2014

Form W-4
Department of the Treasury
Internal Revenue Service

Employee Withholding Allowance Certificate
FOR MARYLAND STATE GOVERNMENT EMPLOYEES ONLY

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)	Name of Employing Agency	
RG ☐ CT ☐ UM ☐	Coppin State University	
Agency Number 360227	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) *(Nonresidents enter Maryland County or Baltimore City where you are employed.)*

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 ☐
Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.

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. ➤ ☐

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 2014, and I certify that I meet **both** of the following conditions for exemption. • 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 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 not to exceed line f in Personal Exemption Worksheet on page 2. . . 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 and check boxes that apply.
   ☐ 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
   ☐ 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 requirements).
   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 the following state.
   Virginia ☐
   I further certify that I do not maintain a place of abode in Maryland as described in the instructions.
   Enter "EXEMPT" here . . . . . 4._____
5. I claim exemption from Maryland **state** withholding because I am domiciled in the Commonwealth of Pennsylvania and I do not maintain a place of abode in Maryland as described in the instructions on Form MW507.
   Enter "EXEMPT" here. . . . . 5._____
6. I claim exemption from Maryland **local** tax because I live in a local Pennysylvania jurisdiction within York or Adams counties. Enter "EXEMPT" here and on line 4 of Form MW507. . . . . 6._____
7. I claim exemption from Maryland **local** tax because I live in a local Pennsylvania jurisdiction that does not impose an earnings or income tax on Maryland residents. Enter "EXEMPT" here and on line 4 of Form MW507. . . . . 7._____
8. 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 . . . . . 8._____

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 whicheverline(s) I completed.

Employee's signature
(Form is not valid unless you sign it.) _____ Date_____

Employer's name and address (including zip code) (For employer use only)	Federal Employer identification number
Central Payroll Bureau **P.O. Box 2396** **Annapolis, MD 21404**	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