

FORM  
**MW506AM**  
COM/RAD-311  
07/25

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



26506Y049

**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

PAY DATE (MMDDYYYY) . . . . . \_\_\_\_\_

REFUND . . . . . \_\_\_\_\_ . \_\_\_\_\_

UNDERPAYMENT/REMITTANCE . . . . . \_\_\_\_\_ . \_\_\_\_\_

PAY DATE (MM/DD/YYYY) . . . . . \_\_\_\_\_

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

**MAKE CHECKS PAYABLE TO: COMPTROLLER OF MD. - WH TAX**

PHONE

DATE (MMDDYYYY)

SIGNED

TITLE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



26506Y149



Explanation of Change:

