

Employee Withholding Allowance Certificate

COMPTROLLER OF MARYLAND
FOR MARYLAND STATE GOVERNMENT EMPLOYEES WORKING
AND RESIDING IN STATES OTHER THAN MARYLAND
(NOT APPLICABLE FOR PENNSYLVANIA RESIDENTS)

Section 1 – Employee Information

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 – Where I Currently Live/Work (number and street or rural route) (apartment number, if any)		
City	State	Zip Code

Section 2 - Employees Working and Residing in States Other than Maryland.

I certify that I am working **and** residing in a jurisdiction other than Maryland **and** I am not subject to tax withholding and/or reporting for Maryland. Under penalties of perjury, I declare that I have read this certificate. To the best of my knowledge and belief, it is true, correct, and complete.

Month & Year that Permanent Residency Began _____

1. I am a permanent resident in the state of _____
2. I am currently residing in the state of _____
(Military Spouses Only)

Employee's Signature
(Must be Original/Wet Signature)
(Digital Signature Not Allowed)

Date

Daytime Phone Number

Section 3 – Agency Representative Approval

I attest that our employee lives **and** works outside of Maryland. We will update their UI state to align with this certificate.

Printed Name _____ Title _____

Agency Signature _____ Date _____

Employer's name and address (For Employer Use Only)

State of Maryland
Central Payroll Bureau
PO Box 2396
Annapolis, MD 21404

Federal Employer Identification number (EIN)

52-6002033

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