

MARYLAND
FORM
500CRW

**WAIVER REQUEST
FOR ELECTRONIC
FILING OF FORM
500CR**



24500W049

2024

This form must be Attached to Form 500CR

OR FISCAL YEAR BEGINNING _____ 2024, ENDING _____

► **Check here for Identity Theft**

Print Using Blue or Black Ink Only

Federal Employer Identification Number (9 digits) or Social Security Number

Name

Current Mailing Address Line 1 (Street No. and Street Name or PO Box)

Current Mailing Address Line 2 (Apt No., Suite No., Floor No.)

City or Town

State

ZIP Code + 4

Foreign Country Name

Foreign Province/State/County

Foreign Postal Code

Reason for waiver request (check only one):

- A. Do not have access to a computer.
- B. Software does not support electronic filing of Form 500CR.
- C. Other (explain) _____

Signature

Date

Instructions

Use this form to request a waiver from filing the Form 500CR electronically. You must include a reason for the waiver request. If a reason is not checked or an explanation given as to why you cannot file electronically, the Form 500CR will not be processed.

The waiver request should be included with the Form 500CR in the filing of your return.