

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	
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"/> Note: If married but legally separated, or spouse is non-resident 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"/>

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

5. Total number of allowances you are claiming (from worksheet).

Federal

State

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:

- a. 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**
- b. 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

Township or Borough (Pennsylvania residents only)

Enter "EXEMPT" here: _____

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