

Employer's Return of Income Tax Withheld

Comptroller of Maryland
 Revenue Administration Division
 Annapolis, Maryland 21411-0001

Correction for: ____ Period ____ Year ____

Name: _____

FEIN

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Registration No.

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Previously Reported

	Maryland State Income Tax Withheld
	Remitted Amount

Correct Reported

	Maryland State Income Tax Withheld
	Overpayment
	Underpayment/ Remittance

Make checks payable to:
 Comptroller of Maryland - WH Tax

I declare under the penalties of perjury that this return (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete report.

Signature _____ Title _____ Date _____ Telephone no. _____