Comptroller of Maryland

Employee Withholding Allowance Certificate 2020

FOR MARYLAND STATE GOVERNMENT EMPLOYEES

WORKING AND RESIDING IN STATES OTHER THAN MD, WV OR DC

Section 1 - Employee Information (Please complete form in black ink.)

Payroll System (check one) ☐ RG ☐ CT ☒ UM	Name of Employing Agency **University of Maryland, Baltimore**	
Agency Number **360221**	Social Security Number	Employee Name
Home Address (number and street or rural route)		(apartment number, if any)
City	State	Zip Code

Section 2 - Employees Working and Residing in States Other than MD, WV or DC

1. I certify that I am working and residing in a jurisdiction other than MD, WV or DC and I am not subject to tax withholding and/or reporting for MD, WV or DC.
2. I am domiciled in the state of _____.

Employee's Signature _____ Date _____

Agency Representative Approval

I attest that the employee is performing work for this agency outside of MD, WV or DC.

Printed Name _____ Title _____

Agency Signature _____ Date _____

Section 3 - 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.

Employee's signature	Date	Daytime Phone Number (In case CPB needs to contact you regarding this form.)

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**	**52-6002033**

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

Web Site - https://www.marylandtaxes.gov/statepayroll/payroll-forms.php