## Form MW507

## **Employee Withholding Exemption Certificate FOR MARYLAND STATE GOVERNMENT EMPLOYEES ONLY**

2026 <del>2025</del>

Comptroller of Maryland

Section 1 – Employee Information	(Please complete form in black ink.)		
Payroll System (check one)	Name of Employing Agency		
$\square$ RG $\square$ CT $\square$ UM			
Agency Number	Social Security Number	Employee Name	
Home Address (number and street or rural ro	ute)		(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 – Maryland Withholding  Maryland worksheet is available online at <a href="https://marylandtaxes.gov/forms/24">https://marylandtaxes.gov/forms/24</a> forms/MW507.pdf			
Single Married (surviving spouse or unmarried Head of Household) Rate Married, but withhold at Single Rate			
Total number of exemptions you are claiming not to exceed line f in Personal Exemption Worksheet on page 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, enteryear applicable(year effective) Enter "EXEMPT" here			
4. Lalaim avamption from withholding bacques I am dominiled in the following state			
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" here4.			
5. I claim exemption from Maryland <b>state</b> 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 <b>local</b> 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 <b>local</b> 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 MW5077.			
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 3 – Employee Signature			
Under the penalty of perjury, 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 whichever line(s) I completed.			
Employee's signatur		Date	Daytime Phone Number
Employee's signature	, 	Date	(In case CPB needs to contact you regarding your MW507)
Employer's	name and address (For Employer Use C	Only)	Federal Employer identification number (EIN)
Central Payroll Bureau P.O. Box 2396			52-6002033
Annapolis, MD 21404			02 0002000