## 2024

## Form WV/IT 104

## Employee Withholding Exemption Certificate FOR MARYLAND STATE GOVERNMENT EMPLOYEES ONLY RESIDING IN WEST VIRGINIA

State Tax Department West Virginia

Section 1 –	<b>Employee Informatio</b>	n (Please complete form in black in	ık.)		
Payroll System (check one)		Name of Employing Agency			
□ RG □	□ CT □ UM				
Agency Number		Social Security Number	Employee Name		
Home Addres	ss (number and street or rura	I route)		(apartment number, if any)	
City			State	Zip Code	
Section 2 –	West Virginia Withh	olding Tax info	rmation is available online at https://	ax.wv.gov/Documents/Withholding/it104.pdf	
	If SINGLE, and you claim an exemption, enter "1", if you do not, enter "0"				
	If MARRIED, one exemption each for husband and wife if not claimed on another certificate.				
	(a) If you claim both of these exemptions, enter "2"				
	(b) If you claim one of these exemptions, enter "1"  (c) If you claim neither of these exemptions, enter "0"				
	. If you claim exemptions for one or more dependents, enter the number of such exemptions				
5. If you are	If you are Single, Head of Household, or Married and your spouse does not work, and you are receiving wages from only one job, and you wish to have your tax withheld at a lower rate, check here				
6. Addition	Additional withholding per pay period under agreement with employer\$				
I certify, und	Employee Signature der penalties provided by the valid unless you sign it.)	ne law, that the number of exemption	ns claimed in this certificate is not in	excess of those to which I am entitled. (This	
Employee's signature			Date	Daytime Phone Number (in case CPB needs to contact you regarding your WV/IT-104)	
	Employe	r's name and address (For Employer l Central Payroll Bureau P.O. Box 2396 Annapolis, MD 21404	Use Only)	Federal Employer identification number (EIN) 52-6002023	

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