MARYLAND FORM
500CRW

WAIVER REQUEST FOR ELECTRONIC FILING OF FORM 500CR

This form must be attached to form 500CR

2019

OR FISCAL YEAR BEGINNING _____2019, ENDING _____

☐ **Check here for Identity Theft**

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

Print Using Blue or Black Ink Only

_____
Name

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

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

_____ _____ _____ _____
City or town State ZIP Code +4

Reason For Waiver Request (Please check one):

☐ A. Do not have access to a computer.

☐ B. Software does not support electronic filing of Form 500CR.

☐ C. Other (explain) _____

_____

FINAL 10/21/2019

_____ _____
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.