MW 506A
COM/RAD-062
Rev. 11/02

Employer's Return of Income Tax Withheld

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

Amended Report

Correction for: _____ Period ____ Year ____

Name: _____

FEIN

Registration No.

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. _____

PN: 00253 (11/03)