

**MW506A**

**Employer's Return of Income Tax Withheld**  
**Comptroller of Maryland • Revenue Administration Division**  
**110 Carroll Street, Annapolis, Maryland 21411-0001**

**Amended Report**

Name: \_\_\_\_\_

Corrected for: Period \_\_\_\_\_ Year \_\_\_\_\_

FEIN									
Registration No.									

**Previously Reported**

DOLLARS

CENTS

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Maryland Income Tax Withheld

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Remitted Amount

**Make checks payable to:**  
Comptroller of Maryland - WH Tax

**Corrected Amounts**

DOLLARS

CENTS

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Maryland Income Tax Withheld

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CREDIT/OVERPAYMENT  
 REFUND

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Underpayment/  
Remittance

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 is a true, correct and complete return.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_