

MARYLAND FORM MW508A ANNUAL EMPLOYER WITHHOLDING RECONCILIATION REPORT



24508A049

AMENDED

NAME: _____ FEIN: _____ CR# _____

TAX YEAR _____

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