2019

Employee Withholding Allowance Certificate FOR MARYLAND STATE GOVERNMENT EMPLOYEES ONLY

FELLOW

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	four employer may be required to	send a copy of this form to the	iko.
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 rural ro	ute)		(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 For	m W-4 The fee	deral worksheet is available onli	ne at https://www.irs.gov/pub/irs-prior/fw42019.pdf
Note: If married filing separately, check "Married" 5. Total number of allowances you're claimi 6. Additional amount, if any, you want with 7. I claim exemption from withholding for a • Last year I had a right to a refund of all	ng (from the applicable worksheet on th held from each paycheck	check here. You must cal be following pages)	6. \$
 This year I expect a refund of all federa If you meet both conditions, write "Exem 			7.
Section 3 - Maryland Withholding F			http://forms.marylandtaxes.gov/19_forms/mw507.pdf
 Total number of exemptions you are cl Additional withholding per pay period I claim exemption from withholding b a. Last year I did not owe any Ma b. This year I do not expect to owe withheld. (This includes seasonal 	d under agreement with employer	al Exemption Worksheet on particular and tax. See instructions and character and tax is to have the right to a full refuse one will be below the minimulater "EXEMPT" here	neck boxes that apply. withheld and and of all income tax m filing requirements).
Section 4 - Employee Signature			
Under penalties of perjury, I declare that I ha	owances claimed on line 1 above, or if cl	•	it is true, correct, and complete. I further certify that I lding, that I am entitled to claim the exempt status on
Employee's signature	;	Date	Daytime Phone Number (In case CPB needs to contact you regarding your W-4)
Employer's name and address (Em	ployer: Complete name, address & EIN of Central Payroll Bureau P.O. Box 2396	only if sending to IRS)	Federal Employer identification number (EIN)