Employee's Withholding Certificate

2020

FOR MARYLAND STATE GOVERNMENT EMPLOYEES ONLY

Department of the Treatmy (c) Complete Form W-4 so that you remployer can withhold the correct federal income (ax from your pay).

[2] Give Form W-4 to your employer. El Give Form W-4 to your employer.

				bject to review by	the IMS.				
Step 1 - Pers	onal information	(Please complete form	in black ink)					
Payroll System (Agency Number		e of Employing Age	ency				
	G 🗌 СТ 💢 ШМ	360222	U	MCP					
200	vee Name			(b) Social Securit					
	SMITH			123-45	5-6789				
2144 HOME ST Security card? If your earnings, conto www.ssa.gov						match the name on your Social If not, to ensure you get credit for ntact SSA at 800-772-1213 or go			
COLLEGE PARK State MD Zip Code 20742 County of Reside PRINCE						nce (required) GEORGES			
Married (widow(erj) ou're unmamied and pay mo			home for yourself and a quali				
		apply to you; otherw g, when to use the on			ge 2 for more informatii	on on e	ach step, who		
Complete this ster	le Jobs or Spouse p if you (1) hold more th ids on income earmed fr	an one job at a time, or	(2) are marrie	d filing jointly and	your spouse also works. T	'he орте	ct amount of		
Do only one of th									
(a) Us	e the estimator at www.	ira.gov/W4App for most	accurate with	holding for this ste	p (and Steps 3-4); or				
				* 4 *	coughly accurate withholdin	Marie Control			
				ame on Form W-4	for the other job. This opti	on is acc	No. of the last last last last last last last last		
similar pay; of	herwise, more tax than	necessary may be withh	# D	e nome and the organization measurements and the street and the policy of the parameter.	en a fulla fulla pelatri a en anta anta una en a tra tra a la anta de lanta del anta del anta dua en la del an		E		
contractor, use the	e estimator.				employment income, inclution the other jobs. (Your with				
accurate if you co	mplete Steps 3-4(b) on	the Form W-4 for the his	as. Cease inc phest paying	job.)	me omer loca. From With	niceciingi a	WIII DE MOST		
Step 3:	If your income wi	li be \$200,000 or less (\$	400,000 or le	ss if married filing	ipintly):	1			
Claim Dependents	Multiply the number of qualifying children under age 17 by \$2,000								
	Multiply the number of other dependents by 3500					_			
	Add the amounts above and enter the total here					3	\$		
Step 4	(a) Other income (not from jobs). If you want tax withheld for other income you expect					at			
(optional):	on al): this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income.					1			
Other	1144年(春野)。(1129年	(박(1일), 설(19일 1월(1일)(19일)) (19일	cene			4(a)	\$		
Adjustments	(b) Deductions. If you expect to claim deductions other than the standard deduction and								
	age 3 and enter the result	4(b)	S						
here									
						4(c)	\$		
						EXEMPT			
Step 5:	Under penalties of pe	rjury, I declare that this o	ertificate, to	the best of my kno	wledge and belief, is true,	correct,	and complete:		
Sign Here	(ORIGINAL SIGNATURE)					01/10/2020			
	Employee's signature (This form is not valid unless you sign it.)					Date			
Employers	Employer's name and address First date of			Empl	oyer identification	n			
Only	Central Payroll Bureau P.O. Box 2396 employment					num	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

Annapolis, MD 21404