

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 checked="" type="checkbox"/>	University of Maryland
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>

3 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.		4 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"/>	
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 2008, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> ● Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and ● This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. 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

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 a and 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 Address Continued 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.	
Employee's signature (Form is not valid unless you sign it.) _____	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)
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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>