

FORM  
**MW506AM**  
COM/RAD-311  
10/24

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



25506Y049

**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

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\_\_\_\_\_



25506Y149



Explanation of Change:

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