

MARYLAND EMPLOYER RETURN OF INCOME TAX WITHHELD
COMPTROLLER OF MARYLAND, REVENUE ADMINISTRATION DIVISION
110 CARROLL STREET, ANNAPOLIS, MD 21411-0001

AMENDED RETURN

FEIN: _____

CORRECTION FOR PERIOD: _____

YEAR (YYYY): _____

PREVIOUSLY REPORTED

CORRECTED AMOUNTS

MARYLAND STATE INCOME TAX WITHHELD . . . _____ . ____

MARYLAND STATE INCOME TAX WITHHELD . _____ . ____

REMITTED AMOUNT _____ . ____

CREDIT/OVERPAYMENT

REFUND _____ . ____

UNDERPAYMENT/REMITTANCE _____ . ____

MAKE CHECKS PAYABLE TO: COMPTROLLER OF MD. - WH TAX

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

PHONE

DATE (MMDYYYY)

SIGNED

TITLE

Explanation of Change:
