

FORM
MW506A
COM/RAD-042
10/25

MARYLAND EMPLOYER RETURN OF INCOME TAX WITHHELD
COMPTROLLER OF MARYLAND, REVENUE ADMINISTRATION DIVISION
110 CARROLL STREET, ANNAPOLIS, MD 21411-0001



AMENDED RETURN

FEIN: _____ CR # _____ CORRECTION FOR PERIOD (MM): _____ YEAR (YYYY): _____

PREVIOUSLY REPORTED

CORRECTED AMOUNTS

MARYLAND STATE INCOME TAX WITHHELD . _____ . _____

MARYLAND STATE INCOME TAX WITHHELD _____ . _____

REMITTED AMOUNT _____ . _____

CREDIT/OVERPAYMENT

REFUND

_____ . _____

MAKE CHECKS PAYABLE TO: COMPTROLLER OF MARYLAND - WH TAX

UNDERPAYMENT/REMITTANCE

_____ . _____

I certify that this information is to the best of my knowledge and belief true, correct and complete.

TELEPHONE

DATE (MMDYYYYY)

SIGNED

TITLE



Explanation of Change:



26506A149