

# 2008 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 ( <i>check one</i> )		Name of Employing Agency	
RG <input type="checkbox"/>	CT <input type="checkbox"/>	UM <input type="checkbox"/>	
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 ( <i>required</i> )

## Section 2 - Federal Withholding Form W-4

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

<b>3</b> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single Rate <input type="checkbox"/> Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		<b>4</b> If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a new card. > <input type="checkbox"/>	
<b>5</b>	Total number of allowances you are claiming (from page 1 or page 2 of the federal worksheet)		
<b>6</b>	Additional amount, if any, you want withheld from each paycheck .....	\$	
<b>7</b>	I claim exemption from withholding for 2008, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>● Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability and</li> <li>● This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> If you meet both conditions, write "Exempt" here.....>		

## Section 3 - Maryland Withholding Form MW 507

The Maryland worksheet is available online at [http://forms.marylandtaxes.com/current\\_forms/MW507.pdf](http://forms.marylandtaxes.com/current_forms/MW507.pdf)

Withhold at Single Rate <input type="checkbox"/> Married (surviving spouse or unmarried Head of Household) Rate <input type="checkbox"/> Married, but withhold at Single Rate <input type="checkbox"/>	
1. Total number of exemptions you are claiming from Maryland worksheet	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 below and check boxes that apply. <input type="checkbox"/> 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 <input type="checkbox"/> 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 requirement). If both <b>a</b> and <b>b</b> apply, enter year applicable _____ (year effective) Enter "EXEMPT" here 3. _____	
4. I claim exemption from withholding because I am domiciled in one of the following states. Check state that applies. <input type="checkbox"/> Pennsylvania (indicate township/borough under <b>Address Continued</b> in section 1 above.) <input type="checkbox"/> Virginia	
I further certify that I do not maintain a place of abode in Maryland as described in the instructions on page 2 of the worksheet. Enter "EXEMPT" here 4. _____	

## 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 or line 4, whichever applies.	
<b>Employee's signature</b> (Form is not valid unless you sign it.) _____	<b>Date</b> _____

Employer's name and address (including zip code) (For employer use only) <b>Central Payroll Bureau</b> P.O. Box 2396 Annapolis, MD 21404	Federal Employer identification number 52-6002033 <b>(For State of Maryland - CPB use only)</b>
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**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>