## Form MW507

Comptroller of Maryland

## **Employee Withholding Exemption Certificate FOR MARYLAND STATE GOVERNMENT EMPLOYEES ONLY**

Payroll System (check one)	Name of Employing Agency		
$\square$ RG $\square$ CT $\square$ UM			
Agency Number	Social Security Number	Employee Name	
Home Address (number and street or r	ural route)		(apartment number, if any)
City	State	Zip Code	County of Residence (required) Nonresidents enter Maryland
ту	State	Zip code	County of Residence (required) Nonresidents enter Maryland County or Baltimore City where you are employed
Seed on 2 Manual on 1 William	1.P		
Section 2 – Maryland Withho			andtaxes.gov/forms/24 forms/MW507.pdf
`	rviving spouse or unmarried Head of Ho	<del>-</del>	but withhold at Single Rate
	_	_	page 21.
			about borrowthat armity
_	lding because I do not expect to owe Nany Maryland income tax and had a rig	-	
_	t to owe any Maryland income tax and		
•	des seasonal and student employees who		
requirements).	des seasonal and student employees who	se annual income will be below the	minimum ming
If both a and b apply, enteryear applicable(year effective) Enter "EXEMPT" here			
	()	,	
4. I claim exemption from withhold	ing because I am domiciled in the follo	owing state.	
Virginia			
I further certify that I do not ma	aintain a place of abode in Maryland a	s described in the instructions. En	ter "EXEMPT" here4.
	nd state withholding because I am do		-
=			'EXEMPT" here5.
1	nd <b>local</b> tax because I live in a local P PT" here and on line 4 of Form MW5		ork or 6
7. I claim exemption from Maryland <b>local</b> 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			
	nt of the state of and am		
	e Servicemembers Civil Relief Act, as		
Residency Relief Act. Enter "E	XEMPT" here		8.
ection 3 – Employee Signatu	re		
	rther certify that I am entitled to the not to claim the exempt status on whiche		claimed on line 1 above, or if claiming exemption
		_	
Employee's s	ignature	Date	Daytime Phone Number (In case CPB needs to contact you regarding your MW507)
Emplo	yer's name and address (For Employer	Use Only)	Federal Employer identification number (EIN)
Central Payroll Bureau			

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