

# Employee Withholding Allowance Certificate

## FOR MARYLAND STATE GOVERNMENT EMPLOYEES

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

2024

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

Payroll System (check one) <input type="checkbox"/> RG <input type="checkbox"/> CT <input type="checkbox"/> UM	Name of Employing Agency	
Agency Number	Social Security Number	Employee Name
Home Address (number and street or rural route) <span style="float: right;">(apartment number, if any)</span>		
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) <div style="text-align: center;"> <b>Central Payroll Bureau</b>  <b>P.O. Box 2396</b>  <b>Annapolis, MD 21404</b> </div>	Federal Employer identification number (EIN)
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**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>