

INSTRUCTIONS FOR FILING EMPLOYER WITHHOLDING ANNUAL RECONCILIATION FORM MW508

BELOW ARE TWO COPIES OF FORM MW508. One copy is to be sent, accompanied with the STATE copy of Form W-2/1099R for each person for whom wages/annuities has been paid. Keep EMPLOYER copy for your records. Your name, FEIN, Maryland withholding central registration number, and telephone number must be on all documents to assure proper credit and prevent posting errors. Send your completed reconciliation to:

Comptroller of Maryland, Revenue Administration Division, Annapolis, MD 21411-0001

Magnetic Media: The totals for the MW508 will be automatically generated from the data received. The paper MW 508 is not required. Additional forms and current specifications can be accessed on the Comptroller's Web site at www.marylandtaxes.com or by calling 410-260-7150 or toll free at 1-800-492-1751.

- Line 1. Enter total number of W-2/1099R forms.
- Line 2. Enter total Maryland withholding tax reported for the year.
- Line 3. Enter total state/local tax shown on W-2/1099R forms.
- Line 3a. Enter eligible tax credits if you are a tax exempt organization. You must attach Maryland Form 500CR to calculate and take the credit.
- Line 4. Subtract line 3a from line 3 and enter the result.
- Line 5. If line 4 is greater than line 2, Subtract line 2 from line 4 and enter the result here. Otherwise, enter zero.
- Line 6. If line 4 is less than line 2, Subtract line 4 from line 2. This is the amount of your overpayment.
- Line 7. Enter the amount of line 6 you wish to have applied as a credit.
- Line 8. Enter the amount of line 6 you wish to have refunded. Line 7 plus line 8 cannot exceed line 6.
- Line 9. Enter the total gross Maryland payroll/retirement annuities for the calendar year.

PN: 00132 (9/03)

MW508

Rev. 8-03
COM/RAD 042

COMPTROLLER OF MARYLAND
ANNUAL EMPLOYER WITHHOLDING RECONCILIATION REPORT

Make check payable to: **Comptroller of MD - WH Tax** PLEASE RETURN THIS FORM FOR YEAR: _____

NAME: _____

ADDRESS _____

FEIN:

CR#:

9.

ENTER TOTAL GROSS MARYLAND PAYROLL FOR CALENDAR YEAR		
--	--	--

1.	ATTACH MARYLAND COPIES OF W-2/1099R FORMS. ENTER NUMBER OF W-2/1099R FORMS.		
2.	TOTAL MARYLAND WITHHOLDING TAX REPORTED THIS YEAR		
3.	ENTER TOTAL STATE/LOCAL TAX AS SHOWN ON W-2/1099R FORMS		
3a.	CREDITS (ATTACH FORM 500CR)		
4.	AMOUNT OF WITHHOLDING TAX DUE (SUBTRACT LINE 3a FROM LINE 3)		
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)		
7.	AMOUNT OF OVERPAYMENT ON LINE 6 TO BE APPLIED AS A CREDIT		
8.	AMOUNT OF OVERPAYMENT ON LINE 6 TO BE REFUNDED		

EMPLOYER COPY

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 report.

PHONE NO. (_____) _____ DATE: _____ SIGNED: _____ TITLE: _____

MW508

Rev. 8-03
COM/RAD 042

COMPTROLLER OF MARYLAND
ANNUAL EMPLOYER WITHHOLDING RECONCILIATION REPORT

PLEASE RETURN THIS FORM FOR YEAR: _____

Make check payable to: **Comptroller of MD - WH Tax**

NAME: _____

ADDRESS _____

FEIN:

CR#:

9.

ENTER TOTAL GROSS MARYLAND PAYROLL FOR CALENDAR YEAR		
--	--	--

1.	ATTACH MARYLAND COPIES OF W-2/1099R FORMS. ENTER NUMBER OF W-2/1099R FORMS.		
2.	TOTAL MARYLAND WITHHOLDING TAX REPORTED THIS YEAR		
3.	ENTER TOTAL STATE/LOCAL TAX AS SHOWN ON W-2/1099R FORMS		
3a.	CREDITS (ATTACH FORM 500CR)		
4.	AMOUNT OF WITHHOLDING TAX DUE (SUBTRACT LINE 3a FROM LINE 3)		
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)		
7.	AMOUNT OF OVERPAYMENT ON LINE 6 TO BE APPLIED AS A CREDIT		
8.	AMOUNT OF OVERPAYMENT ON LINE 6 TO BE REFUNDED		

STATE COPY

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 report.

PHONE NO. (_____) _____ DATE: _____ SIGNED: _____ TITLE: _____