

2016

Employee Withholding Allowance Certificate

FOR MARYLAND STATE GOVERNMENT EMPLOYEES ONLY

Form MW 507

Form W-4

Department of the Treasury
Internal Revenue Service

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 (check one) Name of Employing Agency
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 (required) (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

3 Single Married Married, but withhold at higher Single Rate
5 Total number of allowances you are claiming (from page 1 or page 2 of the federal worksheet)
6 Additional amount, if any, you want withheld from each paycheck
7 I claim exemption from withholding for 2016, and I certify that I meet both of the following conditions for exemption

Section 3 - Maryland Withholding Form MW 507

The Maryland worksheet is available online at http://forms.marylandtaxes.com/16_forms/MW507.pdf

Single Married (surviving spouse or unmarried Head of Household) Rate Married, but withhold at Single Rate
1. Total number of exemptions you are claiming not to exceed line f in Personal Exemption Worksheet on page 2.
2. Additional withholding per pay period under agreement with employer.
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 within York or Adams counties.
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 on Maryland residents.
8. I certify that I am a legal resident of the state of and am not subject to Maryland withholding because I meet the requirements set forth under the Servicemembers Civil Relief Act, as amended by the Military Spouses Residency Relief Act.

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 Date

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