

FORM
MW506AM
COM/RAD-311
REV. 10/18
19-00

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

AMENDED RETURN

FEIN: _____ CORRECTION FOR PERIOD: _____ YEAR (YYYY): _____

PREVIOUSLY REPORTED

MARYLAND STATE INCOME TAX WITHHELD . .

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REMITTED AMOUNT

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PAY DATE (MMDDYYYY)

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CORRECTED AMOUNTS

MARYLAND STATE INCOME TAX WITHHELD . .

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☐ CREDIT/OVERPAYMENT

☐ REFUND

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UNDERPAYMENT/REMITTANCE

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PAY DATE (MMDDYYYY)

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

TELEPHONE

DATE (MMDDYYYY)

SIGNED

TITLE

MAKE CHECKS PAYABLE TO: COMPTROLLER OF MARYLAND - WH TAX

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85

