

2011**EMPLOYEE WITHHOLDING ALLOWANCE CERTIFICATE
FOR MARYLAND STATE GOVERNMENT EMPLOYEES ONLY**

Form W-4

Form MW 507

Department of the Treasury

Comptroller of Maryland

Internal Revenue Service

Please complete form in black ink. Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

Section 1 - Employee Information

Payroll System (<i>check one</i>)		Name of Employing Agency	
RG <input type="checkbox"/> CT <input type="checkbox"/> UM <input type="checkbox"/>			
Agency Number	Social Security Number	Employee Name	
Home Address (number and street or rural route)		Address Continued (apartment number, if any)	
City	State	Zip Code	County of Residence (required)

Section 2 - Federal Withholding Form W-4The federal worksheet is available online at <http://www.irs.gov/pub/irs-pdf/fw4.pdf>

3 Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single Rate <input type="checkbox"/>		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>	
Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.			
5 Total number of allowances you are claiming (from page 1 or page 2 of the federal worksheet)	5		
6 Additional amount, if any, you want withheld from each paycheck	6	\$	
7 I claim exemption from withholding for 2011, and I certify that I meet both of the following conditions for exemption.			
<ul style="list-style-type: none"> Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and This year I expect a refund of all federal income tax withheld because I expect to have no tax liability 			
If you meet both conditions, write "Exempt" here.....>		7	

Section 3 - Maryland Withholding Form MW 507The Maryland worksheet is available online at http://forms.marylandtaxes.com/current_forms/MW507.pdf

Withhold at Single Rate <input type="checkbox"/> Married (surviving spouse or unmarried Head of Household) Rate <input type="checkbox"/> Married, but withhold at Single Rate <input type="checkbox"/>	
1. Total number of exemptions you are claiming from Maryland worksheet	1. _____
2. Additional withholding per pay period under agreement with employer	2. _____
3. I claim exemption from withholding because I do not expect to owe Maryland tax. See instructions below and check boxes that apply.	
<input type="checkbox"/> a. Last year I did not owe any Maryland income tax and had a right to a full refund of all income tax withheld. AND <input type="checkbox"/> b. This year I do not expect to owe any Maryland income tax and expect to have the right to a full refund of all income tax withheld. (This includes seasonal and student employees whose annual income will be below the minimum filing requirement).	
If both a and b apply, enter year applicable _____ (year effective) Enter "EXEMPT" here 3. _____	
4. I claim exemption from withholding because I am domiciled in one of the following states. Check state that applies.	
<input type="checkbox"/> Pennsylvania (indicate township/borough under Address Continued in section 1 above.) <input type="checkbox"/> Virginia	
I further certify that I do not maintain a place of abode in Maryland as described in the instructions on page 2 of the worksheet Enter "EXEMPT" here 4. _____	
5. I certify that I am a legal resident of the state of _____ and am not subject to Maryland withholding because I meet the requirements set forth under the Servicemembers Civil Relief Act, as amended by the Military Spouses Residency Relief Act. Enter "EXEMPT" here 5. _____	

Section 4 - Employee Signature

Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete. I further certify that I am entitled to the number of withholding allowances claimed on line 1 above, or if claiming exemption from withholding, that I am entitled to claim the exempt status on line 3, 4 or 5, whichever applies.

Employee's signature

(Form is not valid unless you sign it.) _____ Date _____

Employer's name and address (including zip code) - For employer use only Central Payroll Bureau P.O. Box 2396 Annapolis, MD 21404	Federal Employer identification number 52-6002033 (For State of Maryland - CPB use only)
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Important: The information you supply must be complete. This form will replace in total any certificate you previously submitted.

Web Site - <http://compnet.comp.state.md.us/cpb>