

FORM
MW506A
COM/RAD-042
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



21506A099

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

REFUND _____ . _____

MAKE CHECKS PAYABLE TO: COMPTROLLER OF MARYLAND - WH TAX

UNDERPAYMENT/REMITTANCE _____ . _____

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

TELEPHONE

DATE (MMDDYYYY)

SIGNED

TITLE



21506A199



Explanation of Change:

Final 8/24/21

