IN RE: PETITION FOR ADMIN. VARIANCE

(6 Sylvanoak Way) 11<sup>th</sup> Election District

5<sup>th</sup> 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

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.

Administrative Law Judge for Baltimore County

JEB:dlw

ORDER RECEIVED FOR FILING

# **ADMINISTRATIVE ZONING PETITION**

FOR ADMINISTRATE VARIANCE - OR - ADMINISTRATE ECIAL 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 a

Address 6 Sylvanoak Way Deed Reference 11972/ 00094	which is presently zoned DR 5.5  10 Digit Tax Account # 1800004867	
Property Owner(s) Printed Name(s) Gregory Ruff	TO Digit Tax Account # 200004007	

(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

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.
 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/L	_essee:	• • •	Legal Owners:	A CONTRACTOR OF STREET
		•	Gregory Ruff	1
Name-Type or Print			Name #1 - Type or Print	Name #2 – Type or Print
Signature			Signature #1	Signature # 2
		bi un.	6 Sylvanoak Way	BALTIMORE MD
Mailing Address	City	State	Mailing Address	City State
1.			21236 , (410) 529	-8056
Zip Code Teleph	one# Email	Address	Zip Code Telephone	# Email Address
Attorney for Petition	er:	n I albert	Representative to be con Gerard Andersen	tracted:
Name-Type or Print	FILING		Name - Type or Print	ITE OF THE SYNAP ROPE
Signature	ENED FOR		Signature 1212 E. Joppa Rd	Towson MD
Name-Type or Print  Signature  Mailing Address RECE  Zip Code  Jeleph	6 611	State	Mailing Address 21286 /(410) 321-	City State
Zip Code Teleph	none # Email	Address	Zip Code Telephone	# Email Address

Administrative Law Judge of Baltimore County

CASE NUMBER 2015-0241- A

regulations of Baltimore County and that the property be reposted. .

Filing Date 5,4,15

Estimated Posting Date

that the subject matter of this petition be set for a public hearing, advertised, as required by the zoning

5,17,15

Reviewer AT

6/1/15 Rev 10/12/1

# Affidavit in Support of Administrative Variance (THIS AFFIDAVIT IS NOT REQUIFE OR AN HISTORIC ADMINISTRATIVE IA

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	Baltimore	Wal	21236
Print or Type Address of property	City	Md State	Zip Code
Based upon personal knowledge, the follow Administrative Variance at the above addresses			
We would like to build a 18'x12' open deck on th	e rear of our		
1: we would construct the proposed open deck und 18'x13' 2nd level open deck. Although we are not the 1st level deck we would than lose the "open setback allowance, therefore we are asking for a variance of 17' in lieu of required rear yard s	enclosing projection"		
—2. Within the Oakhurst subdivision we are to hol of open space in our rear yard this being — the total area of our rear yard, We have a minor _ to our rear yard and would like to use the area _ would give us, not only for personal enjoyment b — foundation for a future hot tub to be installed variance & completion of final inspection of the — Therefore we are also asking for a variance of 2 — in lieu of the required 500sqft open space area.	sloping grade this deck ut also as a pending this deck		
(If additional space for the petition request o			attach it to this Form)
Signature of Affiant	Sign	ature of Affiant	
Gregory Ruff	at it		
Name- Print or Type	Nan	ne- Print or Type	
The following information is to be	completed by a Notar	y Public of the State	of Maryland
STATE OF MARYLAND, COUNTY OF BA	LTIMORE, to wit:	A17/19	ERENT
HEREBY CERTIFY, this day or and for the County aforesaid, personally appear	f may, 20 ared	before me a	Notary of Maryland, in
the Affiant(s) herein, personally known or satisf	factorily identified to r	ne as such Affiant(s)	(Print name(s) here)
AS WITNESS my hand and Notaries Seal	Selvies a	Seall	
Not	ary Public		
My	Commission Expires		111

# Zoning Descripton for 6 Sylvanoak 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	<b>No.</b> Date:	123680 5/4//5	PAID RECEIPT  DUSTNESS ACTIVAL TIME MIN 5/04/2015 5/04/2015 07:38:22 1
Rev Sub Source/ Rev/ Fund Dept Unit Sub Unit Obj Sub Obj	Dept Obj BS Ac	Amount	5/04/2015 5/04/2015 07:38:22 1 RES WSOX WALKIN LRAS LIR >> RECEIPT # 5799775 5/04/2015 0FG# 05 NO. >123680
			Pecpt Tot 175,00: 1,00 CK 180,00 CA 15,00 CG Baltimore County, Haryland
Rec RUFF, GREGO	Total:	\$ 75	
For: 6 SYLVANOAK W	VAY		
DISTRIBUTION WHITE - CASHIER PINK - AGENCY YELLOW - CUSTOME	R GOLD	ACCOUNTING	CASHIER'S VALIDATION
PLEASE PRESS HARDIIII	Andrew street		

# ADMINISTRATIVE VARIANCE INFORMATION SHEET AND DATES

Case Number 2015- 0241 -A Address 6 SYLVANOAK WAY	
Contact Person: AARON TSUI Phone Number: 410-887-3391	
Filing Date: 5/4/2015 Posting Date: 5/19/15 Closing Date: 06/01/13	
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. <u>DEADLINE:</u> 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.	
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 40-5,29-805	,
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 SONARE FEET	
Revised 7/18/14	

# **CERTIFICATE OF POSTING**

	<u>Petiti</u>	oner:	<b>Gregory R</b>	uff
	Heari	ng / Clo	osing Date:	6/1/15
Baltimore County Department of				
Permits and Development Manageme	ent			
Room 111, County Office Building				
111 W. Chesapeake Ave.				
Towson, Md. 21204				
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vere posted conspicuously on the pro	perty locate	ed at _		ary sign(s)
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vere posted conspicuously on the pro	on Since	rely,	5/17/15	*/17/15 n
This letter is to confirm, under penaltice.  Were posted conspicuously on the pro- 6 Sylvanoal	on Since	rely, Richard	5/17/15	*/17/15 n ve

RE: Case No. 2015-0441-A

# **Certificate of Posting**

Case No. 2015-0241-A



6 Sylvanoak Way

(posted 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	<u>Department</u>		Support/Oppose/ Conditions/ Comments/ No Comment
6-13	DEVELOPMENT PLANS REVIE (if not received, date e-mail sent _		NU
5-29	DEPS (if not received, date e-mail sent	)	NU
	FIRE DEPARTMENT		<u>-</u>
	PLANNING (if not received, date e-mail sent	)	
5-14	STATE HIGHWAY ADMINISTR	ATION	No objection
	TRAFFIC ENGINEERING	· · · · · · · · · · · · · · · · · · ·	. ————
	COMMUNITY ASSOCIATION	·	
	ADJACENT PROPERTY OWNER	RS	
ZONING VIOLATION	ON (Case No		
PRIOR ZONING	(Case No		
NEWSPAPER ADV	ERTISEMENT Date:		
SIGN POSTING	Date:	5-17-15	by Holdman
PEOPLE'S COUNSI	EL APPEARANCE Yes EL COMMENT LETTER Yes	□ No □ □ No □	
Comments, if any: _			

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

### RECEIVED

JUN 1 6 2015

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

Dear Sir,

OFFICE OF ADMINISTRATIVE HEARINGS

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 Irag 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 Irag.

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

regory 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

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						As of 01/01/20		As of 07/01/	2044	A	s of 7/01/201	
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Exem	pt Clas	55:		11		17 A2	Informatio					

Homestead Application Status: No Application

ORDERS 04-278-00029

04 October 2004

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

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 sconer 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 (WRFYY1), 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 (01, 02, 03, 04, 06, 07, 08, 09, 10, 11, 12, 13, 14, 15,

instructions: 16, 17, 20) See page 2

FOR ARMY USE

AUTHORITY: HQDAMSG032335ZSEP04/DAMO-ODOM/ORDTYP/MOBORD/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, CO	MPONENT AND BRAN	CH	3. SOCIAL	SECURITY	NUMBER
RUFF, GREGORY WAYNE	AR	MY/USAR					1154
4a. GRADE, RATE OR RANK	b. PAY GRADE	5. DATE OF I	BIRTH (YYYYMMDD)	6. RESERVE	BLIGATION	TERMINAT	ION DATE
SG	E08	19600628		(YYYYMMDE	000000	00	
7a. PLACE OF ENTRY INTO AC	TIVE DUTY	b. HOME OF	RECORD AT TIME OF	ENTRY (City and	state, or comp	olete address	f known)
		6 SYLVANO	AK WAY				
BRISTOL, PENNSYLVANIA	A		MARYLAND 2123	6			
8a. LAST DUTY ASSIGNMENT	AND MAJOR COMMA	ND	b. STATION WHERE	SEPARATED			
JS ARMY CENTRAL COMMA	AND FC		FORT DIX, NJ	08640-5089			
9. COMMAND TO WHICH TRAI	NSFERRED					OVERAGE	NOI
113TH ADJUTANT GENERA	AL POSTAL COME	PANY BRISTOL,	PA. 19007		AMOU	NT: \$400,	000.00
11. PRIMARY SPECIALTY (List n			12. RECORD OF SEF	RVICE	YEAR(S)	MONTH(S)	DAY(S)
specialty. List additional specialt one or more years.)	y numbers and titles inve	olving periods of	a. DATE ENTERED AD	THIS PERIOD	2004	10	05
12L50 F4 ADMIN SP - 1	YRS 3 MOS//9	1W50 HEALTH	b. SEPARATION DATE	THIS PERIOD	2006	02	05
ARE SPECIALIS - 23			C. NET ACTIVE SERVI	CE THIS PERIOD	0001	04	01
			d. TOTAL PRIOR ACT		0015	00	19
			e. TOTAL PRIOR INAC	TIVE SERVICE	0008	10	23
			f. FOREIGN SERVICE		0000	11	21
			g. SEA SERVICE		0000	00	00
			h. EFFECTIVE DATE O	F PAY GRADE	2003	02	01
13. DECORATIONS, MEDALS, E	ADGES, CITATIONS	AND CAMPAIGN	14. MILITARY EDUC	ATION (Course titl	e, number of	weeks, and m	onth and
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ORDERS 007-0017

07 January 2006

RUFF, GREGORY W 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. SCLDIER 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: 2152C20.0000 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

Comp: RESERVE PEBD: Not applicable

Format: 523

FOR THE COMMANDER:

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

PINELLAS PARK, FLORIDA 33782-6140

ORDERS 06-223-00031

11 August 2006

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

1154 MSG 0018 MC HSP FLD HOSP HOLD (WSA8A1) 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 (WSAST1), 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: 91W50 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)

# FORM TAX RETURN 502



2014
4

100	Security Number		Spouse's Social S	ecurity Number			
Your Fir	1154 rst Name	Initial	Last Name				
GRE	EGORY	W	RUFF, C	CST			
Spouse's	's First Name	Initial	Last Name				
6 S	Address (No. and street) SYLVANOAK WAY				44 X X X X X X X X X X X X X X X X X X	NED DIVIN	
City or T	Town LTIMORE		MD State	21236			
Name	of county and incorporated city, to	wn or	Maryland County				
day of	I taxing area in which you resided of the taxable period. (See Instruction	n 6.)	BALTIMORE	NOT APPLICABL	E		
3.	the Depende  Yourself Sp 65 or over 65 Blind Blind  ter number from line 3 of ter Total Exemptions (I  Adjusted gross inc.  1. Adjusted gross inc.  1a. Wages, salaries an	ion 10. (ents' Info	Spouse's Social Section Section Form Enter number Enter number Form 502E  3 and C.)  m your federal Section Social Section Social Section Form Social Section	iate box(es). NOTE: If you 502B to this form to rece er checked See In See In Total	Amount D. \$ 3200	residence in 2014 place stach  Dates of Mai  FROM TO  Other state MILITARY: non-Maryli M in the box Enter amou	n or ended legal Maryland in a Place an in this Place an in this
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See Instruction 13.) (See Instruction 12.)	1d. Taxable Pension, I  2. Tax-exempt intere  3. State retirement p  4. Lump sum distribit  5. Other additions (E  6. Total additions to  7. Total federal adjus  8. Taxable refunds, o  9. Child and depende  10. Pension exclusion  11. Taxable Social Sec  12. Income received d  13. Subtractions from  14. Two-income subtra  15. Total subtractions  16. Maryland adjusted  (All taxpayers must select o  STANDARD DEDUCTION M  17a. Total federal ib	RA, Ann st on sta ickup utions (f inter cod Maryland sted gros iredits or ent care from wo curity an luring pe attacher action fri from Ma gross ir ine method ETHOD ( emized de income	ate and local of the property	t in Instruction 12.) In Instruction 12.) In Instruction 12.) Instruction 12.) Instruction 12.) In Instruction 12.) In Instruction 13. In Instruction 14.) In Instruction 14.	investment income is more than \$3,350  In Maryland.  es 1 and 6.)  cluded in line 1 above  ) included in line 1 above	2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16.	59166 941 941 58225
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TO INCOME ee Instruction 12.)	1d. Taxable Pension, I  2. Tax-exempt intere  3. State retirement p  4. Lump sum distribit  5. Other additions (E  6. Total additions to i  7. Total federal adjus  8. Taxable refunds, o  9. Child and depende  10. Pension exclusion  11. Taxable Social Sec  12. Income received d  13. Subtractions from  14. Two-income subtrations  16. Maryland adjusted  (All taxpayers must select o  STANDARD DEDUCTION M  17a. Total federal ib  17b. State and local Subtract line 17b from  17. Deduction amount  18. Net income (Subtract)	RA, Annust on state of the control of the care of the	ate and local of the complete lines of the c	t in Instruction 12.) In Instruction 13. In Instruction 14. In Instruction 15. In Instruction 15. In Instruction 16. In Instruction 17. In Instruction 17. In Instruction 14.) In Instruction 14. In Instruction 15. In Instruction 15. In Instruction 16. In Instruction 16. In Instruction 16. In Instruction 17. In Instruction 16. In Instruction 16. In Instruction 16. In Instruction 17. In Instruction 17. In Instruction 18. In I	investment income is more than \$3,350  In Maryland.  es 1 and 6.)  cituded in line 1 above.  ) included in line 1 above.  17a.  17b.	2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16.  X  15492 4184	59166 941 941 58225

# MARYLAND RESIDENT INCOME FORM TAX RETURN 502

145020112

2014 NAME GREGORY W RUFF, 1154 SSN MARYLAND TAX COMPUTATION 43717 2024 Earned income credit (1/2 of federal earned income credit. See Instruction 18.) 0 ......You must file this form electronically to claim business tax credits on Form 500CR. 0 Total credits (Add lines 23 through 26.). 2024 LOCAL TAX COMPUTATION Local tax (See Instruction 19 for tax rates and worksheet.) Multiply line 21 12371 by your local tax rate . 0 2 8 3 or use the Local Tax Worksheet . . . . Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.). Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19.) Total credits (Add lines 30 and 31.). 32. 12371 3261 34. 35. 3261 Total Maryland and local tax withheld (Enter total from your W-2 and 1099 forms if MD tax is 4184 withheld and attach.)..... 40. 2014 estimated tax payments, amount applied from 2013 return, payment made with an extension request, and Form MW506NRS Refundable earned income credit (from worksheet in Instruction 21). 4184 0 Balance due (If line 38 is more than line 43, subtract line 43 from line 38. See Instruction 22.)..... 9231 Overpayment (If line 38 is less than line 43, subtract line 38 from line 43.) 46. Amount of overpayment TO BE APPLIED TO 2015 ESTIMATED TAX ...... Amount of overpayment TO BE REFUNDED TO YOU REFUND ▶ (Subtract line 46 from line 45.) See line 50 . . . . . . . or for late filing (See Instruction 22.) Total . . . . . . . . . Interest charges from Form 502UP TOTAL AMOUNT DUE (Add lines 44 and 48.) IF \$1 OR MORE, PAY IN FULL WITH THIS RETURN 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 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. Checking X 50a. Type of account: 50b. Routing Number 50c. Account (9-digits) Number Daytime telephone no. Home telephone no. CODE NUMBERS (3 digits per box) Make checks payable and mail to: Check here if you authorize your preparer to discuss this return with us. Check here if you authorize your paid preparer r of Maryland, R not to file electronically. Check here ▶ ☐ If you agree to receive your 1099G Income Tax Refund statement electronically. 110 Carroll Street, Annapolis, Maryland 21411-0001 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 ended that you include yo Social Security Number on check.) is based on all information of which the preparer has any knowledge. SELF-PREPARED Your signature Preparer's PTIN (required by law) Date Signature of preparer other than taxpayer Spouse's signature Date Address of preparer

Telephone number of preparer

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

2013, ENDING

OR FISCAL YEAR BEGINNING



Attachment Sequence No. **02** 

135020013	

Section   Sect	SALMAS	SHE CONTRACTOR	ILE CINCUPANT, NO		per	e's Social Sec			D11	Social Sec
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S STUVANOAK WAY  BALTIMORE  WAY  BALTIMORE								N	d (h	2
Salate   MD   212.236   MD   212.2	WIX	KATA MARINE	DATE OF THE	(6.45.1) E.V.						
Total Amount here:   Total Amount here:   Total Amount here:   Total Amount here:   Total Exemptions (Add A, B and C.).   Total Amount D. \$	111 101 1				-			D. 77		
See Instruction   1.   Single (If you can be claimed on another person's law return, use Filing Status 6.)   4.   Head of household										
See Instruction 1 to determine							the last	a in which you resided on	xing area	special to
8. Taxable refunds, credits or offsets of state and local income taxes included in line 1 above.   9. Child and dependent care expenses.   9. Child and dependent care	A. \$	See Instruction 10  X \$1,000  See Instruction 10 Total Amount  ce Program	fying widow(er) with dependent taxpayer (Enter 0 in ITE: If you are claiming exemption amount. It incked	5. Qualifying 6. Dependen 6. Dependen 6. Dependen 7. Check appropriate box(es). NOTE: his form to receive the applicable except of the second	do income  Spouse's Social Security N  IS See Instruction 10 nation Form 5028 to the self  over	EXEMIDEPENDED  B C C C C C C C C C C C C C C C C C C	Married  Married  Married  Married  Married  Married  In this box  S non- M in the box  S and/e  E (See	1 to determine 2. [ ed to file. 3. ]  R RESIDENT  26.   Part of the content of th	DATE OF THE PROPERTY OF THE PR	See Instrif you are CHECK PART  See Instrif you be residence place a P Dates of TO  Other sta MILITAI Marylan (See Inst Enter am UN CHECK)
8. Taxable refunds, credits or offsets of state and local income taxes included in line 1 above.   9. Child and dependent care expenses.   9. Child and dependent care			▶ 4	12.)	t in Instruction 1	(from wo	tributio	Lump sum dist	4.	NCO S
8. Taxable refunds, credits or offsets of state and local income taxes included in line 1 above.   9. Child and dependent care expenses.   9. Child and dependent care			=							Inst
8. Taxable refunds, credits or offsets of state and local income taxes included in line 1 above.   9. Child and dependent care expenses.   9. Child and dependent care	992				_					See -
9. Child and dependent care expenses.  10. Pension exclusion from worksheet in Instruction 13.  11. Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line 1 above.  12. Income received during period of nonresidence (See Instruction 26.)  13. Subtractions from attached Form 502SU (See Instruction 13.)  14. Two-income subtraction from worksheet in Instruction 13.  15. Total subtractions from Maryland income (Add lines 8 through 14.).  15. 943										<u> </u>
10. Pension exclusion from worksheet in Instruction 13.  11. Taxable Social Security and RR benefits (Tier I, II and supplemental) included in line 1 above	1.1									
12. Income received during period of nonresidence (See Instruction 26.)  13. Subtractions from attached Form 502SU (See Instruction 13.)  14. Two-income subtraction from worksheet in Instruction 13.  15. Total subtractions from Maryland income (Add lines 8 through 14.)										S II S
12. Income received during period of nonresidence (See Instruction 26.)  13. Subtractions from attached Form 502SU (See Instruction 13.)  14. Two-income subtraction from worksheet in Instruction 13.  15. Total subtractions from Maryland income (Add lines 8 through 14.)		]	10							O. T.
12. Income received during period of nonresidence (See Instruction 26.)  13. Subtractions from attached Form 502SU (See Instruction 13.)  14. Two-income subtraction from worksheet in Instruction 13.  15. Total subtractions from Maryland income (Add lines 8 through 14.)		]	▶ 11							F S e
15. Total subtractions from Maryland income (Add lines 8 through 14.) ▶ 15			▶ 12	truction 26.)	sidence (See Ins	period of	ed duri	Income receive	12.	A II stru
15. Total subtractions from Maryland income (Add lines 8 through 14.) ▶ 15			▶ 13	13.)▶	(See Instruction	ed Form	rom att	Subtractions fr	13.	NO E
251 Total Subdictions from taryland moone (rad lines o chrough 2 h).										See
16. Maryland adjusted gross income (Subtract line 15 from line 7.)										
	743	570	16	line 7.)	act line 15 from	income	sted gr	Maryland adjus	16.	
						_				H 1
STANDARD DEDUCTION METHOD (Enter amount on line 17.)					s 17a and 17b.)	D (Comp	ON ME	IZED DEDUCTION	ITEM	₹ .
STANDARD DEDUCTION METHOD (Enter amount on line 17.)		52	1565	ichedule A)	line 29, federal S	deduction	ral itemi	17a. Total feder		truc
STANDARD DEDUCTION METHOD (Enter amount on line 17.)  ITEMIZED DEDUCTION METHOD (Complete lines 17a and 17b.).  ITAL Total federal itemized deductions (from line 29, federal Schedule A) 173 15652			17a. Total federal itemized deductions (from line 29, federal Schedule A) ▶ 17a 15652							For
STANDARD DEDUCTION METHOD (Enter amount on line 17.)  ITEMIZED DEDUCTION METHOD (Complete lines 17a and 17b.).  17a. Total federal itemized deductions (from line 29, federal Schedule A)  17b. State and local income taxes (See Instruction 14.)  17b. State and local income taxes (See Instruction 14.)		94	409	175	truction 14.)		udli			
STANDARD DEDUCTION METHOD (Enter amount on line 17.)  17a. Total federal itemized deductions (from line 29, federal Schedule A)  17b. State and local income taxes (See Instruction 14.)  Subtract line 17b from line 17a and enter amount on line 17.		94	409	17b						DG ee
17a. Total federal itemized deductions (from line 29, federal Schedule A) \( \begin{align*}	558	*			nount on line 17.	17a and e	b from	Subtract line 17	17.	DEDU (See
17. Deduction amount (Fart year residents see Instruction 20 (Fant my.)		115	▶ 17	26 (I and m).)	nount on line 17. see Instruction 2	17a and e	b from ount (P	Subtract line 17 Deduction amo		DEDU (See
STANDARD DEDUCTION METHOD (Enter amount on line 17.)  17a. Total federal itemized deductions (from line 29, federal Schedule A)	491	115	17	26 (I and m).)	nount on line 17. see Instruction 2	17a and e year res e 17 fron	b from ount (Pubtract	Subtract line 17 Deduction amo	18.	DEDU (See
STANDARD DEDUCTION METHOD (Enter amount on line 17.)  ITEMIZED DEDUCTION METHOD (Complete lines 17a and 17b.).  17a. Total federal itemized deductions (from line 29, federal Schedule A)						a tayor /	local in	17b. State and		55

# MARYLAND RESIDENT INCOME FORM TAX RETURN 502



1154 NAME GREGORY W RUFF, CST MARYLAND TAX COMPUTATION 42291 21. Amount from line 20 (taxable net income) GO TO TAX TABLE in the Resident instructions. Enter the tax on line 22. . [21] 1956 23. Earned income credit (1/2 of federal earned income credit. See Instruction 18.)..... 24. Poverty level credit (See Instruction 18.) 0 1956 LOCAL TAX COMPUTATION 29. Local tax (See Instruction 19 for tax rates and worksheet.) Multiply line 21 1197 30. Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19.) . . . . . . . . . . 32. Total credits (Add lines 30 and 31.).... 1197 33 34. Total Maryland and local tax (Add lines 28 and 33.).... 35. Contribution to Chesapeake Bay and Endangered Species Fund (See Instruction 20.) . . . . . . . . . . ▶ 35 3153 Total Maryland and local tax withheld (Enter total from your W-2 and 1099 forms if MD tax is 4094 2013 estimated tax payments, amount applied from 2012 return, payment made 42. Refundable income tax credits from Part I, line 6 of Form 502CR (Attach Form 502CR. See Instruction 21.) . . . 42 4094 0 941 46. Amount of overpayment TO BE APPLIED TO 2014 ESTIMATED TAX . . ▶ 46 47. Amount of overpayment TO BE REFUNDED TO YOU 941 (Subtract line 46 from line 45.) See line 50 . . . . . . . . . . . . (See Instruction 22.) Total . . > or for late filing 48. Interest charges from Form 502UP 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 | X | Savings 50b. Routing Number 50c. Account (9-digits) number 4 1 0 - 5 CODE NUMBERS (3 digits per box) Daytime telephone no. Home telephone no. Make checks payable and mail to: 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. Comptroller of Maryland Revenue Administration Division 110 Carroli Street, Annapolis, Maryland 21411-0001 Check here [ ] If you agree to receive your 1099G Income Tax Refund statement electronically. Under penalties of perjury, I deciare that I have examined the current least and agree to receive your 1999s into the 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. (It is recommended that you include your Social Security Number on check.) SELF-PREPARED Your signature Preparer's PTIN (required by law) Signature of preparer other than taxpayer Date Spouse's signature Address of preparer Date

Telephone number of preparer

# 502 MARYLAND RESIDENT INCOME TAX RETURN



2012

Social Si			10.30	ENDING				
	1154		Spouse's Social S	security number	MARKET STATE OF STATE			
Your Firs			Last Name	200	THE REAL PROPERTY OF THE PARTY			
	GORY First Name	W	RUFF, (	CST	-			
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	Address (No. and street) YLVANOAK WA	Y			TO RIVEY			70.17
BAL	TIMORE		State MD	ZIP code 21236	A STATE OF THE STA	Heal Howeles	TALL BENEVALUE AND	ir imm
Name o	f county and incorporated cit taxing area in which you resi he taxable period. (See Instr	ry, town or	Maryland County					
day of t	he taxable period. (See Instr	uction 6)	BALTIMORE	NOT APPLICABLE				
See Inst	ruction 1 to determine re required to file.	2. Marrie		med on another person's tax return, or spouse had no income	5. Qualifying wid	ow(er) with depe	endent child n Exemption Box (A) - See Instr	uction 7)
	ONE BOX >			Spouse's Social Securit	10. Check appropriate box(es). NOTE: If y			
See Inst	ruction 26	<b>P</b>			this form in order to receive the applicab			ttacii tile
f you b	egan or ended legal te in Maryland in 2012 P in the box	Place an M	or P A	X Yourself S	pouse A. Enter No. Checker	1	See Instruction 10	4. \$ 32
	P in the box  of Maryland Residence	in this b			A Line Ito, oncere		occ mondedon to	
Juico C	MO DAY YEA		B	☐ 65 or over ► ☐ 65	or over		X \$1,000	D &
ROM			•	☐ Blind ►☐ BI	B. Enter No. Checked	u	A \$1,000	D. \$
ТО								
Other st	ate of residence:		С С	Enter No. from line 3 of	Dependent Form 502B		See Instruction 10	c. \$
	RY: If you or your spou: nd military income, place		box. D	Enter Total Everntions	(Add A, B and C)	1	Total Amount	32
	struction 26)	e on Min the			are your tax information with the Med	ical Assistan		D. \$
nter ar	nount here:							▶□
	INCOME							
	1. Adjusted gr	ross incom	e from your	federal return (See Insti	ruction 11)	. • 1	571	10
	1a. Wages, sala	aries and/o	r tips (See I	nstruction 11)	▶ 1a 55025			
1	ADDITIONS T							
1	ADDITIONS I	O THEOL	TE (See Inst	truction 12)				
+			•	•	other than Maryland	2		1
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	<ol> <li>Tax-exemp</li> <li>State retire</li> <li>Lump sum</li> </ol>	t interest o ment picko distribution	on state and up ns (from wor	local obligations (bonds	·····	. =		
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	<ol> <li>Tax-exemp</li> <li>State retire</li> <li>Lump sum</li> <li>Other addit</li> <li>Total additi</li> </ol>	t interest of ment pick distribution tions (Ente ons to Mar	on state and upns (from wor r code letten ryland incom	local obligations (bonds)  ksheet in Instruction 12 (s) from Instruction 12) e (Add lines 2 through 5	)	3	571	10
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OF ONEY	<ol> <li>Tax-exemp</li> <li>State retire</li> <li>Lump sum</li> <li>Other additi</li> <li>Total additi</li> <li>Total federa</li> </ol> SUBTRACTION	t Interest of ement picked distribution cions (Enter ons to Mar al adjusted	on state and up	local obligations (bonds) rksheet in Instruction 12 (s) from Instruction 12) e (Add lines 2 through 5 ne and Maryland addition (See Instruction 13)	)	3		
OF ONEY RDER In top	<ol> <li>Tax-exemp</li> <li>State retire</li> <li>Lump sum</li> <li>Other additi</li> <li>Total additi</li> <li>Total federa</li> </ol> SUBTRACTION <ol> <li>Taxable ref</li> </ol>	t interest of ment picked distribution cions (Enter ons to Mar al adjusted NS FROM funds, cred	on state and up	local obligations (bonds) rksheet in Instruction 12 (s) from Instruction 12) e (Add lines 2 through 5 ne and Maryland addition (See Instruction 13) s of state and local income	)	3 \ 4 \ 5 \ 6 \ 7 \ 8		10
ONEY RDER n top your wage	<ol> <li>Tax-exemp</li> <li>State retire</li> <li>Lump sum</li> <li>Other additi</li> <li>Total additi</li> <li>Total federa</li> <li>SUBTRACTION</li> <li>Taxable ref</li> <li>Child and d</li> </ol>	t Interest of ment picke distribution cions (Enter ons to Mara al adjusted NS FROM funds, cred dependent of	on state and up	local obligations (bonds) rksheet in Instruction 12 (s) from Instruction 12). e (Add lines 2 through 5 ne and Maryland addition (See Instruction 13) s of state and local incomes	is (Add lines 1 and 6)	3		
Place HECK or ONEY RDER in top f your 2 wage and tax tements	<ol> <li>Tax-exemp</li> <li>State retire</li> <li>Lump sum</li> <li>Other additi</li> <li>Total additi</li> <li>Total federa</li> <li>SUBTRACTION</li> <li>Taxable ref</li> <li>Child and d</li> <li>Pension exc</li> </ol>	t interest of ment pickindistributions (Enter ons to Marial adjusted NS FROM funds, cred lependent of clusion from	on state and up	ksheet in Instruction 12 (s) from Instruction 12). e (Add lines 2 through 5 ne and Maryland addition (See Instruction 13) of state and local incomes.	)	3 \ 4 \ 5 \ 6 \ 7 \ 8		
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HECK or ONEY RDER nn top your wage datax ements and TTACH HERE h ONE	<ol> <li>Tax-exemp</li> <li>State retire</li> <li>Lump sum</li> <li>Other additi</li> <li>Total additi</li> <li>Total federa</li> <li>Taxable ref</li> <li>Child and d</li> <li>Pension exc</li> <li>Taxable Soincluded in</li> <li>Income rec</li> <li>Subtraction</li> <li>Two-income</li> </ol>	t interest of the ment picked distribution (Entered ons to Maral adjusted on FROM funds, cred dependent of clusion from cial Security line 1 above the experience of the ment of the clusion from attribute subtraction and the subtraction of the clusion from attribute subtraction of the clusion of the clu	on state and up	local obligations (bonds)  ksheet in Instruction 12 (s) from Instruction 12) e (Add lines 2 through 5 ne and Maryland addition (See Instruction 13) s of state and local incomes in Instruction 13 enefits (Tier I, II and supplements) nonresidence (See Instruction ksheet in Instruction 13.	)	→ 3 → 4 → 5 → 6 → 7 → 10 → 11 → 12 → 13 → 14	8	98
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# **MARYLAND RESIDENT** 502 INCOME TAX RETURN



2012 NAME GREGORY W RUFF, CST SSN 1154

MARYLAND TAX COMPUTATION		
21. Amount from line 20 (taxable net income) GO TO TAX TABLE in the Res	ident instructions. Enter the tax on line 22 21	41266
22. Maryland tax (from Tax Table or Computation Worksheet Schedule	es I or II)	1908
23. Earned income credit (1/2 of federal earned income credit. See Instru	uction 18)	
24. Poverty level credit (See Instruction 18)		
${\bf 25.}$ Other income tax credits for individuals from Part G, line 8 of Form	502CR (Attach Form 502CR)	0
26. Business tax credits (Attach Form 500CR)		
27. Total credits (Add lines 23 through 26)		0
28. Maryland tax after credits (Subtract line 27 from line 22) If less th	an 0, enter 0	1908
LOCAL TAX COMPUTATION		
29. Local tax (See Instruction 19 for tax rates and worksheet.) Multiply	y line 21	11.00
by your local tax rate . 0 2 8 3 or use the Local Tax Works		
30. Local earned income credit (from Local Earned Income Credit Works		
31. Local poverty level credit (from Local Poverty Level Credit Workshee		
32. Total credits (Add lines 30 and 31)		
33. Local tax after credits (Subtract line 32 from line 29) If less than 0	, enter 0	1109
34. Total Maryland and local tax (Add lines 28 and 33)		3076
35. Contribution to Chesapeake Bay and Endangered Species Fund (Sec		
36. Contribution to Developmental Disabilities Waiting List Equity Fund		
37. Contribution to Maryland Cancer Fund (See Instruction 20)		
38. Total Maryland income tax, local income tax and contribution	ns (Add lines 34 through 37) 38	3076
39. Total Maryland and local tax withheld (Enter total from your W-2 and	ed 1099 forms if MD tax is	
withheld and attach)		4019
40. 2012 estimated tax payments, amount applied from 2011 return, p with an extension request, and Form MW506NRS	ayment made	1
41. Refundable earned income credit (from worksheet in Instruction 21		17
42. Refundable income tax credits from Part H, line 6 of Form 502CR (A		
43. Total payments and credits (Add lines 39 through 42)		4019
44. Balance due (If line 38 is more than line 43, subtract line 43 from li	ne 38)	0
45. Overpayment (If line 38 is less than line 43, subtract line 38 from li		943
		_
46. Amount of overpayment TO BE APPLIED TO 2013 ESTIMATED T	AX > 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, PA		
15. 16.14.14.16.11.15.14.16.16.16.16.16.16.16.16.16.16.16.16.16.		
DIRECT DEPOSIT OF REFUND (See Instruction 22) Please be sure In order to comply with banking rules, please check   ☐ here if this refured the following information clearly at the following Number (9-digits)   ☐ here if this refured the following information clearly at the following Number (9-digits)   ☐ here if this refured the following information clearly at the following Number (9-digits)	and will go to an account outside the United Sond legibly. <b>50a.</b> Type of account:	
▶ 4 1 0 = 5 2 9 = 8 0 5 6 =	-	
▶ 4 1 0 − 5 2 9 − 8 0 5 6  Daytime telephone no. Home telephone no.		CODE NUMBERS (3 digits per box)
		lake checks payable and mail to:
Check here if you authorize your preparer to discuss this return with us. Check impression in the left you authorize the check impression in the left you authorize the check impression in the left you agree to receive your 1099G Income Tax Refund statement electronically. Under penal return, including accompanying schedules and statements and to the best of my knowledge and belief it is true, or than taxpayer, the declaration is based on all information of which the preparer has any knowledge.	ties of perjury, I declare that I have examined this orrect and complete. If prepared by a person other  (It is	Comptroller of Maryland Revenue Administration Division Il Street, Annapolis, Maryland 21411-0001 s recommended that you include your ocial Security number on check.)  ELF - PREPARED
Your signature Date		gnature of preparer other than taxpayer
Spouse's signature Date	Address of preparer	
Shorage a substitute Date	vantess of higherer	
	Telephone number of preparer	
COM/RAD-009 12-13 REV 11/13/12 TTW		<b>&gt;</b>



ocial Secur	ity number							
	1154		Spouse's Social S	ecurity number		LILL PLD BOOK BIR		CAPILLE OF BILLS
our First N		Initial	Last Name				PTR 75 (72)	
	ORY	W	RUFF,	CST		``````````````\\\\\\\\\\\\\\\\\\\\\\\\		
xuse's Fin	st Name	Initial	Last Name		M 12000, 2000			
	ress (No. and street)		1					
or Town	YLVANOAK W	AY	State	Zip Code	HILL BACK CHOOL S	I MELLONING WORL		WALES AND STREET
BAL	TIMORE		MD	21236				
	unty and incorporated city, to in which you resided on the h		Maryland County					
	lod. (See Instruction 6)		BALTIMO	RE NOT APPLICABLE				
	an 4 de dedenmine			med on another person's tax return, u		Head of household		
	quired to file.			or spouse had no income	۰۲	Qualifying widow(er) with     Dependent taxpayer (Enti-		ov (A) - Coo Instructiv -
	YEAR RESIDENT	S. L. Married 1	filing separately		ourself		pouse	ox (4) - See Illsuucuq
ee Instri	uction 26	anna in Manula	Sec	Instruction 10			_	Direct
	gan or ended legal reside ce a P in the box	ence in Maryia	na in	(B) ► _ 6	5 or over Blind	<b>▶</b> ☐ 63	5 or over	Blind
ates of	Maryland Residence MO DAY YEAR			TE: If you are claiming depend	ents, you must attach the D	ependent Form 502B t	to this form in or	der to receive the
ROM	mo on the	▶	ар	plicable exemption amount.				
IOM _		Place an	Mor P (A)	Enter No. Checked 1 Sec	e Instruction 10 \$3200	(B) Enter No. Checked	X \$1	2 000
) _		_ in this	box (Pr)	Enter No. Checked from	and double to be	, and no ordered	الې ۸ لسست ۸ ۱۰۰۰	,
ther sta	te of residence:		( )	line 1 of Dependent		(D) Enter Total Exemption		. 25
ILITARY	: If you or your spouse has	non-Maryland	military	Form 502B Se	e Instruction 10 \$	(Add A, B and C)	Total	Amount \$ 32
come, pl	ace an M in the box. (See	Instruction 26).	0			-1 41-1 0	hala Badlaa baalah 1	
nter amo	unt here:		Chi	eck here if you authorize us to share y	our tax information with the Medic	cal Assistance Program for	neip finding nearth i	nsurance
	Adjusted gross	incomo from	your fodoral rat	urn (See Instruction 11)			1	55343
1			-			53579	<u> </u>	
	1a. Wages, salarie	s and/or tips (	See Instruction	11)		33373		
-	AODITIONS TO INCOM	ME (See Instruc	tion 12)				9	
	2. Tax-exempt int	terest on state	and local oblig	ations (bonds) other than Maryland			2	
	<ol> <li>Tax-exempt inf</li> <li>State retirement</li> </ol>	terest on state nt pickup	and local oblig				3	
1	<ol> <li>Tax-exempt int</li> <li>State retirement</li> <li>Lump sum dist</li> </ol>	terest on state nt pickup tributions (fron	and local oblig	Instruction 12)			3	
lace IECK	<ol> <li>Tax-exempt int</li> <li>State retirement</li> <li>Lump sum dist</li> </ol>	terest on state nt pickup tributions (fron	and local oblig				3 4 5	
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ECK or NEY	<ol> <li>Tax-exempt inf</li> <li>State retirement</li> <li>Lump sum dist</li> <li>Other additions</li> <li>Total additions</li> </ol>	terest on state nt pickup tributions (from s (Enter code k to Maryland in	and local oblig	Instruction 12)	.>		3 4 5	55343
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DER OP OF OP OF W-2	Tax-exempt int     State retirement     Lump sum dist     Other additions     Total additions     Total federal au  SUBTRACTIONS FROM	terest on state  nt pickup  tributions (from  s (Enter code &  to Maryland in  djusted gross i  I INCOME (See	and local oblig  n worksheet in letter(s) from Ins ncome (Add line income and Ma e Instruction 13	Instruction 12)			3 4 5 6	553 <b>4</b> 3
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ECK OF ONEY DER OP of W-2 e and ax ments nd FACH ERE	2. Tax-exempt int 3. State retirement 4. Lump sum dist 5. Other additions 6. Total additions 7. Total federal and SUBTRACTIONS FROM 6. Taxable refund 9. Child and depent 10. Pension exclus 11. Taxable Social 12. Income receives	terest on state Int pickup Itributions (from Itributions (	and local obligation in worksheet in letter(s) from Instruction 13 ffsets of state appenses	Instruction 12)	e 1 above.		3 4 5 6 7 8 9 10 11	
ECK OF NEY DER OP of W-2 e and ax ments nd CACH ERE ONE	2. Tax-exempt int 3. State retirement 4. Lump sum dist 5. Other additions 6. Total additions 7. Total federal and SUBTRACTIONS FROM 6. Taxable refund 9. Child and depend 10. Pension exclus 11. Taxable Social 12. Income receive 13. Subtractions from	terest on state Int pickup Intributions (from Intributions (fr	and local oblig  n worksheet in letter(s) from Ins ncome (Add line income and Ma e Instruction 13 ffsets of state a penses	Instruction 12)	e 1 above		3 4 5 6 7 8 8 9 10 11 11 12	
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	2. Tax-exempt int 3. State retirement 4. Lump sum dist 5. Other additions 6. Total additions 7. Total federal and SUBTRACTIONS FROM 6. Taxable refund 9. Child and depend 10. Pension exclus 11. Taxable Social 12. Income receive 13. Subtractions from 14. Two-income set	terest on state Int pickup Intributions (from Intributions (from Intributions) Intributions (from Intributions) Intributions (Set Intributions) Intribution Intributio	and local obligation in worksheet in letter(s) from Instruction 13 ffsets of state appenses	Instruction 12)	e 1 above.		3 4 5 6 7 8 9 10 11 12 13 14	798
ECK OF ONEY DER OP of W-2 e and ax ments nd FACH ERE	2. Tax-exempt int 3. State retirement 4. Lump sum dist 5. Other additions 6. Total additions 7. Total federal at  SUBTRACTIONS FROM 6. Taxable refund 9. Child and depet 10. Pension exclus 11. Taxable Social 12. Income receive 13. Subtractions fr 14. Two-income st 15. Total subtraction	terest on state Int pickup Itributions (from Itributions (from Itributions (from Itributions (from Itributions (from Itributions (from Itributions (see	and local obligation in worksheet in letter(s) from Instruction 13 ffsets of state appenses	Instruction 12)	e 1 above.		3 4 5 6 7 8 8 9 10 11 11 12	798
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ECK or INEY DER op of W-2 e and wents and ACH ERE ONE	2. Tax-exempt int 3. State retirement 4. Lump sum dist 5. Other additions 6. Total additions 7. Total federal and SUBTRACTIONS FROM 6. Taxable retund 9. Child and depe 10. Pension exclus 11. Taxable Social 12. Income receive 13. Subtractions fr 14. Two-income so 15. Total subtraction 16. Maryland adjust	terest on state int pickup tributions (from s (Enter code la to Maryland in dijusted gross in MINCOME (See las, credits or or endent care expendent	and local obligation in worksheet in letter(s) from Instruction 13 ffsets of state appenses	Instruction 12)	e 1 above		3 4 5 6 7 8 9 10 11 12 13 14	798
ECK or NEY DER op of W-2 e and ax ments and ACH ERE ONE ple.	2. Tax-exempt int 3. State retirement 4. Lump sum dist 5. Other additions 6. Total additions 7. Total federal and SUBTRACTIONS FROM 6. Taxable retund 9. Child and depe 10. Pension exclus 11. Taxable Social 12. Income receive 13. Subtractions fr 14. Two-income so 15. Total subtraction 16. Maryland adjust	terest on state int pickup tributions (from s (Enter code la to Maryland in dijusted gross in MINCOME (See las, credits or or endent care expendent	and local obligation in worksheet in letter(s) from Instruction 13 ffsets of state appenses	Instruction 12)  struction 12)  s 2 through 5)  ryland additions (Add lines 1 and 6)  ind local income taxes included in line tion 13.  r I, II and supplemental) included in line (See Instruction 26)  e Instruction 13)  di lines 8 through 14)  ne 15 from line 7).  yers must select one method and che	e 1 above	7b)	3 4 5 6 7 8 8 9 10 11 12 13 14 15	798 798 54545
ECK or NEY DER op of W-2 e and ax ments and ACH RE ONE ple.	2. Tax-exempt int 3. State retirement 4. Lump sum dist 5. Other additions 6. Total additions 7. Total federal and SUBTRACTIONS FROM 6. Taxable retund 9. Child and depe 10. Pension exclus 11. Taxable Social 12. Income receive 13. Subtractions fr 14. Two-income so 15. Total subtraction 16. Maryland adjust	terest on state int pickup tributions (from s (Enter code le to Maryland in djusted gross i I INCOME (Set is, credits or or endent care ex sion from work Security and le d during perio from attached F ubtraction from ons from Mary sted gross inco See Instruction	and local obligation in worksheet in letter(s) from Instruction 13 ffsets of state appenses	Instruction 12)  se 2 through 5)  ryland additions (Add lines 1 and 6)  ind local income taxes included in line  tion 13  r I, II and supplemental) included in line  (See Instruction 26)  le Instruction 13)  did lines 8 through 14)  ne 15 from line 7)  yers must select one method and che  STANDARD DEDUCTION METHO	e 1 above.  ine 1 above.  ceck the appropriate box)  D (Enter amount on line 17) Complete lines 17a and 1	7b)	3 4 5 6 7 8 9 10 11 12 13 14	798 798 54545
ECK or INEY DER op of W-2 e and wents and ACH ERE ONE	2. Tax-exempt int 3. State retirement 4. Lump sum dist 5. Other additions 6. Total additions 7. Total federal and SUBTRACTIONS FROM 6. Taxable retund 9. Child and depe 10. Pension exclus 11. Taxable Social 12. Income receive 13. Subtractions fr 14. Two-income so 15. Total subtraction 16. Maryland adjust	terest on state int pickup tributions (from s (Enter code la to Maryland in djusted gross i INCOME (Set is, credits or or endent care ex sion from work Security and I died during perior from attached F subtraction from ons from Mary sted gross inco See Instruction Total feder	and local obligation worksheet in letter(s) from Instruction 13 ffsets of state apenses	Instruction 12)  Instruction 12)  Instruction 12)  Instruction 12)  Instruction 13  Instruction 14  Instruction 15  Instruction 17  Instruction Instru	e 1 above.  ine 1 above.  beck the appropriate box)  O (Complete lines 17a and 1 I Schedule A)	7b)	3 4 5 6 7 8 8 9 10 11 12 13 14 15	798 798 54545
ECK or NEY DER op of W-2 e and ax ments and ACH ERE ONE ple.	2. Tax-exempt int 3. State retirement 4. Lump sum dist 5. Other additions 6. Total additions 7. Total federal and SUBTRACTIONS FROM 6. Taxable retund 9. Child and depe 10. Pension exclus 11. Taxable Social 12. Income receive 13. Subtractions fr 14. Two-income so 15. Total subtraction 16. Maryland adjust	terest on state int pickup tributions (from s (Enter code la to Maryland in djusted gross i A INCOME (Set is, credits or or endent care ex sion from work Security and I ad during perior from attached F subtraction from ons from Mary sted gross inco See Instructio  Total feder State and	and local obligation worksheet in letter(s) from Instruction 13 ffsets of state appenses	Instruction 12)	e 1 above.  ine 1 above.  ck the appropriate box)  Complete lines 17a and 1 I Schedule A)  dule A, line 5.	7b)	3 4 5 6 7 8 8 9 10 11 12 13 14 15 16	798 798 54545 8l 0 <sub> </sub>
ECK or INEY DER op of W-2 e and wents and ACH ERE ONE	2. Tax-exempt int 3. State retirement 4. Lump sum dist 5. Other additions 6. Total additions 7. Total federal at SUBTRACTIONS FROM 6. Taxable refund 9. Child and depe 10. Pension exclus 11. Taxable Social 12. Income receive 13. Subtractions fr 14. Two-income st 15. Total subtractio 16. Maryland adjus DEDUCTION METHOD	terest on state Int pickup Itributions (from Itributions (see Itributions (se	and local obligation worksheet in letter(s) from Instruction 13 ffsets of state apenses	Instruction 12)	e 1 above.  ine 1 above.  ck the appropriate box)  Complete lines 17a and 11 Schedule A)  dule A, line 5.	7b)	3 4 5 6 7 8 8 9 10 11 12 13 14 15	798 798 54545
ECK or ONEY DER op of W-2 e and ax ments nd FACH ERE one	2. Tax-exempt int 3. State retirement 4. Lump sum dist 5. Other additions 6. Total additions 7. Total federal and SUBTRACTIONS FROM 6. Taxable refund 9. Child and depend 10. Pension exclus 11. Taxable Social 12. Income receive 13. Subtractions from 14. Two-income such 15. Total subtraction 16. Maryland adjus DEDUCTION METHOD	terest on state Int pickup Intributions (from Intributions (from Intributions) Intributions (from Intributions) Intributions (from Intributions) Intributions Intributions Intributions Intribution Intrib	and local obligation in worksheet in letter(s) from Instruction 13 ffsets of state appenses	Instruction 12)	e 1 above	7b)	3 4 5 6 7 8 8 9 10 11 12 13 14 15 16	798 798 54545 8l 0 <sub> </sub>
ECK or ONEY DER op of W-2 e and ax ments nd FACH ERE one	2. Tax-exempt int 3. State retirement 4. Lump sum dist 5. Other additions 6. Total additions 7. Total federal at  SUBTRACTIONS FROM 6. Taxable refund 9. Child and depe 10. Pension exclus 11. Taxable Social 12. Income receive 13. Subtractions fr 14. Two-income st 15. Total subtraction 16. Maryland adjus  DEDUCTION METHOD	terest on state Int pickup Itributions (from Itributions (see in Itrib	and local obligation worksheet in letter(s) from Instruction 13 ffsets of state appenses	Instruction 12)  se 2 through 5)  ryland additions (Add lines 1 and 6)  ind local income taxes included in linetion 13.  r I, II and supplemental) included in linec (See Instruction 26)  le Instruction 13)  instruction 13  dd lines 8 through 14)  ne 15 from line 7)  yers must select one method and chestandard DEDUCTION METHOD Included in linec 15 from line 17)  yers must select one method and chestandard DEDUCTION METHOD Included in federal Schelline 17a and enter amount on linestruction 26 (I and m))	e 1 above.  ine 1 above.  cek the appropriate box)  (Complete lines 17a and 1 I Schedule A)  dule A, line 5.  ine 17.	7b)	3 4 5 6 7 8 8 9 10 11 12 13 14 15 16	798 798 54545 8l 0 <sub> </sub>
ECK or ONEY DER op of W-2 e and ax ments nd FACH ERE one	2. Tax-exempt int 3. State retirement 4. Lump sum dist 5. Other additions 6. Total additions 7. Total federal at SUBTRACTIONS FROM 6. Taxable refund 9. Child and depe 10. Pension exclus 11. Taxable Social 12. Income receive 13. Subtractions fr 14. Two-income st 15. Total subtraction 16. Maryland adjus DEDUCTION METHOD  17. Deduction amo 18. Net income (Su 19. Exemption and	terest on state Int pickup Itributions (from Itributions (see in Itrib	and local obligation of the complete of the co	Instruction 12)  Instruction 12)  Instruction 12)  Instruction 13  Instruction 14  Instruction 15  Instruction 16  Instruction 17  Instruction 18  Instruction 18  Instruction 19  Instruction 29  Instruction 29  Instruction 26  Instruction	e 1 above.  ine 1 above.  ck the appropriate box)  (Complete lines 17a and 1 I Schedule A)  dule A, line 5.	7b)	3 4 5 6 6 7 8 8 9 10 11 12 13 14 15 16	798 798 54545 8 0 <sub> </sub> • • • • • • • • • • • • • • • • • • •





NAME	GREGORY W RUFF, CST SSN 1154	
MĂŔ	TAX COMPUTATION	. [21] Coders Code 40437
21.	Amount from line 20 (taxable net income) G0 T0 TAX TABLE in the Resident Booklet. Enter the tax on line 22	
22.		
23.	Earned income credit (1/2 of federal earned income credit. See Instruction 18)	
24.	Poverty level credit (See Instruction 18).	
25.	Other income tax credits for individuals from Part G, line 8 of Form 502CR (Attach Form 502CR).	
26.	Business tax credits (Attach Form 500CR)	
27.	Total credits (Add lines 23 through 26).	an an
28.	Maryland tax after credits (Subtract line 27 from line 22) If less than 0, enter 0.	. 28 1868
LOCA	AL 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	. 29 1144
	use the Local Tax Worksheet	
30.	Local earned income credit (from Local Earned Income Credit Worksheet in Instruction 19)	
31.	Local poverty level credit (from Local Poverty Level Credit Worksheet in Instruction 19)	
32.	Total credits (Add lines 30 and 31)	
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)	
38.	Total Maryland income tax, local income tex 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	
41.	Refundable earned income credit (from worksheet in Instruction 21)	
42.	Refundable income tax credits from Part H, line 6 of Form 502CR (Attach Form 502CR. See Instruction 21)	
43.	Total payments and credits (Add lines 39 through 42)	
43.		
44.	Balance due (If line 38 is more than line 43, subtract line 43 from line 38)	
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	
47.	Amount of overpayment TO BE REFUNDED TO YOU (Subtract line 46 from line 45) See line 50	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)	49
DVIN	EXY DEPOSIT OF REFUND (See Instruction 22) Please be sure the account information is correct. For Splitting Direct Deposit, see	Form 588.
	der to comply with banking rules, please, check  here if this refund will go to an account outside the United States. If checked,	
		Savings
OUD.	Routing Number (9-digit) 50c. Account number	
		0000 NUMBERO (0 -1-4
	aytime telephone no.  Home telephone no.  k here if you authorize your preparer to discuss this return with us. Check in here if you authorize your paid preparer not to file electronically.	CODE NUMBERS (3 digits per box)  Make checks payable and mail to:
Chec	lers if you agree to receive your 1099G income Tax Refund statement electronically. Under penalties of perjury, I declare that I have examined	Comptroller of Maryland, Revenue Administration Division
	eturn, including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct and complete. If prepared by a nother than taxpayer, the declaration is based on all information of which the preparer has any knowledge.	10 Cerroll Street, Annapolis, Maryland 21411-000 (It is recommended that you include your
		Social Security number on check.)
Your a		JF-PREPARED ure of preparer other than taxpayer
,,,,,,,,,,		
pour	e's alignature Date Address and telephone number of preparer	

# FORM MARYLAND RESIDENT INCOME TAX RETURN



OR FISCAL YEAR BEGINNING		2010, ENDING								
Social Security number		Spouse's Social Secur	ity number							
1154										
Your First Name	Initial	Last Name		_						
-		1								
Gregory	W	Ruff, CST								
Spouse's First Name	Initial	Last Name								
Present address (Number and	street)	I								
6 Sylvanoak Wa	У									
City or Town		5	tate Zip Code							
Baltimore		N	ID 21236							
Name of county and incorporated co	ity, town or special taxir	ng Maryland county	City, Town, or Taxing Ass	50						
Name of county and incorporated of area in which you were a resident of taxable period. (See Instruction 6)	n the last day of the	BALTIMORE								
YOUR FILING ST	ATUS - See Inst	truction 1 to determine	if you are required to file.	PART-YEAR RESIDENT: II	you began or ended	legal resid	lence in	Mary	and i	n
h o 1 X Single	(If you can be claimed	d on another person's tax	return, use Filing Status 6.)	2010 place a P in the box (S						
n 2 Married		or spouse had no			ates of Maryland			г	$\neg$	_
F 6	filing separately			MO DAY		DAY	YK	L	_	•
∨ B ⊢	household		L SECURITY NUMBER	FROM	TO					
" x				Other state of residence						
v 🗀 ,		th dependent child		MILITARY: If you or your spou income, place an M in the box	se has non-Maryland r	nilitary				
6 Depender	nt taxpayer (Enter 0	in Exemption Box (A)	- See Instr 7)	(See Instruction 26)						
EXEMPTIONS- See Instruc	tion 10 Check her	e If you are: Spouse is:		(C) Dependents:		(4)	(5) If (	4) is		
(A) Yourself X Spouse	(B) ►	► <b>□</b> + <b>□</b> +				Check if Dep.	child t	have	_	(7)
	65 or	Blind over Blind	(1) First name Last nam	(2) Social Sportific streets	(3)Relationship	under age 19 ▶	health ins			65 0
	OVEF	Ring Over Ring	(1) First name Last nam	ne (2)Social Security number	(2)resaucitsiip	age 19	169	NO.	Reg.	Ove
		Exemption Amount		<b>&gt;</b>						
(A)Enter No. Checked	1 See Ins. 10 \$	3200		<b>&gt;</b>						
(A)Ellier 140. Checked	1 300 His. 10 Ly	3200				1 1		= 1		
(B)Enter No. Checked	x \$1,000 Ş			<b>&gt;</b>						1
(C)Enter No. Checked in Columns 6 and 7	See Ins. 10 \$	5		<b>&gt;</b>				$\Box$		
				-	1	1 7		7		
(D)Enter the Total				-	-	1 🖳		⊔ ו		Щ.
Exemptions (Add A, B, and C)	1 Amount S	3200		▶						
► Check here if v	ou authorize u	s to share your ta	x information with th	ne Medical Assistance Pr	ogram for help fi	nding h	ealth i	nsur	anc	<b>a</b> .
INCOME										
	aross income fr	om vour foderal ret	um /See Instruction 1	1)		1			548	115
			11)		53099				9 1 0	-
			11/		33033					
			stions (bonds) other th	nan Maryland		2				
money 4 Lump our	ement pickup.	inam workshoot in l	not notion 42\			<u>, —</u>				
order 4 Lump sun	n distributions (i	totti worksheet in i	o)		<u> </u>	-				
					J	<u> </u>				
top of 6 Total additional your 7 Total fade	tions to Marylar	na income (Add line	es 2 through 5)			<u> </u>			FAC	110
				lines 1 and 6)					548	11:
Wage SUBTRACTION		ME (See Instruction				_			_	
and 8 Taxable n	efunds, credits of	or offsets of state a	nd local income taxes	included in line 1 above .		8			1	799
						9				
state- ments 10 Pension e	exclusion from w	orksheet in Instruc	tion 13		▶ 1	0				
and 11 Taxable S	Social Security a	and RR benefits (Ti	er I, II and supplement	tal) included in line 1 above	9 <sup>1</sup> .: 11 1	14				
attach 12 Income re	ceived during p	eriod of nonresider	nce (See Instructions 2	26)	<u>.</u> <u></u> 1	2				
here 13 Subtractions	s from attached For	m 502SU (See Instruct	ion 13)		1	3				
with 14 Two-incor	me subtraction f	rom worksheet in I	nstruction 13		1	4				
staple 15 Total subt	tractions from M	laryland income (A	dd lines 8 through 14)		▶ 1	5			7	799
16 Maryland	adjusted gross	income (Subtract li	ne 15 from line 7)		1	6			540	
DEDUCTION METHOD See	Instruction 16 (	(all taxpayers	STANDARD DEDUCTIO	N METHOD (Enter amount	on line 17)					
must select one method				METHOD (Complete lines		X				
				> 17a		diam'r.				
State and local income tax Subtract line 17b from line				► 17b	3847	_				
			mll			7			9.9	388
18 Not income (Subt	ract line 17 from	line 16)			4	8			441	_
										200
									409	
and I CLACIFIES LIEST II IT II II	IN LUNDINGLE III IE	A THE DISTRIBUTION AND A				-				

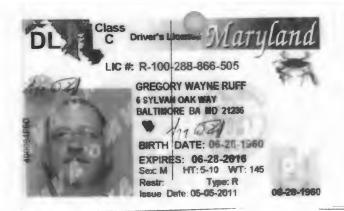
FORM 502

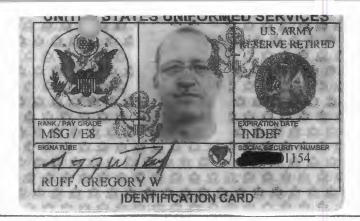
# MARYLAND RESIDENT INCOME TAX RETURN



PAGE 2

	NAME Gregory	W Ruff, CST			SSN	1154
MAR	YLAND TAX COMPUTATIO	N				
23			E in the Resident Booklet. Enter the t			40928
24			orksheet Schedules I or II) ne credit. See Instruction 18) .			1891
			ie credit. See instruction 10) .			
27			G, line 8 of Form 502CR (Attac			
28	Business tax credits (Attach	Form 500CR)			▶ 28	
30	Maryland tax after credits (	Subtract line 29 from li	ine 24) If less than 0, enter 0.		30	1891
LOC	AL TAX COMPUTATION					
31			ultiply line 23 by your local tax rate			1158
	Local earned income credit	(from Local Earned Inc	come Credit Worksheet in Instr	ruction 19)	▶ 32	
			orksheet in Instruction 19)			
			14) If least then 0 and 0			1150
35	Local tax after credits (Subt	ract line 34 from line 3	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	n 20)	▶ 37	
			List Equity Fund (See Instruct			
39 40			ction 20)			3049
40	Total maryland income tax	, local income tax ai	id Contributions (Add lines 3	o titougii 59)		3043
41	Total Manufand and local tay withh	old (Enter total from and at	tach your W-2 and 1099 forms if M	landand toy ic withhold	<b>&gt;</b> 41	3847
			um, payment made with an extension			3047
43	Refundable earned income	credit (from worksheet	in Instruction 21)		▶ 43	
			2CR (Attach Form 502CR. See Instru			
45	Total payments and credits	(Add lines 41 through	44)		45	3847
46 47	Balance due (If line 40 is mo Overpayment (If line 40 is le	ore than line 45, subtra	act line 45 from line 40)		> 46 > 47	0 798
48	Amount of overpayment TO	BE APPLIED TO 201	1 ESTIMATED TAX	▶ 48		
49	Amount of overpayment TO	BE REFUNDED TO	OU (Subtract line 48 from line	47) See line 52 F	REFUND ► 49	798
	Interest charges from Form 502UF		or for late filing	(See Instruction	1 22) Total ► 50	
			IF \$1 OR MORE, P	AY IN FULL WITH THIS	RETURN 51	
For ch	edit card or electronic payment of	See Instruction 22) Pleas	Instruction 24. e be sure the account informat	tion is correct For Splittl	ng Direct Deposit	see Form 588
		_	ere if this refund will go to an account	•	-	
	e direct deposit option, comp			52 a Type of accoun		
	Routing number (9-digit)		52 c Account number			
•			-			
	Daytime telephone no.	Home telephone no.		CODE NUMBERS (3 digits po	er box)	
Under	penalties of perjury, I declare that I have	e examined this return, inclu	ding accompanying schedules and	Make checks pay	yable and mail to: Compt	roller of Maryland.
stateme other th	ents and to the best of my knowledge a an taxpayer, the declaration is based	and belief it is true, correct an on all information of which the	d complete. If prepared by a person preparer has any knowledge.	Revenue Administra It is recommended tha	tion Division, Annapolis It you include your Soci	, Maryland 21411-0001 al Security no. on check.
Check	If you authorize your preparer	Check ► here if you	u authorize your paid preparer not			
here	to discuss this return with us.  here if you would prefer to red		stronically.  Refund statement electronically.			
Your si	gneture	Detr	Preparer's SS	SN or PTIN (required by law)	Signature of preparer of	her than taxpayer
			Self-P	repared		





OMVA

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

ninistration REGISTRATION CERTIFICATE

STICKER NUMBER DST058 TAG NUMBER
DST058 MAKE AND BODY STYLE OF VEHICLE TITLE NUMBER TOYT 4S 36633381 VEHICLE IDENTIFICATION NUMBER EXCEPT CLASS YEAR 4T1BK36B26U083974 N/A A 06 EXPIRATION DATE GR. COMB. WT. GR. VEH. WT. 10/31/13 \$128.00 -3700 CO-OWNER'S LICENSE SOUNDEX NO. 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

Motor Vehicle Administration

yland Mi yr Venicle Administration 6601 Ritchie Highway, N.E. Glen Burnie, Maryland 21062

## REGISTRATION CERTIFICATE

TAG NUMBER

UNIT #

STICKER NUMBER

DST058 TITLE NUMBER MAKE AND BODY STYLE OF VEHICLE 3663338 YEAR CLASS EXCEPT. VEHICLE IDENTIFICATION NUMBER T18K36B26H083974 GR. VEH. WT. GR. COMB. WT. FEE EXPIRATION DATE DON CO-OWNER'S DRIVER LICENSE/SOUNDEX NO. OWNER'S DRIVER LICENSE/SOUNDEX NO. P 1 0 0 2 8 8 8 6 6 5 0 5 NAME(S) AND ADDRESS OF REGISTERED OWNER(S)

GREGORY WAYNE RUFF 6 SYLVANOAK WAY BALTIMORE MD 21236



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

REGISTRATION CERTIFICATE



TAG NUME	SER ST058		UNIT		STIC	KER NUMBER DST058
TITLE NUM	NUMBER MAKE AND BODY STYLE OF VEHICLE TOYT 4S					
YEAR CLASS EXCEPT 06 A N/A			EXCEPT. N/A	VEHICLE IDENTIFICATION NUMBER 4T1BK36B26U083974		
GR. VEH. WT3700 GR. COMB. WT. OON/A				1	\$135.00	EXPIRATION DATE 10/31/15
OWNER'S LICENSE SOUNDEX NO. R100288866505					CO-OWNER'S LIC	ENSE SOUNDEX NO.

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

Motor Vehicle Administration

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

REGISTRATION CERTIFICATE

STICKER NUMBER UNIT # TAG NUMBER **DST058 DST058** MAKE AND BODY STYLE OF VEHICLE TITLE NUMBER TOYT 4S 36633381 VEHICLE IDENTIFICATION NUMBER EXCEPT CLASS YEAR 4T1BK36B26U083974 N/A A 06 EXPIRATION DATE GR. COMB. WT. FEE GR. VEH. WT. 10/31/11 \$128.00 OON/A -3700 CO-OWNER'S LICENSE SOUNDEX NO. 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:

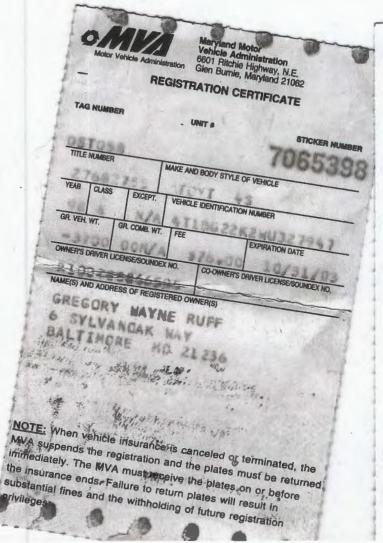
Maryland Law requires this vehicle be insured at all times.

Tags must be returned PRIOR to any cancellation of insurance on this vehicle.

Failure to comply will result in suspension of registration



2005 Stationed In Iraq





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

### **REGISTRATION CERTIFICATE**

TAG NUMBER

UNIT #

STICKER NUMBER

DSTOSA

6938150
MAKE AND BODY STYLE OF VEHICLE

TITLE NUMBER 27682755

TOYT 4S

YEAR CLASS EXCEPT.

VEHICLE IDENTIFICATION NUMBER

98 A

N/A\_4T18G22K2WU327947

GR. VEH. WT. | GR. COMB. WT. | FEE

EXPIRATION DATE

OWNER'S DRIVER LICENSE/SOUNDEX NO.

70.00 10/31/01

RIODZBBBLLSOS

CO-OWNER'S DRIVER LICENSE/SOUNDEX NO.

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.

927491

100

104700 01 AV 0.388 \*\*AUTO 7 0 2123 21236-470006 -C01-P04704-l1 4

ի իրանակորդակըը այրերեր արևանի իրակարի հիլի ի

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



F se Pay by July 1, 2015

**Amount Due** 

\$118.18

**Amount Paid** 

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

: 65

## 21927491000070000118189182400001215000

2123-01-m1-0104700-0001-0004909

1 L/.'b01.\$

Total BGE Electric Amount

Please detach here and return this portion with your payment.

**Account Number** 

9274910000

նկլինել դրակնակիկիկիկումը ու իրկրիկիր կիրդիկորին

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



Please Pay by June 1, 2015

**Amount Due** 

\$119.08

**Amount Paid** 

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



## 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

<u> իրդենսիրիներակկրկիսիրդիգերիկիկինդիկիվ</u>

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



Please Pay by April 30, 2015

**Amount Due** 

\$167.75

**Amount Paid** 

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



2192749100001000016775312090001719700

2077 03 --- 1 0105665 0003 0007663

01 AV 0.378 \*\*AUTO 2 0 2052 21236-470006 -C01-P05663-11 4

# ոլիլով Միիանդրդի իրի իրիանի իրաբեսդի հետակին

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



Amoun **Amount Paid** \$199.08

ray by maich ou, kulo

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



# 21927491000040000199085089200002034100

2052-01-m1-0105658-0001-0007712

Please detach here and return this portion with your payment.

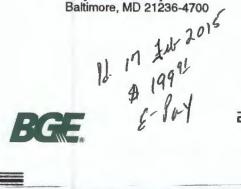
**Account Number** 

9274910000

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** 

\$199.91

**Amount Paid** 

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!

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



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2030-01-m1-0105652-0001-0007801

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Please detach here and return this portion with your payment.

Account Number

9274910000

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

8d 19 5 m 20 22

Please Pay by February 2, 2015

**Amount Due** 

\$239.62

**Amount Paid** 

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!

BGE

P.O. Box 13070

Philadelphia, PA 19101-3070



927491

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

# րժմյրժովիկինկերությիննիննեննիովիերի

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



Please make check payable to BGE and Thank you!

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

Philadelphia, PA 19101-3070

**Amount Paid** 

Pay by December 29, 2014

Amount Due \$147.29

Pleas

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

Please make check payable to BGE and include account number.

2254-01-m1-0103761-0001-0004007

Please detach here and return this portion with your payment.

Account Number

9274910000

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

# լլեմերիկիլերիլիիինորհուներինիրիներինի

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



Please Pay by December 30, 2013

**Amount Due** 

\$143.64

**Amount Paid** 

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

21927491000040000143645364200001457800

2246-01-m1-0120747-0001-0024277

The KSP Charge on this pill includes a quantied rate

Please detach here and return this portion with your payment.

**Account Number** 

9274910000

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

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



Please Pay by December 31, 2012

**Amount Due** 

\$142.82

**Amount Paid** 

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



98522-

m/

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

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



Plea P

Pay by December 1, 2011

Amount Due

\$111.21

**Amount Paid** 

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

Please make check payable to BGE and include account number.

Thank you!

BGE

P.O. Box 13070

Philadelphia, PA 19101-3070



## 21945220944930000111210335200001128700

1028759/0000001/0029525

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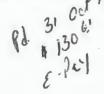
**Account Number** 

98522-09449

1036478 D1 AV 0.332 \*\*AUTO T4 0 2202 21236-470006 MAI 1 4

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



Please Pay by November 2, 2010

**Amount Due** 

\$130.61

Amount Paid

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

Please make check payable to BGE and include account number.

Thank youl

BGE

P.O. Box 13070

Philadelphia, PA 19101-3070



#### 21985220944900000130615306100001325600

1036478/0000001/0038018

stabilization charge of \$0.00708 per kvvn approved by the

Please detach here and return this portion with your payment.

**Account Number** 

98522-09449

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

12 22 0450

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!

BGE

P.O. Box 13070

Philadelphia, PA 19101-3070



98522-

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

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

Plea

**Amount Paid** 

**Amount Due** 

\$128.41

Pay by December 3, 2008

If paid after December 3, 2008, amount due is \$130.33. Please make check payable to BGE and include account number. Thank youl

BGE

P.O. Box 13070

Philadelphia, PA 19101-3070

21985220944940000128417338400001303300

1033145/0000001/0033391

charge.

Please detach here and return this portion with your payment.

**Account Number** 

98522-09449

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

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

Please Pay by November 30, 2007

**Amount Due** 

\$145.40

**Amount Paid** 

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

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

BGE

P.O. Box 13070

Philadelphia, PA 19101-3070

219852209449600001454013341000001475700

1024717/0000001/0024908

Please detach here and return this portion with your payment.

**Account Number** 

Constellation Energy Company

98522-09449

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

laddadladdadladladladladladladladladlad

**Gregory Wayne Ruff** 6 Sylvan-Oak Way Baltimore MD 21236-4700 Please Pay by March 31, 2006

Amount Due

\$176.26

**Amount Paid** 

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

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

BGF

P.O. Box 13070

Philadelphia, PA 19101-3070



Name Service address Account number **GREGORY WAYNE RUFF** 6 SYLVAN-OAK WAY 98522-09449

**BALTIMORE** 

MD 21236

Next reading date Apr 6 2004

Electric Details Residential - Schedule	a R		Non-S	Summer rates	in effect
Billing period: Feb 5		- Mar	4, 2004	Days b	illed: 28
Meter read on Mar			•	Meter# G02	25249232
Current		Previous reading		kWh used	
2745	•	2101	=	644	
<b>BGE Elec Supply</b>	644	kWh	x	.03847000	24.77
BGE Electric Deliver	ry Serv	vice			
Customer charge					7.50
Distribution charge	644	kWh	x	.02840000	18.29
State / Local Taxes d	& Sure	harges			
MD Universal Svc Pr	og				.37
State surcharge	644	kWh	x	.00015000	.10
Franchise tax	644	kWh	X	.00062000_	.40
Total BGE Electric	Amoun	ıt			\$51.43
Electric Usage Pro	file				
Month/ Type			1.4471.	Avg	Avg
year of readin	E D	avs	kWh	daily use	temp

Summary	Date Billed: Mar 08 2004
Payments Received: Feb 17 2004 BGE Outstanding Balance	\$188.34 .00
Charges this period:	£1.42
BGE Electric BGE Gas Delivery Service	51.43 24.53
BGE Gas Commodity	40.11
Total charges this period:	116.07
Total amount due by MAR	31 2004 \$116.0
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



00 Holliday Street, Baltimore, Maryland 212

PLEASE RETURN THIS PORTION OF BILL WITH YOUR PAYMENT

Department of Finance, Bureau of Revenue Collections

16.01

AMOUNT DUE AFTER

07/13/2015 16. 8

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

1800004867

RUFF GREGORY WAYNE 6 SYLVANOAK WAY NOTTINGHAM MD

21236-4700

REVENUE COLLECTIONS P 0 BOX 17535 BALTIMORE, MD 21297-1535

MW0009 REV. 3 12/14



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 AFTER

AMOUNT DUE NOW

04/20/2015 15.28

14.55

Please make checks or money order payable to DIRECT()R OF FINANCE and write your account number on your check to ensure proper creqit.

1800004867

RUFF GREGORY WAYNE 6 SYLVANOAK WAY NOTTINGHAM MD

21236-4700

REVENUE COLLECTIONS P 0 BOX 17535 BALTIMORE, MD 21297-1535

40100000145500000000000000000004371078009000000000000000000000005

MW0009 REV. 2 10/14



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

21236-4700

REVENUE COLLECTIONS P 0 BOX 17535 BALTIMORE, MD 21297-1535 AMOUNT DUE NOW

14.55

AMOUNT DUE AFTER

01/05/2015 15.28

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

1800004867

RUFF GREGORY WAYNE 6 SYLVANOAK WAY NOTTINGHAM MD

RUFF GREGORY WAYNE

6 SYLVANOAK WAY

NOTTINGHAM MD

PLEASE RETURN THIS PORTION OF BILL WITH YOUR PAYMENT

21236-4700

REVENUE COLLECTIONS P 0 BOX 17535 BALTIMORE, MD 21297-1535 AMOUNT DUE AFTER

10/02/2014 15.28

17000

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

1800004867

4010000001455000000000000000000043710780090000000000000000000000

MW0009 REV. 2 07708



ACCOUNT NUMBER 04371078009

SERVICE ADDRESS 6 SYLVAN OAK WAY

RUFF GREGORY WAYNE 6 SYLVANOAK WAY NOTTINGHAM MD

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

21236-4700

REVENUE COLLECTIONS P 0 BOX 17535 BALTIMORE, MD 21297-1535 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.

1800004867

<u>411.111111145500000000000000000437107800900000000000000000000000</u>

WUOUS REV. 2 97708

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

laddoolladdoddoddoollaaddoollaaddoollaad RUFF GREGORY WAYNE 6 SYLVANOAK WAY NOTTINGHAM MD

21236~4700

2012 REVENUE COLLECTIONS P 0 BOX 17535 BALTIMORE, MD 21297-1535 AMOUNT DUE NOW

17.46

AMOUNT DUE AFTER

09/25/2012 8.33

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

1800004867



RUFF GREGORY WAYNE

6 SYLVANOAK WAY

NOTTINGHAM MD

OF BILL WITH YOUR PAYMENT

5 Dec 2011

REVENUE COLLECTIONS P 0 BOX 17535 BALTIMORE, MD 21297-1535

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.

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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 

taldouthaldulladladadulladladladladladladladlad RUFF GREGORY WAYNE 6 SYLVAN OAK WAY NOTTINGHAM MD

21236-4700

21236-4700

REVENUE COLLECTIONS P 0 BOX 17535 ... BALTIMORE, MD 21297-7535 Please make checks or mioney order payable to DIRECTIOR OF FINANCE and write your account number on your check co ensure proper crevit.

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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

hilliahini din dhamilla dhila la dhi dhi dhi dhi dhi dhi dhi dhi dhi 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 AMOUNT DUE NOW

12.60

AMOUNT DUE AFTER

12/24/2008 18.28

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

1800004867

THE DRUP BOX.

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



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



321-2119 . of Assen	ent. Taxation	18G Gregory W. R	bull, CST (Ret)
-529-8056			
-529-8056	Dates	10 Jun 20	15
	CC:		
☐ For Review	☐ Please Comment	Please Reply	☐ Please Recycle
	of Assen 629-8056 629-8056	629-8056 Pages 629-8056 CC:	- of Assensed. Taleto From: 18G Gregory W. R629-8056. Pages:   -629-8056. Date:   Date:   Day 20.

• Comments:

Please change my Addiess.

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





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earch Resu	ult for	BALTIMO	ORE COUNT	,						######################################	-	***************************************
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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

#### **BALTIMORE COUNTY, MARYLAND**

RECEIVED

**Inter-Office Correspondence** 

MAY 2 9 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,

U. Cal Richal D

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



Pete K. Rahn, Secretary

Date: 5/14/15

RE:

Ms. Kristen Lewis Baltimore County Office of Permits and Development Management County Office Building, Room 109 Towson, Maryland 21204 Baltimore County
Item No 2015-0241-A
Administrative Variance
Gregory Rett
6 Sylvanoad Wag

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 -0 241-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

**DATE:** May 13, 2015

Department of Permits, Approvals

And Inspections

FROM:

Dennis A. Kennedy, Supervisor

Bureau of Development Plans Review

SUBJECT:

**Zoning Advisory Committee Meeting** 

For May 18, 2015

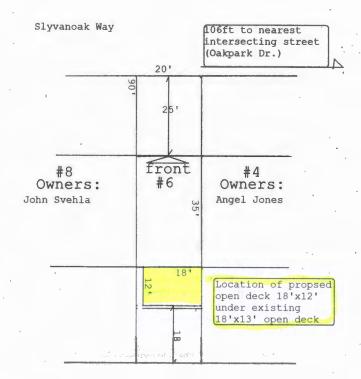
Item No. 2015-0241, 0242 and 0243

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 DIGITTAX # 1800004867 DEED REF. # 11972/ 00094



2015-0241-A

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

SITE VICINITY MAP

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L		Ook Way	is the Co	
Home	Pilit Hall Pl	Sylvan Salah St.	Built after your	No.
2000	9	- Clark	time (Table) (S	

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 * PRIVATE
PRIOR HEARING ? R-1974-0073
IF SO GIVE CASE NUMBER
AND ORDER RESULT BELOW

VIOLATION CASE INFO:

Pet. Exch. 1

### V.B.7 PRIVATE SPACE FACTOR

To ensure adequate private yard space (private yard space is defined as that area of open fand that is sold and belongs to the overling 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 unclosed at a later date cannot be calculated in this minimum space.

Modify Section V.B.7. as follows:

V.B.7. PRIVATE SPACE FACTOR

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

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.

1970-1988 CMDP

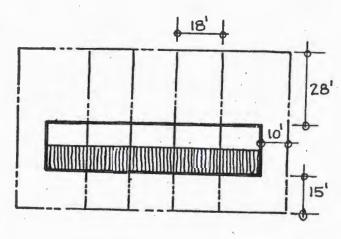


Figure 5-10a

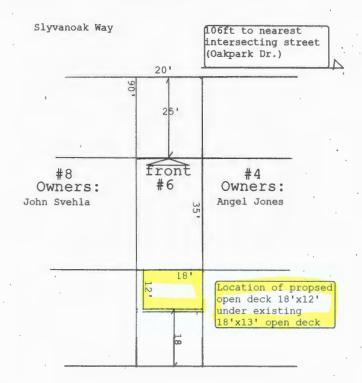
The example shown in Figure 5-10a provides one area of 500 square feet to meet required private yard space. The side and front yard area is too small in depth or overall size to be calculated as adequate yard space.

86-378-A 6 86-441-A 6

2015-0241-4

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# 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



2015-0241-A

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

SITE VICINITY MAP

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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

PUBLIC\_x\_PRIVATE\_\_\_
SEWER IS:
PUBLIC\_x\_PRIVATE

WATER IS:

PRIOR HEARING ? R-1974-0073

IF SO GIVE CASE NUMBER
AND ORDER RESULT BELOW

VIOLATION CASE INFO: