| 22 | | | | | |
|----|---|-------------------------|-------------|--------------------|-------------------|
| 23 | MARYLAND ANNUAL EMPLOYER WITHHOLDING | | AMENDED | | |
| 24 | FORM | RECONCILIA | TION REPORT | Γ | TAX YEAR |
| 25 | MW508A | | | | |
| 26 | NAME: | FEIN: | CR# | | |
| 27 | Reported NAICS Code: ► | Corrected NAICS Code: ► | | | |
| 28 | 1. Attach Maryland copies of W-2/109 | 99R forms. Enter number | PR | REVIOUSLY REPORTED | CORRECTED AMOUNTS |
| 29 | of W-2/1099R forms | | ▶ | | |
| 30 | 2. Total Maryland withholding tax reported on MW506 | | | | |
| 31 | this year | | | | |
| 32 | 3. Enter total State and local tax combined as shown | | | | |
| 33 | on W-2/1099R forms | | | | |
| 34 | 3a. Enter total withholding tax paid this year | | | | |
| 35 | 3b. Enter total tax exempt credit (MW508CR must be attached | | | | |
| 36 | to allow credit.) | | | | |
| 37 | 4. Amount of withholding tax due (Subtract lines 3a and 3b from line 3.) | | | | |
| 38 | 5. Overpayment (If line 3 minus lines 3a & 3b is less than | | | | |
| 39 | zero, enter the difference here as a positive number.) | | | | |
| 40 | 6. Amount of overpayment on line 5 to be applied as a credit ▶ | | | | |
| 41 | 7. Amount of overpayment on line 5 | to be refunded to you | ▶ | | |
| 42 | 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 | | | | |
| 43 | belief is a true, correct, and complete return. | | | | |
| 44 | COM/RAD 043 PHONE NO. | DATE: | SIGNE | ED: | TITLE: |