

FORM
MW506AM
COM/RAD-311
REV. 08/21
21-49

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



21506Y049

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) _____

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



21506Y149



Explanation of Change:

