## COMPTROLLER OF MARYLAND CENTRAL PAYROLL BUREAU

## PAYROLL ADDRESS FORM

Please print or type all information
This form must be filled in BLACK INK for electronic imaging

	T			
Agency Number	Social Security Number	Employee Name		
Payroll System (check one) Name of Employing Agency				
RG CT	UM			
New Address				
Address Continued (if needed)				
City and State			Zip Code	
County of Residence - Required			<u>only</u>	
	provided above will be your office		¥ •	
	If you change your address a neeau. If you have any questions	-		
Payroll Bureau (410)				
	_			
Date	Employee signature	Day telepl	Day telephone number	
Send completed form to Central Payroll Bureau P.O. Box 2396 Annapolis, Maryland 21404				