

2010

EMPLOYEE WITHHOLDING ALLOWANCE CERTIFICATE FOR MARYLAND STATE GOVERNMENT EMPLOYEES ONLY

Form W-4 Department of the Treasury Internal Revenue Service

Form MW 507 Comptroller of Maryland

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 (check one) RG CT UM Name of Employing Agency 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-4

The federal worksheet is available online at http://www.irs.gov/pub/irs-pdf/fw4.pdf

3 Single Married Married, but withhold at higher Single Rate 4 If your last name differs from that shown on your social security card, check here. 5 Total number of allowances you are claiming 6 Additional amount, if any, you want withheld from each paycheck 7 I claim exemption from withholding for 2010, and I certify that I meet both of the following conditions for exemption.

Section 3 - Maryland Withholding Form MW 507

The Maryland worksheet is available online at http://forms.marylandtaxes.com/current_forms/MW507.pdf

Withhold at Single Rate Married (surviving spouse or unmarried Head of Household) Rate Married, but withhold at Single Rate 1. Total number of exemptions you are claiming from Maryland worksheet 2. Additional withholding per pay period under agreement with employer 3. I claim exemption from withholding because I do not expect to owe Maryland tax. 4. I claim exemption from withholding because I am domiciled in one of the following states. 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.

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)

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