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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



21506Y099

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) []

Final 8/24/21

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

1 2 3 4 5 6 7 8 9 10 12 14 16 18 20 22 24 26 28 30 32 34 36 38 40 42 44 46 48 50 52 54 56 58 60 62 64 66 68 70 72 74 76 78 80 84 86 88 90

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