2013

Employee Withholding Allowance Certificate

FOR MARYLAND STATE GOVERNMENT EMPLOYEES ONLY

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 Info		er may be required to send a copy of th	us form to the IRS.		
Payroll System (check one)	Name of Employing Ag	0000			
	Name of Employing Ag	ency			
Agency Number UM	Social Security Number	Employee Name			
Home Address (number and street or	rural route)	Address Continue	ed (apartment number, i	f any)	
City	State	Zip Code	Coun	ty of Residence (required)	
Section 2 - Federal Withh	olding Form W-4	The federal worksheet is ava	ailable online at http://v	vww.irs.gov/pub/irs-pdf/fw4.pdf	
	ried, but withhold at higher Sin	gle Rate 4 If your last name of	differs from that shown	on your social security card, for a replacement card. >	
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				5 6 \$	
 I claim exemption from withholding for 2013, 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 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 					
				7	
Section 3 - Maryland With The Maryland worksheet is available o			.pdf		
Withhold at Single Rate Marri	ed (surviving spouse or unmarı	ried Head of Household) Rate N	Aarried, but withhold at S	Single Rate	
 Total number of exemptions Personal Exemption Worksh 		eed line f in	1		
2. Additional withholding per p	ay period under agreement	with employer	2		
3. I claim exemption from with	holding because I do not ex	pect to owe Maryland tax. See ins	structions below and	check boxes that apply.	
AND		ax and had a right to a full refund o			
	d. (This includes seasonal a	income tax and expect to have the nd student employees whose annua			
If both a and b apply, enter y	ear applicable (yea	ar effective) Enter "EXEMPT" he	ere 3		
4. I claim exemption from with	holding because I am domi	ciled in one of the following states.	. Check state that appl	ies.	
☐ Pennsylvania (indicate township/borough under Address Continued in section 1 above.) ☐ 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.					
		and am not subject to Maryland w umended by the Military Spouses F Enter "EXEMPT" h	Residency Relief Act.	meet the requirements	
Section 4 - Employee Sign Under penalties of perjury, I declare the further certify that I am entitled to the entitled to claim the exempt status on Employee's signature	nat I have examined this certi e number of withholding allo	wances claimed on line 1 above, or if			
(Form is not valid unless you sign it.)			Da	te	
Employer's name and address (inclu	ding zip code) (For employ	er use only)		1 11 10 1	
Central Payroll Bureau			Federal Em	Federal Employer identification number	
P.O.	Box 2396		(For State	52-6002033 of Maryland - CPB use only)	
Λ	:- MD 21404		(FOI State of	or ivial ylalici - CFD use olliy)	

Annapolis, MD 21404