MARYLAND FORM

MW508A

ANNUAL EMPLOYER WITHHOLDING RECONCILIATION REPORT

|||||||||||||||| 25508A099

AMENDED

TAX YEAR _____

NAME: _____ FEIN: _____ CR# _____

Reported NAICS Code: ▶ _____ Corrected NAICS Code: ▶ _____

	PREVIOUSLY REPORTED	CORRECTED AMOUNTS
1. Attach Maryland copies of W-2/1099R forms. Enter number of W-2/1099R forms. . . . . ▶	_____	_____
2. Total Maryland withholding tax reported on MW506 this year. . . . . . . ▶	_____ . ___	_____ . ___
3. Enter total State and local tax combined as shown on W-2/1099R forms. . . . . ▶	_____ . ___	_____ . ___
3a. Enter total withholding tax paid this year.	_____ . ___	_____ . ___
3b. Enter total tax exempt credit (MW508CR must be attached to allow credit.)	_____ . ___	_____ . ___
4. Amount of withholding tax due (Subtract lines 3a and 3b from line 3.)	_____ . ___	_____ . ___
5. Overpayment (If line 3 minus lines 3a & 3b is less than zero, enter the difference here as a positive number.) . . . . ▶	_____ . ___	_____ . ___
6. Amount of overpayment on line 5 to be applied as a credit.	_____ . ___	_____ . ___
7. Amount of overpayment on line 5 to be refunded to you. . . . . ▶	_____ . ___	_____ . ___

I declare under the penalties of perjury that this return (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return.

_____   _____   _____   _____
Phone   Date   Signature   Title