

FORM  
**MW506AM**  
COM/RAD-311  
REV.10/19  
15-00

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

**AMENDED RETURN**

FEIN: \_\_\_\_\_ CORRECTION FOR PERIOD: \_\_\_\_\_ 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

FINAL  
10/18/2019

