

MW508A

COMPTROLLER OF MARYLAND  
ANNUAL EMPLOYER WITHHOLDING RECONCILIATION REPORT

AMENDED

TAX YEAR

NAME: \_\_\_\_\_

FEIN:

CR#

PREVIOUSLY REPORTED

CORRECTED AMOUNTS

|      |   |   |  |  |  |  |
|------|---|---|--|--|--|--|
| 1.   | ATTACH MARYLAND COPIES OF W-2/1099R FORMS.<br>ENTER NUMBER OF W-2/1099R FORMS | ▶ |  |  |  |  |
| 2.   | TOTAL MARYLAND WITHHOLDING<br>TAX REPORTED THIS YEAR                          | ▶ |  |  |  |  |
| 3.   | ENTER TOTAL STATE/LOCAL TAX<br>AS SHOWN ON W-2/1099R FORMS                    | ▶ |  |  |  |  |
| 3 a. | CREDITS (ATTACH FORM 500CR)   |   |  |  |  |  |
| 4.   | AMOUNT OF WITHHOLDING TAX DUE<br>(SUBTRACT LINE 3a FROM LINE 3)               |   |  |  |  |  |
| 5.   | BALANCE DUE (IF LINE 4 IS MORE THAN<br>LINE 2, SUBTRACT LINE 2 FROM LINE 4)   |   |  |  |  |  |
| 6.   | OVERPAYMENT (IF LINE 4 IS LESS THAN<br>LINE 2, SUBTRACT LINE 4 FROM LINE 2)   |   |  |  |  |  |
| 7.   | AMOUNT OF OVERPAYMENT ON LINE 6<br>TO BE APPLIED AS A CREDIT                  |   |  |  |  |  |
| 8.   | AMOUNT OF OVERPAYMENT ON LINE 6<br>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 report

PHONE NO. (  ) \_\_\_\_\_ DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_ TITLE: \_\_\_\_\_