FORM
MW506M
COM/RAD-311
10/24

MARYLAND EMPLOYER RETURN OF INCOME TAX WITHHELD

25506M099

FEIN: _____

1. **IF ZERO, DO NOT FILE THIS RETURN, visit marylandtaxes.gov or CALL 410-260-7225.**
2. Try Electronically Filing and Paying Your Return. (See Instruction 9)
3. Using BLACK PEN, fill in Tax Withheld, Remitted Amount and Pay Date in boxes. Remitted Amount can include payment of penalty and interest.
4. Sign below.
5. **If paid ELECTRONICALLY, do not file this return. Retain for your records.**

MARYLAND INCOME TAX WITHHELD. . .

REMITTED AMOUNT . . . . . .

PAY DATE (MMDDYYYY). . . . . .

Final as of 10/25/2024

MAKE CHECK PAYABLE AND MAIL TO: COMPTROLLER OF MD. - WH TAX
COMPTROLLER OF MARYLAND
REVENUE ADMINISTRATION DIVISION
P.O. BOX 17132
BALTIMORE, MD 21297-0175

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

PHONE _____ DATE (MMDDYYYY) _____ SIGNED _____ TITLE _____