

2019

Form W-4

Department of the Treasury  
Internal Revenue Service

Employee Withholding Allowance Certificate  
FOR MARYLAND STATE GOVERNMENT EMPLOYEES ONLY

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 (check one)
[ ] RG [ ] CT [ ] UM
Name of Employing Agency
Agency Number Social Security Number Employee Name
Home Address (number and street or rural route) (apartment number, if any)
City State Zip Code County of Residence (required) Nonresidents enter Maryland County or Baltimore City where you are employed

Section 2 - Federal Withholding Form W-4

The federal worksheet is available online at https://www.irs.gov/pub/irs-prior/fw4--2018.pdf

3. [ ] Single [ ] Married [ ] Married, but withhold at higher Single rate.
Note: If married filing separately, check "Married, but withhold at higher Single rate."
4. If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card.
5. Total number of allowances you're claiming (from the applicable worksheet on the following pages)
6. Additional amount, if any, you want withheld from each paycheck
7. I claim exemption from withholding for 2019, 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

Section 3 - Maryland Withholding Form MW 507

The Maryland worksheet is available online at http://forms.marylandtaxes.gov/18\_forms/mw507.pdf

[ ] Single [ ] Married (surviving spouse or unmarried Head of Household) Rate [ ] Married, but withhold at Single Rate
1. Total number of exemptions you are claiming not to exceed line f in Personal Exemption Worksheet on page 2
2. Additional withholding per pay period under agreement with employer
3. I claim exemption from withholding because I do not expect to owe Maryland tax. See instructions and check boxes that apply.
[ ] 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
[ ] 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 requirements).
If both a and b apply, enter year applicable (year effective) Enter "EXEMPT" here
4. I claim exemption from withholding because I am domiciled in the following state. [ ] Virginia
I further certify that I do not maintain a place of abode in Maryland as described in the instructions.
Enter "EXEMPT" here
5. I claim exemption from Maryland state withholding because I am domiciled in the Commonwealth of Pennsylvania and I do not maintain a place of abode in Maryland as described in the instructions on Form MW507. Enter "EXEMPT" here
6. I claim exemption from Maryland local tax because I live in a local Pennsylvania jurisdiction within York or Adams counties. Enter "EXEMPT" here and on line 4 of Form MW507
7. I claim exemption from Maryland local tax because I live in a local Pennsylvania jurisdiction that does not impose an earnings or income tax on Maryland residents. Enter "EXEMPT" here and on line 4 of Form MW507
8. I certify that I am a legal resident of the state of and am not subject to Maryland withholding because I meet the requirements set forth under the Servicemembers Civil Relief Act, as amended by the Military Spouses Residency Relief Act. Enter "EXEMPT" here

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 which ever line(s) I completed. (This form is not valid unless you sign it.)
Employee's signature Date Daytime Phone Number (In case CPB needs to contact you regarding your W-4)

Employer's name and address (Employer: Complete name, address & EIN only if sending to IRS) Federal Employer identification number (EIN)
Central Payroll Bureau
P.O. Box 2396
Annapolis, MD 21404

Important: The information you supply must be complete. This form will replace in total any certificate you previously submitted.

Web Site - http://comptroller.marylandtaxes.gov/government\_services/state\_payroll\_services/