AFFAIRS	YES	NO
		X	

21. SIGNATURE OF MEMBER BEING SEPARATED	22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature)
[signature]	[signature] HENRY MELON LOPEZ, GS13, DIRECTOR, HRM

DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY FORT DIX
FORT DIX, NEW JERSEY 08640-5089

ORDERS 007-0017 07 January 2006

RUFF, GREGORY W [redacted]1154 1SG US CENTRAL COMMAND (WRPYY1) APO AE 09332

You are released from active duty, not by reason of physical disability, and assigned as indicated on the date immediately following release from active duty. Any temporary appointments held are terminated on your effective date of release from active duty.

Effective date: 05 February 2006
Assigned to: 413TH ADJUTANT GENERAL POSTAL COMPANY BRISTOL, PA 19007
Terminal date of Reserve obligation: Not applicable
Additional instructions: a. GOVERNMENT TRANSPORTATION IS AUTHORIZED FROM FORT DIX, NJ, TO HOME OF RECORD OR PLACE OF ENTRY ON ACTIVE DUTY. B. SOLDIER HAS COMPLETED PERIOD FOR WHICH CALLED TO ACTIVE DUTY. C. EXCESS BAGGAGE AUTHORIZED NOT TO EXCEED FIVE PIECES OF 70LBS EACH. D. FILE TRAVEL CLAIMS AGAINST FUND CITE: 2152020.0000 01-0000 P135198 21**/22**/25** VIRQ F9203 5570 S12120. E. SOLDIER ELIGIBLE FOR TRANSITIONAL HEALTH CARE UNDER 10USC, SECTION 1145 UNTIL 3 August 2006.

FOR ARMY USE
HOR: BALTIMORE MD US
Place EAD or OAD: BRISTOL PA US
MDC: PME6
Comp: RESERVE
PEBD: Not applicable
Format: 523

FOR THE COMMANDER:

****
* OFFICIAL *
HQS, U.S. ARMY FORT DIX
* *
****
HENRY MELON LOPEZ
DIRECTOR, HUMAN RESOURCES
MILITARY

DISTRIBUTION:
MSG RUFF (5)
Cdr 413TH AG POSTAL CO (3)
TRANSITION ACTIVITY (1)
DOL, TRANSPORTATION (1)
CONTROL DESK (1)
FINANCE (1); DOIM(1);IOC(1);CDR,C CO(1)
CASE MGT(1)
CDR,AHRC,ALEXANDRIA-ATTN:AHRC-PDZ-RC,
RM 3N29,200 STOVALL ST,ALEXANDRIA,
VA 22332-0495/AC/RC ONLY

HEADQUARTERS, ARMY RESERVE MEDICAL COMMAND
2801 GRAND AVENUE
PINELLAS PARK, FLORIDA 33782-6140

ORDERS 06-223-00031 11 August 2006

RUFF GREGORY W [redacted]1154 MSG
6 SYLVANOAK WAY 0018 MC HSP FLD HOSP HOLD (WSA8A1)
BALTIMORE, MD 21236-4700 FORT STORY, VA 23459-1116

You are reassigned in the Reserve Components as shown below.

Released from: Current Assignment
Reason: TPU TO TPU WITHIN THE COMMAND
Assigned to: 0018 MC HSP FLD HOSP BA (WSA8T1), 999 LINGAYAN GULF ROAD, FORT STORY, VA 23459-1116
Effective date: 11 August 2006
Additional Instructions: NA

FOR ARMY USE:
Authority: AR 140-10
Mgt desig: 91W5O
Basic branch: NA
Control branch: NA
Control specialty: NA
Project specialty: NA
Format: 450

FOR THE COMMANDER:

****
* AGENCY *
* OFFICIAL *
****
CORINNE M. RITTER
LTC, MS,
Deputy Chief of Staff, G-1

DISTRIBUTION:
Record set (1)
Reference set (1)
MPRJ (1)
Cdr, USARC, ATTN: AFRC-PRP-E (1)
HRC-St. Louis, ATTN: HRCS-CIS-PP (1)
HRC-St. Louis, ATTN: HRCS-SFZ (TAMP) (1)
The Adjutant General, State of
Cdr, AR-MEDCOM (1)
Cdr, 0018 MC HSP FLD HOSP HOLD (1)
Cdr, 0018 MC HSP FLD HOSP BA (1)
MSG RUFF GREGORY W (3)

MARYLAND FORM 502 RESIDENT INCOME TAX RETURN

2014

145020013

OR FISCAL YEAR BEGINNING 2014, ENDING

Print Using Blue or Black Ink Only

Social Security Number		Spouse's Social Security Number
[redacted]1154		
Your First Name	Initial	Last Name
GREGORY	W	RUFF, CST
Spouse's First Name	Initial	Last Name
Present Address (No. and street)		
6 SYLVANOAK WAY		
City or Town	State	ZIP code
BALTIMORE	MD	21236
Name of county and incorporated city, town or special taxing area in which you resided on the last day of the taxable period. (See Instruction 6.)	Maryland County	City, Town or Taxing Area
	BALTIMORE	NOT APPLICABLE

FILING STATUS See Instruction 1 to determine if you are required to file. **CHECK ONE BOX** ▶

1. [X] 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's Social Security Number
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. If you began or ended legal residence in Maryland in 2014 place a **P** in the box. ▶ [ ] Place an **M** or **P** in this box.

Dates of Maryland Residence

	MO	DAY	YEAR
FROM			
TO			

Other state of residence: _____

MILITARY: If you or your spouse has **non-Maryland** military income, place an **M** in the box. (See Instruction 26.)

Enter 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.	[X] **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

Place CHECK or MONEY ORDER on top of your W-2 wage and tax statements and ATTACH HERE with ONE staple.

INCOME (See Instruction 11.)

1.	Adjusted gross income from your federal return	1.	59166
1a.	Wages, salaries and/or tips	1a.	57052
1b.	Earned **income**	1b.	
1c.	Capital Gain or (loss)	1c.	
1d.	Taxable Pension, IRA, Annuities	1d.	

1e. Check here if the amount of your investment income is more than $3,350. ▶ [ ]

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.	59166

SUBTRACTIONS FROM INCOME (See Instruction 13.)

8.	Taxable refunds, credits or offsets of state and local income taxes included in line 1 above	8.	941
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 above	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.	941
16.	Maryland adjusted gross income (Subtract line 15 from line 7.)	16.	58225

DEDUCTION METHOD (See Instruction 16.)

(All taxpayers must select one method and **check the appropriate box.**) ▼

STANDARD DEDUCTION METHOD (Enter amount on line 17.) [ ]

ITEMIZED DEDUCTION METHOD (Complete lines 17a and 17b.) [X]

17a.	Total federal itemized deductions (from line 29, federal Schedule A)	17a.	15492
17b.	State and local **income** taxes (See Instruction 14.)	17b.	4184
	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.	11308
18.	Net income (Subtract line 17 from line 16.)	18.	46917
19.	Exemption amount from Exemptions area above (See Instruction 10.)	19.	3200
20.	Taxable net income (Subtract line 19 from line 18.)	20.	43717

MARYLAND FORM 502 2014 RESIDENT INCOME TAX RETURN

145020113

NAME GREGORY W RUFF, CST SSN [redacted]1154

MARYLAND TAX COMPUTATION

21.	Amount from line 20 (taxable net income) GO TO TAX TABLE in the Resident Instructions. Enter the tax on line 22.	21.	43717
22.	**Maryland tax** (from Tax Table or Computation Worksheet Schedules I or II)	22.	2024
23.	Earned income credit (½ of federal earned income credit. See Instruction 18.)	23.	
24.	Poverty level credit (See Instruction 18.)	24.	
25.	Other income tax credits for individuals from Part H, line 8 of Form 502CR (Attach Form 502CR.)	25.	0
26.	Business tax credits — **You must file this form electronically to claim business tax credits on Form 500CR.**		
27.	Total credits (Add lines 23 through 26.)	27.	0
28.	**Maryland tax** after credits (Subtract line 27 from line 22.) If less than 0, enter 0.	28.	2024

LOCAL TAX COMPUTATION

29.	Local tax (See Instruction 19 for tax rates and worksheet.) **Multiply line 21 by your local tax rate** .0 2 8 3 or use the Local Tax Worksheet	29.	1237
30.	Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.)	30.	
31.	Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19.)	31.	
32.	Total credits (Add lines 30 and 31.)	32.	
33.	**Local tax** after credits (Subtract line 32 from line 29.) If less than 0, enter 0	33.	1237
34.	Total Maryland and local tax (Add lines 28 and 33.)	34.	3261
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.	**Total Maryland income tax, local income tax and contributions (Add lines 34 through 37.)**	38.	3261
39.	Total Maryland and local tax withheld (Enter total from your W-2 and 1099 forms if MD tax is withheld and attach.)	39.	4184
40.	2014 estimated tax payments, amount applied from 2013 return, payment made with an extension request, and Form MW506NRS	40.	
41.	Refundable earned income credit (from worksheet in Instruction 21)	41.	
42.	Refundable income tax credits from Part I, line 6 of Form 502CR (Attach Form 502CR. See Instruction 21.)	42.	
43.	Total payments and credits (Add lines 39 through 42.)	43.	4184
44.	Balance due (If line 38 is more than line 43, subtract line 43 from line 38. See Instruction 22.)	44.	0
45.	Overpayment (If line 38 is less than line 43, subtract line 38 from line 43.)	45.	923
46.	Amount of overpayment **TO BE APPLIED TO 2015 ESTIMATED TAX**	46.	
47.	Amount of overpayment **TO BE REFUNDED TO YOU** (Subtract line 46 from line 45.) See line 50 — REFUND	47.	923
48.	Interest charges from Form 502UP [ ] or for late filing [ ] (See Instruction 22.) Total	48.	
49.	**TOTAL AMOUNT DUE** (Add lines 44 and 48.) **IF $1 OR MORE, PAY IN FULL WITH THIS RETURN**	49.	

DIRECT DEPOSIT OF REFUND (See Instruction 22.) Be sure the account information is correct. **For Splitting Direct Deposit,** see Form 588. To comply with banking rules, check here ▶ ☐ if this refund will go to an account outside the United States. If checked, see Instruction 22. For the direct deposit option, complete the following information clearly and legibly.

50a. Type of account: ▶ ☐ Checking ☒ Savings

50b. Routing Number (9-digits) ▶ [redacted]

50c. Account Number ▶ [redacted]

▶ ___ - ___ - _____ ___ - ___ - _____ ▶ [ ][ ][ ]

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

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.

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.

Make checks payable and mail to:
Comptroller of Maryland, Revenue Administration Division
110 Carroll Street, Annapolis, Maryland 21411-0001
(It is recommended that you include your Social Security Number on check.)

Your signature Date

Spouse's signature Date

▶ SELF-PREPARED
Preparer's PTIN (required by law) Signature of preparer other than taxpayer

Address of preparer

Telephone number of preparer

MARYLAND FORM 502 RESIDENT INCOME TAX RETURN

135020013

2013

Attachment Sequence No. 02

OR FISCAL YEAR BEGINNING 2013, ENDING

Print Using Blue or Black Ink Only

Social Security Number		Spouse's Social Security Number
[redacted]1154		
Your First Name	Initial / Last Name	
GREGORY	W RUFF, CST	
Spouse's First Name	Initial / Last Name	
Present Address (No. and street)		
6 SYLVANOAK WAY		
City or Town	State	ZIP code
BALTIMORE	MD	21236
Name of county and incorporated city, town or special taxing area in which you resided on the last day of the taxable period. (See Instruction 6.)	Maryland County	City, Town or Taxing Area
	BALTIMORE	NOT APPLICABLE

FILING STATUS See Instruction 1 to determine if you are required to file. **CHECK ONE BOX ▶**

1. [X] 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's Social Security Number
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. If you began or ended legal residence in Maryland in 2013 place a **P** in the box. ▶ [ ] Place an **M** or **P** in this box.

Dates of Maryland Residence

	MO	DAY	YEAR
FROM			
TO			

Other state of residence: _____

MILITARY: If you or your spouse has **non-Maryland** military income, place an **M** in the box. (See Instruction 26.)

Enter 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	[X] **Yourself** [ ] **Spouse**	A. Enter No. Checked. . . 1	See Instruction 10	A. $ 3200
B	▶[ ] 65 or over ▶[ ] 65 or over ▶[ ] Blind ▶[ ] Blind	B. Enter No. Checked. . .	X $1,000.	B. $
C	Enter No. 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

Check here if you authorize us to share your tax information with the Medical Assistance Program for help finding health insurance. . . . . ▶[ ]

INCOME

1.	Adjusted gross income from your federal return (See Instruction 11.) . . . . . ▶	1	57992
1a.	Wages, salaries and/or tips (See Instruction 11.) . . . . ▶ 1a 55872		
1b.	Earned income (See Instruction 11.) . . . . . ▶ 1b		

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	57992

SUBTRACTIONS FROM INCOME (See Instruction 13.)

8.	Taxable refunds, credits or offsets of state and local income taxes included in line 1 above . . ▶	8	943
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 above . . . . . ▶	11	
12.	Income received during period of nonresidence (See Instruction 26.) . . . . . ▶	12	
13.	Subtractions from attached Form 502SU (See Instruction 13.)▶[ ][ ][ ][ ] . . . ▶	13	
14.	Two-income subtraction from worksheet in Instruction 13 . . . . . ▶	14	
15.	Total subtractions from Maryland income (Add lines 8 through 14.) . . . . . ▶	15	943
16.	Maryland adjusted gross income (Subtract line 15 from line 7.)	16	57049

DEDUCTION METHOD (See Instruction 16.)

(All taxpayers must select one method and **check the appropriate box.**) . . . . . ▼

STANDARD DEDUCTION METHOD (Enter amount on line 17.) . . . . . [ ]

ITEMIZED DEDUCTION METHOD (Complete lines 17a and 17b.) . . . . . ▶ [X]

17a.	Total federal itemized deductions (from line 29, federal Schedule A) . . . . . ▶	17a	15652
17b.	State and local **income** taxes (See Instruction 14.) . . . . . ▶	17b	4094

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	11558
18.	Net income (Subtract line 17 from line 16.)	18	45491
19.	Exemption amount from Exemptions area above (See Instruction 10.)	19	3200
20.	Taxable net income (Subtract line 19 from line 18.)	20	42291

Place CHECK or MONEY ORDER on top of your W-2 wage and tax statements and ATTACH HERE with **ONE** staple.

MARYLAND FORM 502 2013 RESIDENT INCOME TAX RETURN

135020113

NAME GREGORY W RUFF, CST SSN [redacted]1154

MARYLAND TAX COMPUTATION

21. Amount from line 20 (taxable net income) GO TO TAX TABLE in the Resident instructions. Enter the tax on line 22.	21	42291
22. **Maryland tax** (from Tax Table or Computation Worksheet Schedules I or II)	22	1956
23. Earned income credit (½ of federal earned income credit. See Instruction 18.)	23	
24. Poverty level credit (See Instruction 18.)	24	
25. Other income tax credits for individuals from Part H, line 8 of Form 502CR (Attach Form 502CR.)	25	0
26. Business tax credits. **You must file this form electronically to claim business tax credits on Form 500CR.**		
27. Total credits (Add lines 23 through 26.)	27	0
28. **Maryland tax** after credits (Subtract line 27 from line 22.) If less than 0, enter 0	28	1956

LOCAL TAX COMPUTATION

29. Local tax (See Instruction 19 for tax rates and worksheet.) **Multiply line 21 by your local tax rate** .0283 or use the Local Tax Worksheet	29	1197
30. Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.)	30	
31. Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19.)	31	
32. Total credits (Add lines 30 and 31.)	32	
33. **Local tax** after credits (Subtract line 32 from line 29.) If less than 0, enter 0	33	1197
34. Total Maryland and local tax (Add lines 28 and 33.)	34	3153
35. Contribution to Chesapeake Bay and Endangered Species Fund (See Instruction 20.)	35	
36. Contribution to Developmental Disabilities Waiting List Equity Fund (See Instruction 20.)	36	
37. Contribution to Maryland Cancer Fund (See Instruction 20.)	37	
38. **Total Maryland income tax, local income tax and contributions (Add lines 34 through 37.)**	38	3153
39. Total Maryland and local tax withheld (Enter total from your W-2 and 1099 forms if MD tax is withheld and attach.)	39	4094
40. 2013 estimated tax payments, amount applied from 2012 return, payment made with an extension request, and Form MW506NRS	40	
41. Refundable earned income credit (from worksheet in Instruction 21)	41	
42. Refundable income tax credits from Part I, line 6 of Form 502CR (Attach Form 502CR. See Instruction 21.)	42	
43. Total payments and credits (Add lines 39 through 42.)	43	4094
44. Balance due (If line 38 is more than line 43, subtract line 43 from line 38.)	44	0
45. Overpayment (If line 38 is less than line 43, subtract line 38 from line 43.)	45	941
46. Amount of overpayment **TO BE APPLIED TO 2014 ESTIMATED TAX**	46	
47. Amount of overpayment **TO BE REFUNDED TO YOU** (Subtract line 46 from line 45.) See line 50 REFUND	47	941
48. Interest charges from Form 502UP [ ] or for late filing [ ] (See Instruction 22.) Total	48	
49. **TOTAL AMOUNT DUE** (Add lines 44 and 48.) **IF $1 OR MORE, PAY IN FULL WITH THIS RETURN**	49	

DIRECT DEPOSIT OF REFUND (See Instruction 22.) Please be sure the account information is correct. **For Splitting Direct Deposit**, see Form 588.
To comply with banking rules, please check here ▶ ☐ if this refund will go to an account outside the United States. If checked, see Instruction 22.
For the direct deposit option, complete the following information clearly and legibly. **50a.** Type of account: ▶ ☐ Checking ☒ Savings

50b. Routing Number (9-digits) ▶ [redacted] **50c.** Account number ▶ [redacted]

▶ 410-529-8056 — — Daytime telephone no. Home telephone no.

▶ CODE NUMBERS (3 digits per box)

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. 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.

Make checks payable and mail to:
Comptroller of Maryland Revenue Administration Division
110 Carroll Street, Annapolis, Maryland 21411-0001
(It is recommended that you include your Social Security Number on check.)

Your signature Date

Spouse's signature Date

▶ Preparer's PTIN (required by law) SELF-PREPARED Signature of preparer other than taxpayer

Address of preparer

Telephone number of preparer

▶

COM/RAD-009 13-13 REV 02/17/14 TTW

FORM 502 MARYLAND RESIDENT INCOME TAX RETURN

2012

125020013

OR FISCAL YEAR BEGINNING 2012, ENDING

Print Using Blue or Black Ink Only

Social Security number		Spouse's Social Security number
[redacted]1154		
Your First Name	Initial / Last Name	
GREGORY	W RUFF, CST	
Spouse's First Name	Initial / Last Name	
Present Address (No. and street)		
6 SYLVANOAK WAY		
City or Town	State	ZIP code
BALTIMORE	MD	21236
Name of county and incorporated city, town or special taxing area in which you resided on the last day of the taxable period. (See Instruction 6)	Maryland County	City, Town, or Taxing Area
	BALTIMORE	NOT APPLICABLE

FILING STATUS See Instruction 1 to determine if you are required to file. **CHECK ONE BOX ▶**

1. [X] 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's Social Security number
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 If you began or ended legal residence in Maryland in 2012 place a **P** in the box ▶ [ ] Place an **M** or **P** in this box

Dates of Maryland Residence

	MO	DAY	YEAR
FROM			
TO			

Other state of residence: _____

MILITARY: If you or your spouse has **non-Maryland** military income, place an **M** in the box. (See Instruction 26)

Enter 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 in order to receive the applicable exemption amount.

A	[X] **Yourself** [ ] **Spouse**	**A.** Enter No. Checked. . . 1	See Instruction 10	**A.** $ 3200
B	▶[ ] 65 or over ▶[ ] 65 or over ▶[ ] Blind ▶[ ] Blind	**B.** Enter No. Checked. . .	X $1,000.	**B.** $
C	Enter No. 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

Check here if you authorize us to share your tax information with the Medical Assistance Program for help finding health insurance. . . . . ▶[ ]

INCOME

1.	Adjusted gross income from your federal return (See Instruction 11). . . . . ▶	1	57110
1a.	Wages, salaries and/or tips (See Instruction 11). . . . . ▶ 1a 55025		

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	57110

Place CHECK or MONEY ORDER on top of your W-2 wage and tax statements and ATTACH HERE with **ONE** staple.

SUBTRACTIONS FROM INCOME (See Instruction 13)

8.	Taxable refunds, credits or offsets of state and local income taxes included in line 1 above. . ▶	8	898
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 above . . . . . ▶	11	
12.	Income received during period of nonresidence (See Instruction 26) . . . . . ▶	12	
13.	Subtractions from attached Form 502SU (See Instruction 13). ▶[ ][ ][ ][ ]. . ▶	13	
14.	Two-income subtraction from worksheet in Instruction 13. . . . . ▶	14	
15.	Total subtractions from Maryland income (Add lines 8 through 14). . . . . ▶	15	898
16.	Maryland adjusted gross income (Subtract line 15 from line 7)	16	56212

DEDUCTION METHOD (See Instruction 16)

(All taxpayers must select one method and **check the appropriate box**). . . . . ▼

STANDARD DEDUCTION METHOD (Enter amount on line 17) . . . . . [ ]

ITEMIZED DEDUCTION METHOD (Complete lines 17a and 17b). . . . . ▶[X] ▼

Total federal itemized deductions (from line 29, federal Schedule A). . . . . ▶	17a	15765	
State and local **income** taxes included in federal Schedule A, line 5 . . . . . ▶	17b	4019	
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		11746
18. Net income (Subtract line 17 from line 16)	18		44466
19. Exemption amount from Exemptions area above (See Instruction 10)	19		3200
20. Taxable net income (Subtract line 19 from line 18)	20		41266

FORM 502 2012 MARYLAND RESIDENT INCOME TAX RETURN

125020113

NAME GREGORY W RUFF, CST SSN [redacted]1154

MARYLAND TAX COMPUTATION

21.	Amount from line 20 (taxable net income) GO TO TAX TABLE in the Resident instructions. Enter the tax on line 22.	21	41266
22.	**Maryland tax** (from Tax Table or Computation Worksheet Schedules I or II)	22	1908
23.	Earned income credit (½ of federal earned income credit. See Instruction 18)	23	
24.	Poverty level credit (See Instruction 18)	24	
25.	Other income tax credits for individuals from Part G, line 8 of Form 502CR (Attach Form 502CR)	25	0
26.	Business tax credits (Attach Form 500CR)	26	
27.	Total credits (Add lines 23 through 26)	27	0
28.	**Maryland tax** after credits (Subtract line 27 from line 22) If less than 0, enter 0	28	1908

LOCAL TAX COMPUTATION

29.	Local tax (See Instruction 19 for tax rates and worksheet.) **Multiply line 21 by your local tax rate** .0283 or use the Local Tax Worksheet	29	1168
30.	Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19)	30	
31.	Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19)	31	
32.	Total credits (Add lines 30 and 31)	32	
33.	**Local tax** after credits (Subtract line 32 from line 29) If less than 0, enter 0	33	1168
34.	Total Maryland and local tax (Add lines 28 and 33)	34	3076
35.	Contribution to Chesapeake Bay and Endangered Species Fund (See Instruction 20)	35	
36.	Contribution to Developmental Disabilities Waiting List Equity Fund (See Instruction 20)	36	
37.	Contribution to Maryland Cancer Fund (See Instruction 20)	37	
38.	**Total Maryland income tax, local income tax and contributions (Add lines 34 through 37)**	38	3076
39.	Total Maryland and local tax withheld (Enter total from your W-2 and 1099 forms if MD tax is withheld and attach)	39	4019
40.	2012 estimated tax payments, amount applied from 2011 return, payment made with an extension request, and Form MW506NRS	40	
41.	Refundable earned income credit (from worksheet in Instruction 21)	41	
42.	Refundable income tax credits from Part H, line 6 of Form 502CR (Attach Form 502CR. See Instruction 21)	42	
43.	Total payments and credits (Add lines 39 through 42)	43	4019
44.	Balance due (If line 38 is more than line 43, subtract line 43 from line 38)	44	0
45.	Overpayment (If line 38 is less than line 43, subtract line 38 from line 43)	45	943
46.	Amount of overpayment **TO BE APPLIED TO 2013 ESTIMATED TAX**	46	
47.	Amount of overpayment **TO BE REFUNDED TO YOU** (Subtract line 46 from line 45) See line 50 REFUND ▶	47	943
48.	Interest charges from Form 502UP [ ] or for late filing [ ] (See Instruction 22) Total	48	
49.	**TOTAL AMOUNT DUE** (Add lines 44 and 48) **IF $1 OR MORE, PAY IN FULL WITH THIS RETURN**	49	

DIRECT DEPOSIT OF REFUND (See Instruction 22) Please be sure the account information is correct. **For Splitting Direct Deposit,** see Form 588.
In order to comply with banking rules, please check ▶ ☐ here if this refund will go to an account outside the United States. If checked, see Instruction 22.
For the direct deposit option, complete the following information clearly and legibly. **50a.** Type of account: ▶ ☐ Checking ☒ Savings

50b. Routing Number (9-digits) ▶ [redacted] **50c.** Account number ▶ [redacted]

▶ 410-529-8056 — — ▶ CODE NUMBERS (3 digits per box)
Daytime telephone no. Home telephone no.

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. 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.

Make checks payable and mail to:
Comptroller of Maryland
Revenue Administration Division
110 Carroll Street, Annapolis, Maryland 21411-0001
(It is recommended that you include your Social Security number on check.)

Your signature Date

Spouse's signature Date

▶ SELF-PREPARED
Preparer's PTIN (required by law) Signature of preparer other than taxpayer

Address of preparer

Telephone number of preparer ▶

FORM **502**

MARYLAND RESIDENT INCOME TAX RETURN

2011

OR FISCAL YEAR BEGINNING 2011, ENDING

Print Using Blue or Black Ink Only

Social Security number		Spouse's Social Security number
[redacted]1154		
Your First Name: GREGORY	Initial: W	Last Name: RUFF, CST
Spouse's First Name	Initial	Last Name
Present Address (No. and street): 6 SYLVANOAK WAY		
City or Town: BALTIMORE	State: MD	Zip Code: 21236
Name of county and incorporated city, town or special taxing area in which you resided on the last day of the taxable period. (See Instruction 6)	Maryland County: BALTIMORE	City, Town, or Taxing Area: NOT APPLICABLE

FILING STATUS See Instruction 1 to determine if you are required to file. CHECK ONE BOX

1. [X] 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's Social Security number
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
If you began or ended legal residence in Maryland in 2011 place a **P** in the box

Dates of Maryland Residence MO DAY YEAR

FROM ____ ____ ____ TO ____ ____ ____ ▶ [ ] Place an M or P in this box

Other state of residence: ____

MILITARY: If you or your spouse has **non-Maryland** military income, place an **M** in the box. (See Instruction 26).

Enter amount here: ____

EXEMPTIONS See Instruction 10

(A) [X] **Yourself** [ ] **Spouse**

(B) ▶ [ ] 65 or over ▶ [ ] Blind ▶ [ ] 65 or over ▶ [ ] Blind

NOTE: If you are claiming dependents, you must attach the Dependent Form 502B to this form in order to receive the applicable exemption amount.

(A) Enter No. Checked ..... [1] See Instruction 10 $ 3200 (B) Enter No. Checked ..... [ ] X $1,000 $ ____

(C) Enter No. Checked from line 1 of Dependent Form 502B ..... [ ] See Instruction 10 $ ____ (D) **Enter Total Exemptions (Add A, B and C).** ▶ [1] **Total Amount $** 3200

Check here if you authorize us to share your tax information with the Medical Assistance Program for help finding health insurance..... ▶ [ ]

INCOME

1.	Adjusted gross income from your federal return (See Instruction 11) ▶	1	55343
1a.	Wages, salaries and/or tips (See Instruction 11) ▶ 1a 53579		

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	55343

SUBTRACTIONS FROM INCOME (See Instruction 13)

6.	Taxable refunds, credits or offsets of state and local income taxes included in line 1 above ▶	8	798
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 above ▶	11	
12.	Income received during period of nonresidence (See Instruction 26) ▶	12	
13.	Subtractions from attached Form 502SU (See Instruction 13) ▶ [ ][ ][ ][ ] ▶	13	
14.	Two-income subtraction from worksheet in Instruction 13 ▶	14	
15.	Total subtractions from Maryland income (Add lines 8 through 14) ▶	15	798
16.	Maryland adjusted gross income (Subtract line 15 from line 7)	16	54545

Place CHECK or MONEY ORDER on top of your W-2 wage and tax statements and ATTACH HERE with **ONE** staple.

DEDUCTION METHOD See Instruction 16 (All taxpayers must select one method and **check the appropriate box**)

STANDARD DEDUCTION METHOD (Enter amount on line 17) [ ]

ITEMIZED DEDUCTION METHOD (Complete lines 17a and 17b) ▶ [X]

Total federal itemized deductions (from line 29, federal Schedule A) ▶	17a.	14818
State and local **income** taxes included in federal Schedule A, line 5 ▶	17b.	3910

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	10908
18.	Net income (Subtract line 17 from line 16)	18	43637
19.	Exemption amount from Exemptions area above (See Instruction 10)	19	3200
20.	Taxable net income (Subtract line 19 from line 18)	20	40437

FORM **502** 2011

MARYLAND RESIDENT INCOME TAX RETURN

NAME GREGORY W RUFF, CST SSN [redacted]1154

MARYLAND TAX COMPUTATION

			Dollars	Cents
21.	Amount from line 20 (taxable net income) GO TO TAX TABLE in the Resident Booklet. Enter the tax on line 22	21	40437	
22.	**Maryland tax** (from Tax Table or Computation Worksheet Schedules I or II)	22	1868	
23.	Earned income credit (½ of federal earned income credit. See Instruction 18) ▶	23		
24.	Poverty level credit (See Instruction 18) ▶	24		
25.	Other income tax credits for individuals from Part G, line 8 of Form 502CR (Attach Form 502CR)	25		
26.	Business tax credits (Attach Form 500CR) ▶	26		
27.	Total credits (Add lines 23 through 26)	27		
28.	**Maryland tax** after credits (Subtract line 27 from line 22) If less than 0, enter 0.	28	1868	

LOCAL TAX COMPUTATION

29.	Local tax (See Instruction 19 for tax rates and worksheet.) **Multiply line 21 by your local tax rate** • 0283 or use the Local Tax Worksheet	29	1144	
30.	Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19) ▶	30		
31.	Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19) ▶	31		
32.	Total credits (Add lines 30 and 31)	32		
33.	**Local tax** after credits (Subtract line 32 from line 29) If less than 0, enter 0	33	1144	
34.	Total Maryland and local tax (Add lines 28 and 33)	34	3012	
35.	Contribution to Chesapeake Bay and Endangered Species Fund (See Instruction 20) ▶	35		
36.	Contribution to Developmental Disabilities Waiting List Equity Fund (See Instruction 20) ▶	36		
37.	Contribution to Maryland Cancer Fund (See Instruction 20) ▶	37		
38.	**Total Maryland income tax, local income tax and contributions (Add lines 34 through 37)**	38	3012	
39.	Total Maryland and local tax withheld (Enter total from and **attach your W-2 and 1099 forms if MD tax is withheld)** ▶	39	3910	
40.	2011 estimated tax payments, amount applied from 2010 return, payment made with an extension request, and Form MW506NRS ▶	40		
41.	Refundable earned income credit (from worksheet in Instruction 21) ▶	41		
42.	Refundable income tax credits from Part H, line 6 of Form 502CR (Attach Form 502CR. See Instruction 21)	42		
43.	Total payments and credits (Add lines 39 through 42)	43	3910	
44.	Balance due (If line 38 is more than line 43, subtract line 43 from line 38) ▶	44	0	
45.	Overpayment (If line 38 is less than line 43, subtract line 38 from line 43) ▶	45	898	
46.	Amount of overpayment **TO BE APPLIED TO 2012 ESTIMATED TAX** ▶	46		
47.	Amount of overpayment **TO BE REFUNDED TO YOU** (Subtract line 46 from line 45) See line 50. REFUND ▶	47	898	
48.	Interest charges from Form 502UP [ ] or for late filing [ ] (See Instruction 22) Total ▶	48		
49.	**TOTAL AMOUNT DUE** (Add lines 44 and 48) **IF $1 OR MORE, PAY IN FULL WITH THIS RETURN**	49		

DIRECT DEPOSIT OF REFUND (See Instruction 22) Please be sure the account information is correct. **For Splitting Direct Deposit**, see Form 588.
In order to comply with banking rules, please, check ▶ ☐ here if this refund will go to an account outside the United States. If checked, see Instruction 22.
For the direct deposit option, complete the following information clearly and legibly. **50a.** Type of account: ▶ ☐ Checking ☒ Savings

50b. Routing Number (9-digit) ▶ [redacted] **50c.** Account number ▶ [redacted]

▶ ___ - ___ - ___ - ___ ▶ [ ] [ ] [ ]

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

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. 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.

Make checks payable and mail to:
Comptroller of Maryland,
Revenue Administration Division
110 Carroll Street, Annapolis, Maryland 21411-0001
(It is recommended that you include your Social Security number on check.)

Your signature Date ▶ Preparer's SSN or PTIN (required by law) SELF-PREPARED Signature of preparer other than taxpayer

Spouse's signature Date Address and telephone number of preparer

FORM **502** **MARYLAND RESIDENT INCOME TAX RETURN**

2010

$

OR FISCAL YEAR BEGINNING 2010, ENDING

Social Security number	Spouse's Social Security number
[redacted]1154	

Your First Name	Initial	Last Name
Gregory	W	Ruff, CST
Spouse's First Name	**Initial**	**Last Name**

Present address (Number and street): 6 Sylvanoak Way

City or Town	State	Zip Code
Baltimore	MD	21236

Name of county and incorporated city, town or special taxing area in which you were a resident on the last day of the taxable period. (See Instruction 6)	Maryland county	City, Town, or Taxing Area
	BALTIMORE	

YOUR FILING STATUS -- See Instruction 1 to determine if you are required to file.

Check Only One Box

1 [X] 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'S SOCIAL SECURITY NUMBER
4 [ ] Head of household
5 [ ] Qualifying widow(er) with dependent child
6 [ ] Dependent taxpayer (Enter 0 in Exemption Box (A) -- See Instr 7)

PART-YEAR RESIDENT: If you began or ended legal residence in Maryland in 2010 place a **P** in the box (See Instruction 26). [ ] ◄

Give dates of Maryland Residence
MO DAY YR MO DAY YR
FROM _____ **TO** _____

Other state of residence . . . . . _____

MILITARY: If you or your spouse has **non-Maryland** military income, place an **M** in the box. **Enter amount here.** (See Instruction 26) . . . . . _____

EXEMPTIONS -- See Instruction 10 Check here if you are: Spouse is:

(A) Yourself [X] Spouse [ ] (B) ► [ ] 65 or over ► [ ] Blind ► [ ] 65 or over ► [ ] Blind

			Exemption Amount
(A)Enter No. Checked . . .	1	See Ins. 10	$ 3200
(B)Enter No. Checked . . .		x $1,000	$
(C)Enter No. Checked in Columns 6 and 7		See Ins. 10	$
(D)Enter the Total Exemptions (Add A, B, and C) . . . ►	1	Total Amount	$ 3200

(C) Dependents:

(1) First name Last name	(2)Social Security number	(3)Relationship	(4) Check if Dep. under age 19 ►	(5) If (4) is checked, does child have health ins. now? ► Yes	► No	(6) Reg.	(7) 65 o Ove
	►						
	►						
	►						
	►						
	►						
	►						

► [ ] **Check here if you authorize us to share your tax information with the Medical Assistance Program for help finding health insurance.**

INCOME

1	Adjusted gross income from your federal return (See Instruction 11) . . . ►	1	54815
1a	Wages, salaries and/or tips (See Instruction 11) . . . ► 1a 53099		

Place check or money order on top of your W-2 wage and tax state-ments and attach here with ONE staple

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	54815

SUBTRACTIONS FROM INCOME (See Instruction 13)

8	Taxable refunds, credits or offsets of state and local income taxes included in line 1 above . . .	8	799
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 above . . . ►	11	
12	Income received during period of nonresidence (See Instructions 26) . . .	12	
13	Subtractions from attached Form 502SU (See Instruction 13) . . . ►	13	
14	Two-income subtraction from worksheet in Instruction 13 . . .	14	
15	Total subtractions from Maryland income (Add lines 8 through 14) . . . ►	15	799
16	Maryland adjusted gross income (Subtract line 15 from line 7) . . .	16	54016

DEDUCTION METHOD See Instruction 16 (all taxpayers must select one method and *check the appropriate box*)

STANDARD DEDUCTION METHOD (Enter amount on line 17) . . ► [ ]
ITEMIZED DEDUCTION METHOD (Complete lines 17a and 17b) [X]

Total federal itemized deductions (from line 29, federal Schedule A) . . . ► 17a 13735

State and local income taxes included in federal Schedule A, line 5 . . . ► 17b 3847

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	9888
18	Net income (Subtract line 17 from line 16) . . .	18	44128
19	Exemption amount from Exemptions area above (See Instruction 10) . . .	19	3200
20	Taxable net income (Subtract line 19 from line 18) . . .	20	40928

FORM 502 2010

MARYLAND RESIDENT INCOME TAX RETURN

NAME Gregory W Ruff, CST SSN [redacted]1154

MARYLAND TAX COMPUTATION

23	Amount from line 20 (taxable net income) GO TO TAX TABLE in the Resident Booklet. Enter the tax on line 24	23	40928
24	**Maryland tax** (from Tax Table or Computation Worksheet Schedules I or II)	24	1891
25	Earned income credit (1/2 of federal earned income credit. See Instruction 18) ►	25	
26	Poverty level credit (See Instruction 18) ►	26	
27	Other income tax credits for individuals from Part G, line 8 of Form 502CR (Attach Form 502CR)	27	
28	Business tax credits (Attach Form 500CR) ►	28	
29	Total credits (Add lines 25 through 28)	29	
30	**Maryland tax** after credits (Subtract line 29 from line 24) If less than 0, enter 0	30	1891

LOCAL TAX COMPUTATION

31	Local tax (See Instruction 19 for tax rates and worksheet.) **Multiply line 23 by your local tax rate** .0283 or use the Local Tax Worksheet	31	1158
32	Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19) ►	32	
33	Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19) ►	33	
34	Total credits (Add lines 32 and 33)	34	
35	**Local tax** after credits (Subtract line 34 from line 31) If less than 0, enter 0	35	1158
36	Total Maryland and local tax (Add lines 30 and 35)	36	3049
37	Contribution to Chesapeake Bay and Endangered Species Fund (See Instruction 20) ►	37	
38	Contribution to Developmental Disabilities Waiting List Equity Fund (See Instruction 20) ►	38	
39	Contribution to Maryland Cancer Fund (See Instruction 20) ►	39	
40	**Total Maryland income tax, local income tax and contributions (Add lines 36 through 39)**	40	3049
41	Total Maryland and local tax withheld (Enter total from and **attach your W-2 and 1099 forms if Maryland tax is withheld**) ►	41	3847
42	2010 estimated tax payments, amount applied from 2009 return, payment made with an extension request, and Form MW506NRS ►	42	
43	Refundable earned income credit (from worksheet in Instruction 21) ►	43	
44	Refundable income tax credits from Part H, line 6 of Form 502CR (Attach Form 502CR. See Instruction 21)	44	
45	Total payments and credits (Add lines 41 through 44)	45	3847
46	Balance due (If line 40 is more than line 45, subtract line 45 from line 40) ►	46	0
47	Overpayment (If line 40 is less than line 45, subtract line 40 from line 45) ►	47	798
48	Amount of overpayment **TO BE APPLIED TO 2011 ESTIMATED TAX** ►	48	
49	Amount of overpayment **TO BE REFUNDED TO YOU** (Subtract line 48 from line 47) See line 52 . . . **REFUND** ►	49	798
50	Interest charges from Form 502UP [ ] or for late filing [ ] (See Instruction 22) **Total** ►	50	
51	**TOTAL AMOUNT DUE** (Add lines 46 and 50) . . . . . **IF $1 OR MORE, PAY IN FULL WITH THIS RETURN**	51	

For credit card or electronic payment check here [ ] **and see Instruction 24.**

DIRECT DEPOSIT OF REFUND (See Instruction 22) Please be sure the account information is correct. **For Splitting Direct Deposit,** see Form 588.

In order to comply with new banking rules, please, check ► [ ] here if this refund will go to an account outside the United States. If checked, see Instruction 22.

For the direct deposit option, complete the following information clearly and legibly: **52a** Type of account: ► [ ] Checking [X] Savings

52b Routing number (9-digit) ► [redacted] **52c** Account number ► [redacted]

► _____ Daytime telephone no. _____ Home telephone no.

► [ ][ ][ ] CODE NUMBERS (3 digits per box)

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.

Make checks payable and mail to: **Comptroller of Maryland. Revenue Administration Division, Annapolis, Maryland 21411-0001**
It is recommended that you include your Social Security no. on check.

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 would prefer to receive your 1099G Income Tax Refund statement electronically.

Your signature	Date	► Preparer's SSN or PTIN (required by law)	Signature of preparer other than taxpayer
		Self-Prepared	
Spouse's signature	Date	Address and telephone number of preparer	

DL Class C Driver's License **Maryland**

LIC #: R-100-288-866-505

GREGORY WAYNE RUFF
6 SYLVAN OAK WAY
BALTIMORE BA MD 21236

BIRTH DATE: 06-26-1960
EXPIRES: 06-28-2016
Sex: M HT: 5-10 WT: 145
Restr: Type: R
Issue Date: 05-05-2011

06-26-1960

UNITED STATES UNIFORMED SERVICES

MVA Motor Vehicle Administration

6601 Ritchie Highway, N.E.
Glen Burnie, Maryland 21062

REGISTRATION CERTIFICATE

TAG NUMBER	UNIT #	STICKER NUMBER
DST058		DST058

TITLE NUMBER	MAKE AND BODY STYLE OF VEHICLE
36633381	TOYT 4S

YEAR	CLASS	EXCEPT	VEHICLE IDENTIFICATION NUMBER
06	A	N/A	4T1BK36B26U083974

GR. VEH. WT.	GR. COMB. WT.	FEE	EXPIRATION DATE
-3700	00N/A	$128.00	10/31/13

OWNER'S LICENSE SOUNDEX NO.	CO-OWNER'S LICENSE SOUNDEX NO.
R100288866505	

NAME(S) AND ADDRESS OF REGISTERED OWNER(S)

GREGORY WAYNE RUFF
6 SYLVAN OAK WAY
BALTIMORE MD 21236-4700

THIS CARD IS NOT A LICENSE TO DRIVE

MVA Motor Vehicle Administration

6601 Ritchie Highway, N.E.
Glen Burnie, Maryland 21062

REGISTRATION CERTIFICATE

TAG NUMBER	UNIT #	STICKER NUMBER
DST058		DST058

TITLE NUMBER	MAKE AND BODY STYLE OF VEHICLE
36633381	TOYT 4S

YEAR	CLASS	EXCEPT.	VEHICLE IDENTIFICATION NUMBER
06	A	N/A	4T1BK36B26U083974

GR. VEH. WT.	GR. COMB. WT.	FEE	EXPIRATION DATE
-3700	00N/A	$135.00	10/31/15

OWNER'S LICENSE SOUNDEX NO.	CO-OWNER'S LICENSE SOUNDEX NO.
R100288866505	

NAME(S) AND ADDRESS OF REGISTERED OWNER(S)

GREGORY WAYNE RUFF
6 SYLVANOAK WAY
BALTIMORE MD 21236-4700

THIS CARD IS NOT A LICENSE TO DRIVE

MVA Motor Vehicle Administration

Maryland Motor Vehicle Administration
6601 Ritchie Highway, N.E.
Glen Burnie, Maryland 21062

REGISTRATION CERTIFICATE

TAG NUMBER	UNIT #	STICKER NUMBER
DST058		2008393

TITLE NUMBER	MAKE AND BODY STYLE OF VEHICLE
36633381	TOYT 4S

YEAR	CLASS	EXCEPT.	VEHICLE IDENTIFICATION NUMBER
06	A	N/A	4T1BK36B26U083974

GR. VEH. WT.	GR. COMB. WT.	FEE	EXPIRATION DATE
-3700	00N/A	128.00	10/31/09

OWNER'S DRIVER LICENSE/SOUNDEX NO.	CO-OWNER'S DRIVER LICENSE/SOUNDEX NO.
R100288866505	

NAME(S) AND ADDRESS OF REGISTERED OWNER(S)

GREGORY WAYNE RUFF
6 SYLVANOAK WAY
BALTIMORE MD 21236

MVA Motor Vehicle Administration

6601 Ritchie Highway, N.E.
Glen Burnie, Maryland 21062

REGISTRATION CERTIFICATE

TAG NUMBER	UNIT #	STICKER NUMBER
DST058		DST058

TITLE NUMBER	MAKE AND BODY STYLE OF VEHICLE
36633381	TOYT 4S

YEAR	CLASS	EXCEPT.	VEHICLE IDENTIFICATION NUMBER
06	A	N/A	4T1BK36B26U083974

GR. VEH. WT.	GR. COMB. WT.	FEE	EXPIRATION DATE
-3700	00N/A	$128.00	10/31/11

OWNER'S LICENSE SOUNDEX NO.	CO-OWNER'S LICENSE SOUNDEX NO.
R100288866505	

NAME(S) AND ADDRESS OF REGISTERED OWNER(S)

GREGORY WAYNE RUFF
6 SYLVANOAK WAY
BALTIMORE MD 21236-4700

IMPORTANT NOTICE:

Maryland Law requires this vehicle be insured at all times.
Tags must be returned PRIOR to any cancellation of insurance on this vehicle.
Failure to comply will result in suspension of registration [illegible] of $ to $2,500 per vehicle, per year

REGISTRATION CERTIFICATE

TAG NUMBER	UNIT #	STICKER NUMBER
DST058	CVR	3326535

TITLE NUMBER	MAKE AND BODY STYLE OF VEHICLE
3663338[illegible]	TOYT 4S

YEAR	CLASS	EXCEPT.	VEHICLE IDENTIFICATION NUMBER
06	A	N/A	4T1BK36B26U083974

GR. VEH. WT.	GR. COMB. WT.	FEE	EXPIRATION DATE
[illegible]-3700	00N/A	64:00	10/31/2007

OWNER'S DRIVER LICENSE/SOUNDEX NO.	CO-OWNER'S DRIVER LICENSE/SOUNDEX NO.
R100288866505	

NAME(S) AND ADDRESS OF REGISTERED OWNER(S)

GREGORY WAYNE RUFF
6 SYLVAN OAK WAY
BALTIMORE MD 21236

2005
Stationed In
Iraq

MVA
Motor Vehicle Administration

Maryland Motor
Vehicle Administration
6601 Ritchie Highway, N.E.
Glen Burnie, Maryland 21062

REGISTRATION CERTIFICATE

TAG NUMBER	UNIT #	STICKER NUMBER
DST058		7065398

TITLE NUMBER	MAKE AND BODY STYLE OF VEHICLE
27682755	TOYT 4S

YEAR	CLASS	EXCEPT.	VEHICLE IDENTIFICATION NUMBER
98	A	N/A	4T1BG22K2WU327947

GR. VEH. WT.	GR. COMB. WT.	FEE	EXPIRATION DATE
-3700	00N/A	70.00	10/31/01

OWNER'S DRIVER LICENSE/SOUNDEX NO.	CO-OWNER'S DRIVER LICENSE/SOUNDEX NO.
R100288866505	

NAME(S) AND ADDRESS OF REGISTERED OWNER(S)

GREGORY WAYNE RUFF
2912 GLEN AVENUE #F
BALTIMORE MD 21215

NOTE: When vehicle insurance is canceled or terminated, the MVA suspends the registration and the plates must be returned immediately. The MVA must receive the plates on or before the insurance ends. Failure to return plates will result in substantial fines and the withholding of future registration privileges.

NOTE: When vehicle insurance is canceled or terminated, the MVA suspends the registration and the plates must be returned immediately. The MVA must receive the plates on or before the insurance ends. Failure to return plates will result in substantial fines and the withholding of future registration privileges.

Account Number 9274910000

0104700 01 AV 0.388 **AUTO 7 0 2123 21236-470006 -C01-P04704-I1 4

Gregory Wayne Ruff
6 Sylvan-Oak Way
Baltimore, MD 21236-4700

Please Pay by July 1, 2015

Amount Due	Amount Paid
$118.18	

A late charge will be applied to payments received after Jul 1, 2015.

Please make check payable to BGE and include account number.
Thank you!

BGE
P.O. Box 13070
Philadelphia, PA 19101-3070

BGE

21927491000070000118189182400001215000

2123-01-m1-0104700-0001-0004909

Total BGE Electric Amount $104.71

Adj Annual Usage Ele 5,433 kWh Gas 366 therms

Please detach here and return this portion with your payment.

Account Number 9274910000

0105437 01 AV 0.378 **AUTO 1 0 2100 21236-470006 -C01-P05442-I1 4

Gregory Wayne Ruff
6 Sylvan-Oak Way
Baltimore, MD 21236-4700

Please Pay by June 1, 2015

Amount Due	Amount Paid
$119.08	

A late charge will be applied to payments received after Jun 1, 2015.

Please make check payable to BGE and include account number.
Thank you!

BGE
P.O. Box 13070
Philadelphia, PA 19101-3070

BGE

21927491000060000119085152900001222800

2100-01-m1-0105437-0001-0007200

Please detach here and return this portion with your payment.

Account Number 9274910000

0105665 01 AV 0.378 **AUTO 2 0 2077 21236-470006 -C01-P05670-I1 4

Gregory Wayne Ruff
6 Sylvan-Oak Way
Baltimore, MD 21236-4700

Please Pay by April 30, 2015

Amount Due	Amount Paid
$167.75	

A late charge will be applied to payments received after Apr 30, 2015.

Please make check payable to BGE and include account number.
Thank you!

BGE
P.O. Box 13070
Philadelphia, PA 19101-3070

BGE

21927491000010000167753120900001719700

2077-01-m1-0105665-0001-0007652

0105658 01 AV 0.378 **AUTO 2 0 2052 21236-470006 -C01-P05663-I1 4

Gregory Wayne Ruff
6 Sylvan-Oak Way
Baltimore, MD 21236-4700

Please Pay by March 30, 2015

Amount Due	Amount Paid
$199.08	

A late charge will be applied to payments received after Mar 30, 2015.

Please make check payable to BGE and include account number.
Thank you!

BGE
P.O. Box 13070
Philadelphia, PA 19101-3070

BGE

21927491000040000199085089200002034100

2052-01-m1-0105658-0001-0007712

Please detach here and return this portion with your payment.

Account Number	9274910000

0105652 01 AV 0.378 **AUTO 2 0 2030 21236-470006 -C01-P05657-I1 4

Gregory Wayne Ruff
6 Sylvan-Oak Way
Baltimore, MD 21236-4700

Please Pay by March 2, 2015

Amount Due	Amount Paid
$199.91	

A late charge will be applied to payments received after Mar 2, 2015.

Please make check payable to BGE and include account number.
Thank you!

Pd 17 Feb 2015
$ 199.91
E-Pay

BGE
P.O. Box 13070
Philadelphia, PA 19101-3070

BGE

21927491000030000199917061900002042500

2030-01-m1-0105652-0001-0007801

Please detach here and return this portion with your payment.

Account Number	9274910000

0105653 01 AV 0.378 **AUTO 7 0 2008 21236-470006 -C01-P05658-I1 4

Gregory Wayne Ruff
6 Sylvan-Oak Way
Baltimore, MD 21236-4700

Please Pay by February 2, 2015

Amount Due	Amount Paid
$239.62	

A late charge will be applied to payments received after Feb 2, 2015.

Please make check payable to BGE and include account number.
Thank you!

Pd 19 Jan 2015
$ 239.62
E-Pay

BGE
P.O. Box 13070
Philadelphia, PA 19101-3070

BGE

21927491000070000239621033300002444100

2008-01-m1-0105653-0001-0006985

Account Number 9274910000

0103761 01 AV 0.378 **AUTO 8 0 2254 21236-470006 -C01-P03764-I1 4

Gregory Wayne Ruff
6 Sylvan-Oak Way
Baltimore, MD 21236-4700

Please Pay by December 29, 2014

Amount Due	Amount Paid
$147.29	

A late charge will be applied to payments received after Dec 29, 2014.

Please make check payable to BGE and include account number. Thank you!

BGE
P.O. Box 13070
Philadelphia, PA 19101-3070

Pd. 17 Dec 2014
$147.29
E-Pay

219274910000500001472963634000001509300

BGE

2254-01-m1-0103761-0001-0004007

Please detach here and return this portion with your payment.

Account Number 9274910000

0120747 01 AV 0.357 **AUTO T5 0 2246 21236-470006 -C01-P20767-I1 4

Gregory Wayne Ruff
6 Sylvan-Oak Way
Baltimore, MD 21236-4700

Please Pay by December 30, 2013

Amount Due	Amount Paid
$143.64	

A late charge will be applied to payments received after Dec 30, 2013.

Please make check payable to BGE and include account number. Thank you!

BGE
P.O. Box 13070
Philadelphia, PA 19101-3070

Pd 30 Dec 2013
$143.64
E-Pay

219274910000400001436453642000001457800

BGE

2246-01-m1-0120747-0001-0024277

The RSP Charge on this bill includes a qualified rate

Please detach here and return this portion with your payment.

Account Number 9274910000

0126547 02 AV 0.347 **AUTO T8 0 2246 21236-470006 -C01-P26573-I1 4

Gregory Wayne Ruff
6 Sylvan-Oak Way
Baltimore, MD 21236-4700

Please Pay by December 31, 2012

Amount Due	Amount Paid
$142.82	

A late charge will be applied to payments received after Dec 31, 2012.

Please make check payable to BGE and include account number. Thank you!

BGE
P.O. Box 13070
Philadelphia, PA 19101-3070

219274910000500001428233666000001449300

BGE

2246-01-m1-0126547-0001-0032496

Account Number 98522-[redacted]49

Please Pay by December 1, 2011

Amount Due	Amount Paid
$111.21	

If paid after December 1, 2011, amount due is $112.87.

Please make check payable to BGE and include account number. Thank you!

1028759 01 AV 0.337 **AUTO T3 0 2223 21236-470006 MAI 1 4

Gregory Wayne Ruff
6 Sylvan-Oak Way
Baltimore MD 21236-4700

Pd 5 Dec 2011
11121
E-Pay

BGE
P.O. Box 13070
Philadelphia, PA 19101-3070

BGE

21985220944930000111210335200001128700

1028759/0000001/0029525

RSR Bondco LLC, which owns the qualified rate stabilization

Please detach here and return this portion with your payment.

Account Number 98522-09449

Please Pay by November 2, 2010

Amount Due	Amount Paid
$130.61	

If paid after November 2, 2010, amount due is $132.56.

Please make check payable to BGE and include account number. Thank you!

1036478 01 AV 0.332 **AUTO T4 0 2202 21236-470006 MAI 1 4

Gregory Wayne Ruff
6 Sylvan-Oak Way
Baltimore MD 21236-4700

Pd 31 Oct 10
13061
E-Pay

BGE
P.O. Box 13070
Philadelphia, PA 19101-3070

BGE

21985220944900000130615306100001325600

1036478/0000001/0038018

stabilization charge of $0.00708 per kWh approved by the

Please detach here and return this portion with your payment.

Account Number 98522-09449

Please Pay by December 31, 2009

Amount Due	Amount Paid
$168.11	

If paid after December 31, 2009, amount due is $170.62.

Please make check payable to BGE and include account number. Thank you!

1025451 01 AV 0.335 **AUTO T6 0 2243 21236-470006 MAI 1 4

Gregory Wayne Ruff
6 Sylvan-Oak Way
Baltimore MD 21236-4700

Pd 22 Dec 09
16811
E-Pay

BGE
P.O. Box 13070
Philadelphia, PA 19101-3070

BGE

21985220944940000016811436530000170620 0

1025451/0000001/0025922

Account Number 98522-[illegible]49

Plea[illegible] Pay by December 3, 2008

Amount Due	Amount Paid
$128.41	

If paid after December 3, 2008, amount due is $130.33.

Please make check payable to BGE and include account number. Thank you!

1033145 01 AV 0.324 **AUTO T9 0 2222 21236-470006 MAI 1 4

Gregory Wayne Ruff
6 Sylvan-Oak Way
Baltimore MD 21236-4700

BGE
P.O. Box 13070
Philadelphia, PA 19101-3070

Pd 3 Dec 08
$128.41
E-Pay

BGE

2198522094494000012841733840000013033OO

1033145/0000001/0033391

charge.

Please detach here and return this portion with your payment.

Account Number 98522-09449

Please Pay by November 30, 2007

Amount Due	Amount Paid
$145.40	

If paid after November 30, 2007, amount due is $147.57.

Please make check payable to BGE and include account number. Thank you!

1024717 01 AV 0.312 **AUTO T3 0 2225 21236-470006 MAI 1 4

Gregory Wayne Ruff
6 Sylvan-Oak Way
Baltimore MD 21236-4700

BGE
P.O. Box 13070
Philadelphia, PA 19101-3070

Pd. 13 Nov 07
$145.40
E-Pay

BGE
A Constellation Energy Company

2198522094496000014540133410000147570O

1024717/0000001/0024908

Please detach here and return this portion with your payment.

Account Number 98522-09449

Please Pay by March 31, 2006

Amount Due	Amount Paid
$176.26	

If paid after March 31, 2006, amount due is $178.88.

Please make check payable to BGE and include account number. Thank you!

1037665 01 AV 0.293 **AUTO T9 0 2048 21236-470006 MAI 1 45

Gregory Wayne Ruff
6 Sylvan-Oak Way
Baltimore MD 21236-4700

BGE
P.O. Box 13070
Philadelphia, PA 19101-3070

BGE
A Constellation Energy Company

2198522094499000017626209090000178880O

1037665/0000001/0037743

Name	GREGORY WAYNE RUFF		
Service address	6 SYLVAN-OAK WAY	BALTIMORE	MD 21236
Account number	98522-09449		

Next reading date
Apr 6 2004

Electric Details

Non-Summer rates in effect

Residential - Schedule R
Billing period: Feb 5, 2004 - Mar 4, 2004 Days billed: 28
Meter read on Mar 4 Meter # G025249232

Current reading		Previous reading		kWh used
2745	-	2101	=	644

BGE Elec Supply	644 kWh	x	.03847000	24.77
BGE Electric Delivery Service				
Customer charge				7.50
Distribution charge	644 kWh	x	.02840000	18.29
State / Local Taxes & Surcharges				
MD Universal Svc Prog				.37
State surcharge	644 kWh	x	.00015000	.10
Franchise tax	644 kWh	x	.00062000	.40
Total BGE Electric Amount				**$51.43**

Electric Usage Profile

Month/ year	Type of reading	Days	kWh	Avg daily use	Avg temp

Summary

Date Billed: Mar 08 2004

Payments Received: Feb 17 2004	$188.34	
BGE Outstanding Balance		.00
Charges this period:		
BGE Electric	51.43	
BGE Gas Delivery Service	24.53	
BGE Gas Commodity	40.11	
Total charges this period:		116.07
Total amount due by MAR 31 2004		**$116.07**
Late charge after Mar 31 2004, add $1.73		$117.80

Messages

Your Price to Compare is 4.39 cents ($.0439) per kWh - When shopping for electric suppliers, compare this price to those proposed by other companies. This price reflects the average annual amount a customer on this schedule pays per kilowatt-hour

ACCOUNT NUMBER
04371078009
SERVICE ADDRESS
6 SYLVAN OAK WAY

Department of Finance, Bureau of Revenue Collections
200 Holliday Street, Baltimore, Maryland 212

PLEASE RETURN THIS PORTION OF BILL WITH YOUR PAYMENT

16.01

AMOUNT DUE AFTER
07/13/2015
16.81

Please make checks or money order payable to DIRECTOR OF FINANCE and write your account number on your check to ensure proper credit.

RUFF GREGORY WAYNE
6 SYLVANOAK WAY
NOTTINGHAM MD 21236-4700

REVENUE COLLECTIONS
P O BOX 17535
BALTIMORE, MD 21297-1535

1800004867

401000000160100000000000000000000437107800900000000000000000000000000008

MW0009 REV. 3 12/14

CITY OF BALTIMORE
METERED WATER BILL

ACCOUNT NUMBER
04371078009
SERVICE ADDRESS
6 SYLVAN OAK WAY

Department of Finance, Bureau of Revenue Collections
200 Holliday Street, Baltimore, Maryland 21202

PLEASE RETURN THIS PORTION OF BILL WITH YOUR PAYMENT

AMOUNT DUE NOW
14.55

AMOUNT DUE AFTER
04/20/2015
15.28

Please make checks or money order payable to DIRECTOR OF FINANCE and write your account number on your check to ensure proper credit.

RUFF GREGORY WAYNE
6 SYLVANOAK WAY
NOTTINGHAM MD 21236-4700

REVENUE COLLECTIONS
P O BOX 17535
BALTIMORE, MD 21297-1535

1800004867

401000000145500000000000000000000437107800900000000000000000000000000005

MW0009 REV. 2 10/14

CITY OF BALTIMORE
METERED WATER BILL

ACCOUNT NUMBER
04371078009
SERVICE ADDRESS
6 SYLVAN OAK WAY

Department of Finance, Bureau of Revenue Collections
200 Holliday Street, Baltimore, Maryland 21202

PLEASE RETURN THIS PORTION OF BILL WITH YOUR PAYMENT

AMOUNT DUE NOW
14.55

AMOUNT DUE AFTER
01/05/2015
15.28

Please make checks or money order payable to DIRECTOR OF FINANCE and write your account number on your check to ensure proper credit.

11 - Jan 2015
$15.28
E-pay

RUFF GREGORY WAYNE
6 SYLVANOAK WAY
NOTTINGHAM MD 21236-4700

REVENUE COLLECTIONS
P O BOX 17535
BALTIMORE, MD 21297-1535

1800004867

401000000145500000000000000000000437107800900000000000000000000000000005

ACCOUNT NUMBER
04371078009
SERVICE ADDRESS
6 SYLVAN OAK WAY

Department of Finance, Bureau of Revenue Collections
200 Holliday Street, Baltimore, Maryland 21202

PLEASE RETURN THIS PORTION OF BILL WITH YOUR PAYMENT

AMOUNT DUE AFTER
10/02/2014
15.28

Please make checks or money order payable to DIRECTOR OF FINANCE and write your account number on your check to ensure proper credit.

Pd 1 Oct 2014
14.55
E-Pay

RUFF GREGORY WAYNE
6 SYLVANOAK WAY
NOTTINGHAM MD 21236-4700

REVENUE COLLECTIONS
P O BOX 17535
BALTIMORE, MD 21297-1535

1800004867

401000000145500000000000000000000437107800900000000000000000000000000005

MW0009 REV. 2 07/08

ACCOUNT NUMBER
04371078009
SERVICE ADDRESS
6 SYLVAN OAK WAY

CITY OF BALTIMORE
METERED WATER BILL
Department of Finance, Bureau of Revenue Collections
200 Holliday Street, Baltimore, Maryland 21202

PLEASE RETURN THIS PORTION OF BILL WITH YOUR PAYMENT

AMOUNT DUE NOW
14.55

AMOUNT DUE AFTER
12/16/2013
15.28

Please make checks or money order payable to DIRECTOR OF FINANCE and write your account number on your check to ensure proper credit.

Pd 2 Dec 13
14.55
E-pay

RUFF GREGORY WAYNE
6 SYLVANOAK WAY
NOTTINGHAM MD 21236-4700

REVENUE COLLECTIONS
P O BOX 17535
BALTIMORE, MD 21297-1535

1800004867

401000000145500000000000000000000437107800900000000000000000000000000005

MW0009 REV. 2 07/08

ACCOUNT NUMBER
04371078009
SERVICE ADDRESS
6 SYLVAN OAK WAY

CITY OF BALTIMORE
METERED WATER BILL
Department of Finance, Bureau of Revenue Collections
200 Holliday Street, Baltimore, Maryland 21202

PLEASE RETURN THIS PORTION OF BILL WITH YOUR PAYMENT

AMOUNT DUE NOW
17.46

AMOUNT DUE AFTER
09/25/2012
18.33

Please make checks or money order payable to DIRECTOR OF FINANCE and write your account number on your chec to ensure proper credit.

Pd. 29 Aug 2012
17.46
E-pay

RUFF GREGORY WAYNE
6 SYLVANOAK WAY
NOTTINGHAM MD 21236-4700

REVENUE COLLECTIONS
P O BOX 17535
BALTIMORE, MD 21297-1535

1800004867

401000000174600000000000000000000437107800900000000000000000000000000002

04371078009

SERVICE ADDRESS
6 SYLVAN OAK WAY

...tment of Finance, Bureau of Revenue Collections
...0 Holliday Street, Baltimore, Maryland 212...

PLEASE RETURN THIS PORTION OF BILL WITH YOUR PAYMENT

14.55

AMOUNT DUE AFTER
12/12/2011
15.28

Please make checks or money order payable to DIRECTOR OF FINANCE and write your account number on your check to ensure proper credit.

1800004867

Pd 5 Dec 2011
$ 14.55
E-pay

RUFF GREGORY WAYNE
6 SYLVANOAK WAY
NOTTINGHAM MD 21236-4700

REVENUE COLLECTIONS
P O BOX 17535
BALTIMORE, MD 21297-1535

401000000145500000000000000000043710780090000000000000000000000000005

ACCOUNT NUMBER
04371078009

SERVICE ADDRESS
6 SYLVAN OAK WAY

CITY OF BALTIMORE
METERED WATER BILL
Department of Finance, Bureau of Revenue Collections
200 Holliday Street, Baltimore, Maryland 21202

PLEASE RETURN THIS PORTION OF BILL WITH YOUR PAYMENT

AMOUNT DUE NOW
13.90

AMOUNT DUE AFTER
09/20/2010
14.60

Please make checks or money order payable to DIRECTOR OF FINANCE and write your account number on your check to ensure proper credit.

1800004867

Pd. 1 Sept 10
$ 13.90
E-pay

RUFF GREGORY WAYNE
6 SYLVAN OAK WAY
NOTTINGHAM MD 21236-4700

REVENUE COLLECTIONS
P O BOX 17535
BALTIMORE, MD 21297-7535

401000000139000000000000000000043710780090000000000000000000000000003

ACCOUNT NUMBER
04371078009

SERVICE ADDRESS
6 SYLVAN OAK WAY

CITY OF BALTIMORE
METERED WATER BILL
Department of Finance, Bureau of Revenue Collections
200 Holliday Street, Baltimore, Maryland 21202

PLEASE RETURN THIS PORTION OF BILL WITH YOUR PAYMENT

AMOUNT DUE NOW
12.60

AMOUNT DUE AFTER
12/24/2008
13.23

Please make checks or money order payable to DIRECTOR OF FINANCE and write your account number on your check to ensure proper credit.

1800004867

Pd 3 Dec 08
$ 12.60
E-pay

RUFF GREGORY WAYNE
C/O FRED W RUFF
3010 PRIMROSE DR
SCOTTSBLUFF NE 69361-1438

REVENUE COLLECTIONS
200 HOLLIDAY ST STE 3
BALTIMORE MD 21202-3683

401000000126000000000000000000043710780090000000000000000000000000003

1SG Gregory W. Ruff, CST
6 Sylvanoak Way
Nottingham, MD 21236
Home Phone: (410)-529-8056
FAX Number: (410)-529-8056
E-Mail: catgreg@yahoo.com
gregory.w.ruff@us.army.mil

1SG GREGORY W. RUFF, CST
CO. A, 48TH CSH

Fax

410-321-2119

To: Dept. of Assessment & Taxation From: 1SG Gregory W. Ruff, CST (Ret)

Fax: 410-529-8056 Pages: 1

Phone: 410-529-8056 Date: 10 Jun 2015

Re: CC:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

• Comments:

Please change my Address.

To: Department of Assessments & Taxation 10 Jun 2015

From: Gregory W. Ruff
6 Sylvanoak Way
Nottingham, MD 21236

To Whom It May Concern.

I have just found out through the Zoning Office that my address is still listed in Nebraska. When I was deployed to IRAQ, I had all my mail routed to my father Fred W Ruff in Nebraska in case something happened to me over in Iraq.

When I returned back home, I came down to your office and had my mailing address returned back to 6 Sylvanoak Way, Nottingham MD 21236. Now I find out that it was never returned back.

Please change my mailing address back to:
Gregory W. Ruff
6 Sylvanoak Way
Nottingham, MD 21236.

My Home Phone is 410-529-8056 in case you have any questions.

Thanks

1SG Gregory W. Ruff (Ret)

KEVIN KAMENETZ
County Executive

LAWRENCE M. STAHL
Managing Administrative Law Judge
JOHN E. BEVERUNGEN
Administrative Law Judge

June 9, 2015

Gregory Wayne Ruff
6 Sylvanoak Way
Baltimore, Maryland 21236

Re: Petition for Administrative Variance
Case No. 2015-0241-A
Property: 6 Sylvanoak Way

Dear Mr. Ruff:

I am writing in regard to the captioned matter, wherein an administrative variance has been requested. The Baltimore County Code (B.C.C.) requires that a property be owner occupied in order to qualify for administrative hearing relief. State records in this case show the property is not your principal residence. As such, a public hearing is usually required in this scenario.

Please respond to the undersigned **in writing** regarding the above. Once I receive your information, I can then make my decision and prepare an Order or set the matter in for a public hearing.

Sincerely,

JOHN E. BEVERUNGEN
Administrative Law Judge
or Baltimore County

JEB:dlw
Attachment (SDAT Record)

c: Gerard Anderson, 1212 E. Joppa Rd., Towson, MD 21286

Real Property Data Search (w3)

Guide to searching the database

Search Result for BALTIMORE COUNTY

View Map | View GroundRent Redemption | View GroundRent Registration

Account Identifier: District - 11 Account Number - 1800004867

Owner Information

Owner Name:	RUFF GREGORY WAYNE	**Use:**	RESIDENTIAL
		Principal Residence:	NO
Mailing Address:	C/O FRED W RUFF 3010 PRIMROSE DR SCOTTSBLUFF NE 69361-1438	**Deed Reference:**	/11972/ 00094

Location & Structure Information

Premises Address:	6 SYLVANOAK WAY 0-0000	**Legal Description:**	1800 SQ FT 6 SYLVANOAK WAY WS OAKHURST

Map:	Grid:	Parcel:	Sub District:	Subdivision:	Section:	Block:	Lot:	Assessment Year:	Plat No:	1
0063	0019	0568		0000	2	G	89	2015	Plat Ref:	0042/ 0119

Special Tax Areas:

Town: NONE

Ad Valorem:

Tax Class:

Primary Structure Built	Above Grade Enclosed Area	Finished Basement Area	Property Land Area	County Use
1984	1,280 SF		1,800 SF	04

Stories	Basement	Type	Exterior	Full/Half Bath	Garage	Last Major Renovation
2		CENTER UNIT	FRAME	2 full/ 1 half		

Value Information

	Base Value	Value As of 01/01/2015	Phase-in Assessments As of 07/01/2014	As of 07/01/2015
Land:	70,000	70,000		
Improvements	100,700	104,600		
Total:	170,700	174,600	170,700	172,000
Preferential Land:	0			0

Transfer Information

Seller: CHANEY KAREN FRANCES	Date: 01/06/1996	Price: $99,000
Type: ARMS LENGTH IMPROVED	Deed1: /11972/ 00094	Deed2:
Seller: LEE JEFFREY W	Date: 12/08/1993	Price: $97,000
Type: ARMS LENGTH IMPROVED	Deed1: /10201/ 00448	Deed2:
Seller: GERMACK GERARD J,JR	Date: 04/18/1990	Price: $99,000
Type: ARMS LENGTH IMPROVED	Deed1: /08457/ 00246	Deed2:

Exemption Information

Partial Exempt Assessments:	Class	07/01/2014	07/01/2015
County:	000	0.00	
State:	000	0.00	
Municipal:	000	0.00|0.00	0.00|0.00

Tax Exempt:

Exempt Class:

Special Tax Recapture: NONE

Homestead Application Information

Homestead Application Status: No Application

Real Property Data Search (w3) | Guide to searching the database

Search Result for BALTIMORE COUNTY

View Map | View GroundRent Redemption | View GroundRent Registration

Account Identifier: District - 11 Account Number - 1800004867

Owner Information

Owner Name:	RUFF GREGORY WAYNE	**Use:**	RESIDENTIAL
		Principal Residence:	NO
Mailing Address:	C/O FRED W RUFF 3010 PRIMROSE DR SCOTTSBLUFF NE 69361-1438	**Deed Reference:**	/11972/ 00094

Location & Structure Information

Premises Address:	6 SYLVANOAK WAY 0-0000	**Legal Description:**	1800 SQ FT 6 SYLVANOAK WAY WS OAKHURST

Map:	Grid:	Parcel:	Sub District:	Subdivision:	Section:	Block:	Lot:	Assessment Year:	Plat No:	1
0063	0019	0568		0000	2	G	89	2015	Plat Ref:	0042/ 0119

Special Tax Areas: | **Town:** | **Ad Valorem:** | **Tax Class:** | NONE

Primary Structure Built	Above Grade Enclosed Area	Finished Basement Area	Property Land Area	County Use
1984	1,280 SF		1,800 SF	04

Stories	Basement	Type	Exterior	Full/Half Bath	Garage	Last Major Renovation
2		CENTER UNIT	FRAME	2 full/ 1 half		

Value Information

	Base Value	Value As of 01/01/2015	Phase-In Assessments As of 07/01/2014	Phase-In Assessments As of 07/01/2015
Land:	70,000	70,000		
Improvements	100,700	104,600		
Total:	170,700	174,600	170,700	172,000
Preferential Land:	0			0

Transfer Information

Seller: CHANEY KAREN FRANCES	**Date:** 01/06/1996	**Price:** $99,000
Type: ARMS LENGTH IMPROVED	**Deed1:** /11972/ 00094	**Deed2:**
Seller: LEE JEFFREY W	**Date:** 12/08/1993	**Price:** $97,000
Type: ARMS LENGTH IMPROVED	**Deed1:** /10201/ 00448	**Deed2:**
Seller: GERMACK GERARD J,JR	**Date:** 04/18/1990	**Price:** $99,000
Type: ARMS LENGTH IMPROVED	**Deed1:** /08457/ 00246	**Deed2:**

Exemption Information

Partial Exempt Assessments:	Class	07/01/2014	07/01/2015
County:	000	0.00	
State:	000	0.00	
Municipal:	000	0.00|0.00	0.00|0.00

Tax Exempt: | **Special Tax Recapture:**
Exempt Class: | NONE

Homestead Application Information

Homestead Application Status: No Application

Location of proposed deck under existing

front view of 6 Sylvanoak Way

please note other existing 1st story decks located on same block

2015-0241-A

BALTIMORE COUNTY, MARYLAND

Inter-Office Correspondence

RECEIVED
MAY 29 2015
OFFICE OF ADMINISTRATIVE HEARINGS

TO: Hon. Lawrence M. Stahl; Managing Administrative Law Judge
Office of Administrative Hearings

FROM: Jeff Livingston, Department of Environmental Protection and Sustainability (EPS) - Development Coordination

DATE: May 29, 2015

SUBJECT: DEPS Comment for Zoning Item # 2015-0241-A
Address 6 Sylvan oak Way
(Ruff Property)

Zoning Advisory Committee Meeting of May 11, 2015.

__X__ The Department of Environmental Protection and Sustainability has no comment on the above-referenced zoning item.

Reviewer: *Jeff Livingston – Development Coordination*

KEVIN KAMENETZ
County Executive

ARNOLD JABLON
Deputy Administrative Officer
Director, Department of Permits,
Approvals & Inspections

June 2, 2015

Gregory Ruff
6 Sylvanoak Way
Baltimore MD 21236

RE: Case Number: 2015-0241 A, Address: 6 Sylvanoak Way

Dear Mr. Ruff:

The above referenced petition was accepted for processing **ONLY** by the Bureau of Zoning Review, Department of Permits, Approvals, and Inspection (PAI) on May 4, 2015. This letter is not an approval, but only a **NOTIFICATION.**

The Zoning Advisory Committee (ZAC), which consists of representatives from several approval agencies, has reviewed the plans that were submitted with your petition. All comments submitted thus far from the members of the ZAC are attached. These comments are not intended to indicate the appropriateness of the zoning action requested, but to ensure that all parties (zoning commissioner, attorney, petitioner, etc.) are made aware of plans or problems with regard to the proposed improvements that may have a bearing on this case. All comments will be placed in the permanent case file.

If you need further information or have any questions, please do not hesitate to contact the commenting agency.

Very truly yours,

W. Carl Richards, Jr.
Supervisor, Zoning Review

WCR: jaw

Enclosures

c: People's Counsel
Gerard Anderson, 1212 E Joppa Road, Towson MD 21286

Larry Hogan, *Governor*
Boyd Rutherford, *Lt. Governor*

State Highway Administration
Maryland Department of Transportation

Pete K. Rahn, *Secretary*

Date: 5/14/15

Ms. Kristen Lewis
Baltimore County Office of
Permits and Development Management
County Office Building, Room 109
Towson, Maryland 21204

RE: Baltimore County
Item No 2015-0241-A
Administrative Variance
Gregory Rutt
6 Sylvanoak Way

Dear Ms. Lewis:

Thank you for the opportunity to review your referral request on the subject of the above captioned. We have determined that the subject property does not access a State roadway and is not affected by any State Highway Administration projects. Therefore, based upon available information this office has no objection to Baltimore County Zoning Advisory Committee approval of Item No. 2015-0241-A.

Should you have any questions regarding this matter, please contact Mr. Richard Zeller at 410-545-5598 or 1-800-876-4742 (in Maryland only) extension 5598, or by email at (rzeller@sha.state.md.us).

Sincerely,

Brian Romanowski, Chief
Access Management Division

BR/raz

BALTIMORE COUNTY, MARYLAND

INTEROFFICE CORRESPONDENCE

TO: Arnold Jablon, Director
Department of Permits, Approvals
And Inspections

DATE: May 13, 2015

FROM: Dennis A. Kennedy, Supervisor
Bureau of Development Plans Review

SUBJECT: Zoning Advisory Committee Meeting
For May 18, 2015
Item No. 2015-0241, 0242 and 0243

The Bureau of Development Plans Review has reviewed the subject zoning items and we have no comments.

DAK:CEN
cc:file

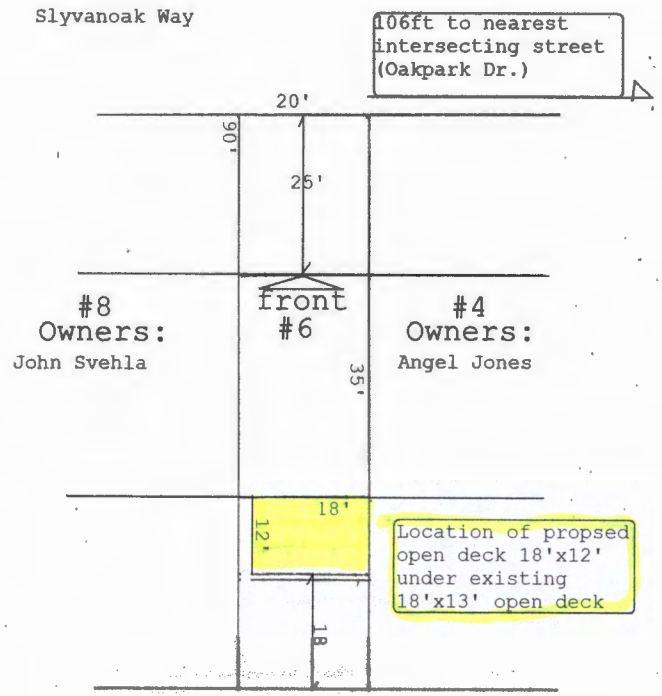
G:\DevPlanRev\ZAC -No Comments\ZAC05182015.doc

ZONING HEARING PLAN FOR VARIANCE

ADDRESS 6 SYLVANOAK WAY OWNER(S) NAME(S) GREGORY RUFF

SUBDIVISION NAME Oakhurst LOT # 89 BLOCK # G SECTION # 2

PLAT BOOK # 42 FOLIO # 119 10 DIGIT TAX # 1800004867 DEED REF. # 11972/00094



N

2015-0241-A

PLAN DRAWN BY Gerard Andersen DATE 4/30/15 SCALE: 1 INCH = 20' FEET

SITE VICINITY MAP

N

MAP IS NOT TO SCALE

ZONING MAP# 062C3

SITE ZONED DR5.5

ELECTION DISTRICT 11Th

COUNCIL DISTRICT 5th

LOT AREA ACREAGE

OR SQUARE FEET 1,800

HISTORIC ? No

IN CBCA ? No

IN FLOOD PLAIN ? No

UTILITIES ? MARK WITH X

WATER IS:

PUBLIC x PRIVATE

SEWER IS:

PUBLIC x PRIVATE

PRIOR HEARING ? R-1974-0073

IF SO GIVE CASE NUMBER AND ORDER RESULT BELOW

VIOLATION CASE INFO:

Pet. Exh. 1

1970-1988 CMDP

V.B.7 PRIVATE SPACE FACTOR

To ensure adequate private yard space (private yard space is defined as that area of open land that is sold and belongs to the dwelling unit), a minimum area of 500 square feet is required. The 500 square feet must be in one contiguous area with a minimum depth of 15'-0". Covered areas such as porches that could possibly be enclosed at a later date cannot be calculated in this minimum space.

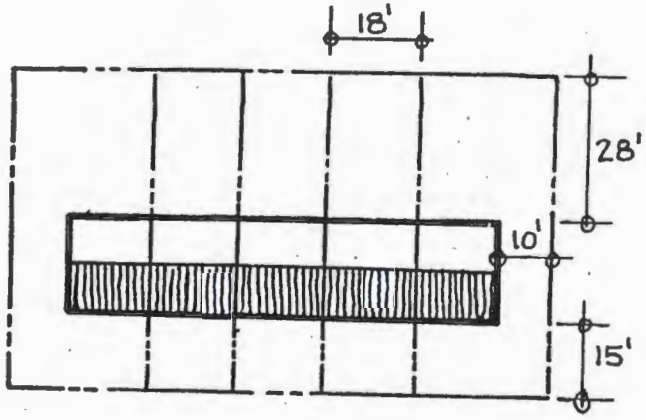


Figure 5-10a

Modify Section V.B.7. as follows:

* adopted by the Baltimore County Planning Board 11/17/88

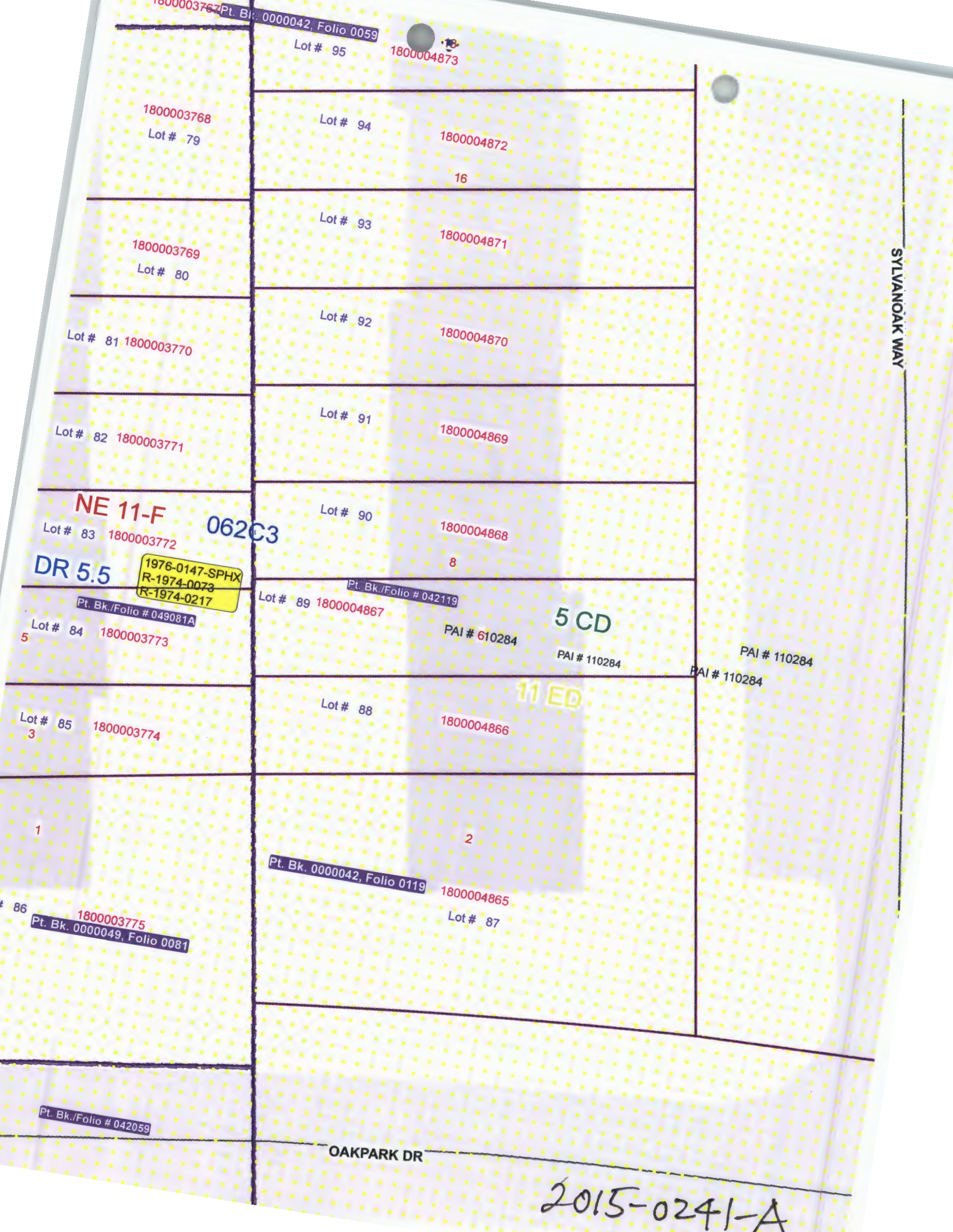
V.B.7. PRIVATE SPACE FACTOR

To ensure adequate private yard space (private yard space is defined as that area of open land that is sold and belongs to the dwelling unit), a minimum area of 500 square feet is required. The 500 square feet must be in one contiguous area with a minimum depth of 15'-0". For group housing or townhouses with garage units, this area must be located to the rear of the unit. Covered areas such as porches that could possibly be enclosed at a later date cannot be calculated in this minimum space. The land area under an uncovered deck, at-grade or elevated, may be included in the calculation of minimum private yard space.

The example shown in Figure 5-10a provides one area of 500 square feet to meet required private yard space. The side and front yard area is too small in depth or overall size to be calculated as adequate yard space.

86-378-A G
86-441-A G

2015-0241-A


Pt. Bk. 0000042, Folio 0059
Lot # 95
1800004873
1800003768
Lot # 79
Lot # 94
1800004872
16
1800003769
Lot # 80
Lot # 93
1800004871
Lot # 81 1800003770
Lot # 92
1800004870
Lot # 82 1800003771
Lot # 91
1800004869
NE 11-F
062C3
Lot # 83 1800003772
Lot # 90
1800004868
8
DR 5.5
1976-0147-SPHX
R-1974-0073
R-1974-0217
Pt. Bk./Folio # 042119
Pt. Bk./Folio # 049081A
Lot # 84 1800003773
5
Lot # 89 1800004867
PAI # 610284
5 CD
PAI # 110284
PAI # 110284
PAI # 110284
11 ED
Lot # 85 1800003774
3
Lot # 88
1800004866
1
2
Pt. Bk. 0000042, Folio 0119
1800004865
Lot # 87
86
1800003775
Pt. Bk. 0000049, Folio 0081
Pt. Bk./Folio # 042059
OAKPARK DR
SYLVANOAK WAY
2015-0241-A

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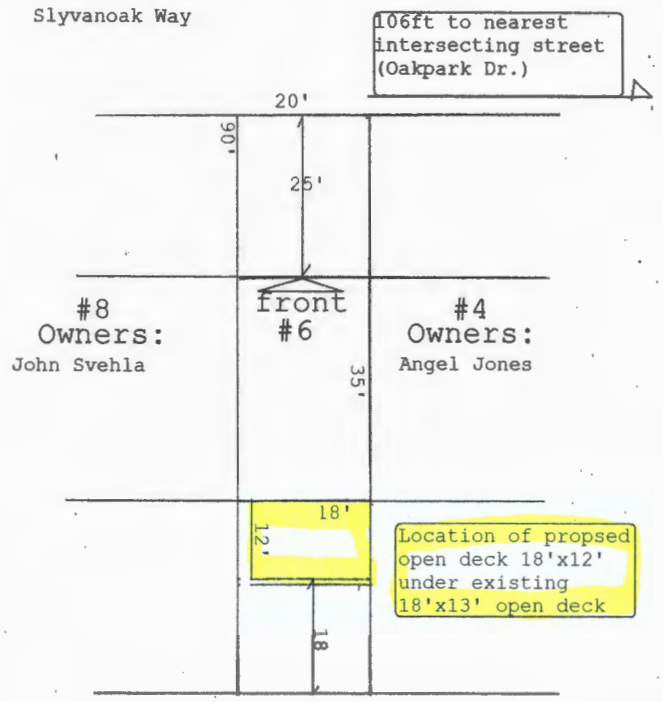

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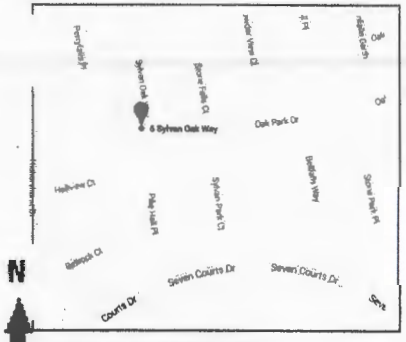

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