

MARYLAND FORM MW507P

Maryland Income Tax Withholding for Annuity, Sick Pay and Retirement Distributions

Print full name

Social Security Number

Home address (number & street)

City

State

ZIP Code

+4

- A. Contract claim or identification number
B. Enter the amount withheld from each annuity, sick pay or retirement distribution payment.

I request voluntary income tax withholding from any annuity, sick pay or retirement distribution payments as authorized by Section 10-907(b) of the Tax-General Article of the Annotated Code of Maryland.

Signature

Date

COM/RAD 044 20-49

Instructions

Who may file - Any recipient of an annuity, sick pay or retirement distribution payment may file this form to have Maryland income tax withheld from each payment.

Sick pay - The term "sick pay" means any amount which is paid to an employee pursuant to a plan to which the employer is a party and constitutes remuneration or a payment in lieu of remuneration for any period during which the employee is temporarily absent from work on account of sickness or personal injuries.

Where and how to file - File this form with the payer of your annuity, sick payment or retirement distribution. Enter in item B of page 1, the whole dollar amount that you wish withheld from each annuity or sick pay payment.

Maryland tax return to an amount of \$500 or less and thus avoid having to file an individual Personal Tax Payment Voucher for 502/505, Estimated Tax and Extensions (Form PV).

You may use the worksheet provided with the Payment Voucher Worksheet (PVW) as a guide in estimating your income tax liability.

Duration of withholding request - Your request for voluntary withholding will remain in effect until you terminate it.

How to terminate a withholding request - You may terminate at any time your request for voluntary withholding by giving your payers a written termination notice.

Statement of income tax withheld - At the close of the year, your payer will furnish you with a Form 1099 or other appropriate form showing the gross amount of annuity or sick pay payments and the total amount deducted and withheld as tax during the calendar year.

File this form with the payer of your annuity, sick payment or retirement distribution.

Do not mail this form to the Maryland Revenue Administration Division.