

FEIN:

CORRECTION FOR PERIOD:

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) _____

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

Explanation of Change:
