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FORM  
**MW506AM**  
COM/RAD-311  
09/22

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



23506Y099

**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) . . . . . [ ]

*Final as of 10/26/22*

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

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Explanation of Change:

23506Y199

Final as of 10/26/22