

**MARYLAND  
FORM  
MW508A**

**ANNUAL EMPLOYER WITHHOLDING  
RECONCILIATION REPORT**

**AMENDED  
TAX YEAR \_\_\_\_\_**

NAME: \_\_\_\_\_ FEIN: \_\_\_\_\_ CR# \_\_\_\_\_

Reported NAICS Code: ▶ \_\_\_\_\_ Corrected NAICS Code: ▶ \_\_\_\_\_

	PREVIOUSLY REPORTED	CORRECTED AMOUNTS
1. Attach Maryland copies of W-2/1099R forms. Enter number of W-2/1099R forms. . . . . ▶	_____	_____
2. Total Maryland withholding tax reported on MW506 this year. . . . . ▶	_____	_____
3. Enter total State and local tax combined as shown on W-2/1099R forms. . . . . ▶	_____	_____
3a. Enter total withholding tax paid this year. . . . . ▶	_____	_____
3b. Enter total tax exempt credit (MW508CR must be attached to allow credit.) . . . . . ▶	_____	_____
4. Amount of withholding tax due (Subtract lines 3a and 3b from line 3.)	_____	_____
5. Overpayment (If line 3 minus lines 3a & 3b is less than zero, enter the difference here as a positive number.) . . . . . ▶	_____	_____
6. Amount of overpayment on line 5 to be applied as a credit. . . . . ▶	_____	_____
7. Amount of overpayment on line 5 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 return.

COM/RAD 043      PHONE NO. \_\_\_\_\_      DATE: \_\_\_\_\_      SIGNED: \_\_\_\_\_      TITLE: \_\_\_\_\_