|         | MARTLAND                              | EMPLOYER                         |                                       |                      |   |   |   |
|---------|---------------------------------------|----------------------------------|---------------------------------------|----------------------|---|---|---|
|         |                                       | WITHHOLDING                      |                                       |                      |   |   |   |
|         | MW506FR                               | FINAL RETURN                     |                                       |                      | 22506F099                               |   | E                                       |
|         |                                       |                                  |                                       |                      |   |   |   |
| IMPOR   | TANT NOTE: Send this                  | form accompanied with the        | e final emplover                      | · withholding        | tax return (MW50                        | 6 or MW506M) if you ha                            | ave I                                   |
|         |                                       | siness or mail separately if y   |                                       |                      |   |   |   |
| 1       |                                       |                                  |                                       |                      |   |   | 111                                     |
|         |                                       |                                  |                                       |                      |   |   |   |
| 1       |                                       |                                  |                                       |                      |   |   |   |
| 1 Fede  | eral Employer Identific               | ation Number                     |                                       |                      |   |   |   |
| 1. Feut | arai Employer Identind                |                                  |                                       | +++++                |   | <del>····</del>                                   |   |
|         |                                       |                                  |                                       |                      |   |   |   |
|         |                                       |                                  |                                       |                      |   | <mark></mark>                                     |   |
|         | tral Registration Numb                | per:                             |                                       |                      |   | <del>╶╎╎╏╎╎╎╎╏╎<mark>┣</mark>┾┿╪</del>            |   |
|         |                                       |                                  |                                       |                      |   |   |   |
|         |                                       |                                  |                                       |                      |   | <del>╶╎╎╎╎╎┢┿┿┿╪</del>                            |   |
|         | e if Permanently Disco                | ntinued:                         |                                       |                      |   |   |   |
|         |                                       |                                  | + + + + + + + + + + + + + + + + + + + |                      |   |   |   |
|         |                                       |                                  |                                       |                      |   |   |   |
| 4. Emp  | loyer Name:                           |                                  |                                       |                      |   |   | 13                                      |
|         |                                       |                                  |                                       |                      |   |   |   |
|         |                                       |                                  |                                       |                      |   |   |   |
| 5. Emr  | loyer Street Address:                 |                                  |                                       |                      |   |   | 1                                       |
|         | · · · · · · · · · · · · · · · · · · · |                                  |                                       |                      |   |   | 11                                      |
|         |                                       |                                  |                                       |                      |   |   |   |
| Ci      |                                       |                                  | State                                 |                      | ZIP Code +4                             |   | 1 1 1 1                                 |
|         |                                       |                                  |                                       |                      |   | <del>· · · · · · · · · · · · · · · · · · · </del> |   |
|         |                                       |                                  |                                       |                      |   |   |   |
|         |                                       |                                  |                                       |                      |   | +++++++++++++++++++++++++++++++++++++++           |   |
|         |                                       |                                  |                                       |                      |   |   |   |
| 6. Purc | haser's Name and Ad                   | aress it Sola:                   |                                       |                      |   |   | 11                                      |
|         |                                       |                                  |                                       |                      |   |   |   |
|         |                                       |                                  |                                       |                      |   |   | 20                                      |
| 7. Date | e \$old:                              |                                  |                                       |                      |   | <u> </u>  | <b>z</b>                                |
|         |                                       |                                  |                                       |                      |   |   | 21                                      |
|         |                                       |                                  |                                       |                      |   |   | 21                                      |
| 8. Pers | on Completing this Fo                 | rm:                              |                                       |                      |   |   | 21                                      |
|         |                                       |                                  |                                       |                      |   |   | 21                                      |
|         |                                       |                                  |                                       |                      |   |   |   |
| 9. Tele | phone Number:                         |                                  |                                       |                      |   |   |   |
|         |                                       |                                  |                                       |                      |   |   | 13                                      |
|         |                                       |                                  |                                       |                      |   |   | 12                                      |
| 10. Fm  | ail Address:                          |                                  |                                       |                      |   |   |   |
|         |                                       |                                  |                                       |                      |   |   |   |
|         |                                       |                                  |                                       |                      |   |   |   |
|         | nature of Responsible                 | Official                         | x                                     |                      | +++++++++++++++++++++++++++++++++++++++ | +++++++++++++++++++++++++++++++++++++++           |   |
| 11. 50  | mature of Responsible                 |                                  |                                       |                      |   |   |   |
|         |                                       |                                  |                                       |                      |   | +++++++++++++++++++++++++++++++++++++++           |   |
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|         | UCTIONS FOR FILI                      | NG                               | + + + + + + + + + + + + + + + + + + + |                      |   |   | 21                                      |
| Conde   |                                       |                                  |                                       |                      |   |   | 21                                      |
|         |                                       | with the final employer with     |                                       |                      |   |   |   |
| -       |                                       | tely if you file electronically. |                                       |                      |   |   |   |
|         |                                       | egistration Number and tele      |                                       |                      |   |   |   |
|         |                                       | to: Comptroller of Maryla        | nd, Revenue /                         | \dministrati         | on Division, 110                        | Carroll Street, Annap                             | oolis, 😑                                |
| MD 21   | 411-0001.                             |                                  |                                       |                      |   |   | 21                                      |
|         |                                       |                                  |                                       |                      |   |   | 21                                      |
|         |                                       |                                  |                                       | <del>         </del> |   |   | 21                                      |
|         |                                       |                                  |                                       |                      |   |   | 51                                      |
|         |                                       |                                  |                                       | +++++                | +++++++++++++++++++++++++++++++++++++++ |   | EI                                      |
|         |                                       |                                  |                                       |                      | +++++++++++++++++++++++++++++++++++++++ | +++++++++++++++++++++++++++++++++++++++           | E1                                      |
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