

2016

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

Form with fields: Payroll System (check one), Name of Employing Agency, Agency Number, Social Security Number, Employee Name, Home Address, Address Continued, City, State, Zip Code, County of Residence, (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

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; 5 Total number of allowances; 6 Additional amount; 7 I claim exemption from withholding for 2015...

Section 3 - Maryland Withholding Form MW 507

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

Form with fields: Withhold at Single Rate, Married (surviving spouse or unmarried Head of Household) Rate, Married, but withhold at Single Rate; 1. Total number of exemptions; 2. Additional withholding per pay period; 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 the following state; 5. I claim exemption from Maryland state withholding because I am domiciled in the Commonwealth of Pennsylvania; 6. I claim exemption from Maryland local tax because I live in a local Pennsylvania jurisdiction; 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; 8. I certify that I am a legal resident of the state of...

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 which ever line(s) I completed.

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

Form with fields: Employer's name and address (including zip code) (For employer use only), Federal Employer identification number

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