

Employee's Withholding Certificate

FOR MARYLAND STATE GOVERNMENT EMPLOYEES ONLY

Department of the Treasury Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

■ Give Form W-4 to your employer.

▶ Your withholding is subject to review by the IRS.

	sonal Information (-	T					
Payroll System	(check one)	Agency Number	Name	Name of Employing Agency				
	RG 🗌 CT 🗌 UM							
(a) Employee Name			(b)Social Security Num	Social Security Number				
Home Address (number and street or rural route) (apartment number, if an			number, if any)		Does the name match the name on your Social Security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov			
City		State	Zip C	ode	County of Residence	e (requi	ired)	
Married	or Married filing separately filing jointly (or Qualifying household (Check only if yo		nore than half the	costs of keeping up a home	for yourself and a qualifying	g indivi	dual.)	
	ps 2–4 ONLY if they a nption from withholding				or more information	on ea	ich step, who	
Complete this ste	ple Jobs or Spouse ep if you (1) hold more th ends on income earned fr	an one job at a time, o	or (2) are marrie	d filing jointly and your s	pouse also works. The	correc	ct amount of	
Do only one of t	the following.							
(a) U	se the estimator at www.	<i>irs.gov/W4App</i> for mo	st accurate with	holding for this step (and	l Steps 3–4); or			
(b) U:	se the Multiple Jobs Work	e Multiple Jobs Worksheet on page 3 and enter the result in Step $4(c)$ below for roughly accurate withholding; or						
	there are only two jobs to otherwise, more tax than							
	rate, submit a 2022 Form Itractor, use the estimator		. If you (or your	spouse) have self-emplo	yment income, includir	ng as a	in	
	s 3–4(b) on Form W-4 fo complete Steps 3–4(b) on				her jobs. (Your withhol	ding w	ill be most	
Step 3:	If your income wi	II be \$200,000 or less	(\$400,000 or le	ss if married filing jointly):			
Claim Dependents	Multiply the r	number of qualifying o	children under a	ge 17 by \$2,000	▶ \$			
•	Multiply the n	umber of other depend	dents by \$500	D	\$			
	Add the amounts	above and enter the	total here			3	\$	
Step 4 (optional): Other	this year that	her income (not from jobs). If you want tax v year that won't have withholding, enter the amount of or rrest, dividends, and retirement income		ount of other income here		4(a)	\$	
Adjustments	want to redu	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here.					\$	
	(C) Extra withho	olding. Enter any add	itional tax you w	ant withheld each pay p	eriod.	4(c)	\$	

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.					
	Employee's signature (This form is not valid unless you sign it.)	Date				
Employers Only	Employer's name and address (For Employer Use Only) Central Payroll Bureau P.O. Box 2396 Annapolis, MD 21404	First date of employment	Employer identification number (EIN)			

Important: The information you supply must be complete. This form will replace in total any certificate you previously submitted. Web Site - https://www.marylandtaxes.gov/statepayroll/payroll-forms.php