

2016

Employee Withholding Allowance Certificate
FOR MARYLAND STATE GOVERNMENT EMPLOYEES
RESIDING IN WEST VIRGINIA

Form W-4
Department of the Treasury
Internal Revenue Service

Form WV/IT-104
State Tax Department
West Virginia

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

Form with fields: Payroll System (check one) [RG] [CT] [UM], Name of Employing Agency, Agency Number, Social Security Number, Employee Name, Home Address, Address Continued, City, State WV, Zip Code.

Section 2 - Federal Withholding Form W-4

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

Form with fields: 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. You must call 1-800-772-1213 for a replacement card. 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 2016, and I certify that I meet both of the following conditions for exemption.

Section 3 - West Virginia Withholding Form WV/IT-104

Tax information is available online at http://www.state.wv.us/taxrev/uploads/it100-1-a.pdf

Form with fields: 1. If SINGLE, and you claim an exemption, enter "1", if you do not, enter "0", 2. If MARRIED, one exemption each for husband and wife if not claimed on another certificate. (a) If you claim both of these exemptions, enter "2", (b) If you claim one of these exemptions, enter "1", (c) If you claim neither of these exemptions, enter "0", 3. If you claim exemptions for one or more dependents, enter the number of such exemptions, 4. Add the number of exemptions which you have claimed above and enter the total, 5. If you are Single, Head of Household, or Married and your spouse does not work, and you are receiving wages from only one job, and you wish to have your tax withheld at a lower rate, check here, 6. Additional withholding per pay period under agreement with employer.

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, under penalties provided by the law, that the number of exemptions claimed in this certificate is not in excess of those to which I am entitled. 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