

EMPLOYER WITHHOLDING FINAL RETURN FORM

discontinued or sold your business or mail separately if you file electronically.

1. Federal Employer Identification Number:

2. Central Registration Number:

3. Date if Permanently Discontinued:

4. Employer Name:

5. Employer Street Address:

City _______ State _____ ZIP Code +4 _______

IMPORTANT NOTE: Send this form accompanied with the final employer withholding tax return (MW506 or MW506M) if you have

6. Purchaser's Name and Address if	Sold:
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8.	Person	Comp	leting	this F	orm:

9. Telephone Number:

7. Date Sold:

10. Email Address:

11. Signature of Responsible Official:

INSTRUCTIONS FOR FILING

Send this form accompanied with the final employer withholding tax return (MW506 or MW506M) if you have discontinued or sold your business or mail separately if you file electronically. Keep a copy for your records. Your name, Federal Employer Identification Number, Maryland Central Registration Number and telephone number must be on all documents to assure proper processing and prevent posting errors. Mail to: Comptroller of Maryland, Revenue Administration Division, 110 Carroll Street, Annapolis, MD 21411-0001.