

**Comptroller of Maryland
Revenue Administration Division**

Tax Year
20 _____

Transmitter Report of Magnetic Media Filing

1. Name and address of transmitter (street, city, state, and ZIP Code)	2a. Federal Employer Identification (FEIN) No. of transmitter
	2b. Maryland Central Registration (CR) No. of transmitter
3. Name and address of person to contact about magnetic media files (Include street, city, state, and ZIP Code)	4. Telephone (Include area code)
	5. Enter requested information Number of tapes/cartridges _____ Number of diskettes _____ Number of paper W-2/1099R _____ Number of Transmitter Reports enclosed _____

6. This form is used to identify the transmitter of magnetic media and provide for the employer's year-end reconciliation totals. All magnetic media becomes the property of the Comptroller of Maryland. For security, all files are destroyed after processing. Multi-entity data should be written in numeric order by FEIN. A separate Transmitter Report of Magnetic Media is required for every "RE" record for W-2 data and "A" record for 1099R data. Maryland requires any paper W-2's/1099R's not included on this media, Form 500CR (if applicable), and payment of balance due must be submitted together with media to the mailing address below. **Before** using a credit, an employer must have prior confirmation from the Revenue Administration Division.

Note: All information on this form must be complete, as it will be used to generate the year end reconciliation totals for each employer. Additional forms and current specification can be accessed on the Comptroller's Web site at www.marylandtaxes.com or by calling the Forms-By-Fax System 410-974-3299. For Magnetic Media Filing Requirements select Index #1, item 2021.

If you need additional information, please call the Magnetic Media Unit at 410-260-7150, or e-mail at www.taxprohelp@comp.state.md.us.

Name of employer	4. Amount of withholding tax due (subtract line 3a from line 3) \$
Employer FEIN No. MD Central Registration (CR) No.	5. Balance due (if line 4 is more than line 2, subtract line 2 from line 4) \$
	6. Overpayment (if line 4 is less than line 2, subtract line 4 from line 2) \$
1. Number of W-2/1099R Forms	7. Amount of overpayment on line 6 to be applied as a credit \$
2. Total Maryland withholding tax reported this year \$	8. Amount of overpayment on line 6 to be refunded \$
3. Total Maryland & Local Taxes as shown on W2/1099 Forms \$	9. Total gross Maryland payroll for calendar year \$
3a. Credits for non-profit entities (attach Form 500CR) \$	10. Total Maryland State Pickup \$

MARYLAND MAGNETIC MEDIA LABEL: TAX YEAR 20 _____

TYPE: W-2 _____ 1099R _____

FEIN: _____ CR NO: _____

TRANSMITTER NAME: _____

VOL: _____ OF _____

MAILING ADDRESS

MARYLAND REVENUE ADMINISTRATION DIVISION
MAGNETIC MEDIA UNIT ROOM 209
110 CARROLL STREET
ANNAPOLIS, MD 21411-0001