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FORM  
**MW506A**  
COM/RAD-042  
REV. 08/19  
19-49

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

**AMENDED RETURN**

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FEIN: \_\_\_\_\_ CORRECTION FOR PERIOD: \_\_\_\_\_ YEAR (YYYY): \_\_\_\_\_

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**PREVIOUSLY REPORTED**

**CORRECTED AMOUNTS**

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MARYLAND STATE INCOME TAX WITHHELD . . . \_\_\_\_\_ MARYLAND STATE INCOME TAX WITHHELD . . . \_\_\_\_\_

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REMITTED AMOUNT . . . . . \_\_\_\_\_  CREDIT/OVERPAYMENT

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REFUND. . . . . \_\_\_\_\_

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UNDERPAYMENT/REMITTANCE . . . . . \_\_\_\_\_

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**MAKE CHECKS PAYABLE TO: COMPTROLLER OF MARYLAND - WH TAX**

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

TELEPHONE

DATE (MMDDYYYY)

SIGNED

TITLE

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85

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