

2006

EMPLOYEE WITHHOLDING ALLOWANCE CERTIFICATE FOR STATE OF MARYLAND EMPLOYEES

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.

Payroll System (<i>check one</i>) RG <input type="checkbox"/> CT <input type="checkbox"/> UM <input type="checkbox"/>		Name of Employing Agency Frostburg State University	
1. Agency Number		Social Security Number	Employee Name
2. Home Address (number and street or rural route)		Address Continued (apartment number, if any)	
City	State	Zip Code	County of Residence (<i>required</i>)
3. Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher single rate <input type="checkbox"/>		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"/>	
Note: If married but legally separated, or spouse is non-resident alien, check the single box.			

See instructions and worksheet to complete section below. Both federal and state must have an entry unless claiming exempt.
If you are not sure how to complete this form, call the Central Payroll Bureau at 410-260-7401.

IF TAXABLE, complete line 5 and, if applicable, line 6. If taxable in federal and exempt in state, or vice versa, complete sections 5 and 7 or 5 and 8. This will complete all necessary tax information. Go to line 9 for signature.

State tax withheld for Maryland and West Virginia only
District of Columbia residents must use Form W-4/D-4

	Federal	State
5. Total number of allowances you are claiming (from worksheet).	_____	_____
6. Additional amount, if any, you want withheld from each paycheck.	\$ _____	\$ _____

IF EXEMPT, complete line 7 and/or line 8. Go to line 9 for signature.

7. I claim exemption from withholding for 2006 and I certify that I meet **BOTH** of the following conditions for exemption:

- Last year I had a right to a refund of **ALL** federal and/or state income tax withheld because I had **NO** tax liability; **AND**
- This year I expect a refund of **ALL** federal and/or state income tax withheld because I expect to have **NO** tax liability. (This includes seasonal and student employees whose annual income will be below the minimum filing requirement.)

If you meet both of the above conditions, enter the year and write "EXEMPT" on the appropriate line(s):

Year Effective	Federal	Maryland
_____	_____	_____
Enter "EXEMPT"		

8. Certification of nonresidence in the state of Maryland (See instruction pamphlet before completing this section).
I certify that *I am not domiciled in the state of Maryland* and that I do not maintain a place of abode within Maryland.
I further certify that my permanent residence is:

_____	_____	_____
City, Town or Post Office Address	County	State
_____	Enter "EXEMPT" here: _____	
Township or Borough (Pennsylvania residents only)		

Under the penalty of perjury, I certify that I am entitled to the number of withholding allowances claimed on line 5 above, or if claiming exemption from withholding, that I am entitled to claim the exempt status on line 7 or line 8 (whichever applies).

9. _____
Signature of Employee (*Form is not valid unless you sign it.*)

_____ Date

IMPORTANT: The information you supply above must be complete. This form will replace in total any certificate you previously submitted.
Central Payroll Bureau, P.O. Box 2396, Annapolis, MD 21404 Web site – <http://compnet.comp.state.md.us/cpb>
COM-CPB/b/op/0060/12-2004Rev.12/05