FORM
MW506A
COM/RAD-042
REV. 10/18
18-49

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	CORRECTED AMOUNTS
MARYLAND STATE INCOME TAX WITHHELD	_____ . ___	_____ . ___
REMITTED AMOUNT	_____ . ___	☐ CREDIT/OVERPAYMENT
		☐ REFUND _____ . ___
		UNDERPAYMENT/REMITTANCE _____ . ___

MAKE CHECKS PAYABLE TO: COMPTROLLER OF MARYLAND - WH TAX

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

TELEPHONE _____ DATE (MMDDYYYY) _____ SIGNED _____ TITLE _____

Explanation of Change: