#### Employee Withholding Allowance Certificate 2012 FOR MARYLAND STATE GOVERNMENT EMPLOYEES ONLY Form W-4

Form MW 507 Comptroller of Maryland

Please complete form in black ink. Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

## Section 1 - Employee Information

Department of the Treasury

Internal Revenue Service

Payroll System (check one)	Name of Employing Agen	icy	
RG CT UM			
Agency Number	Social Security Number		Employee Name
Home Address (number and street or rural route)		Address Continued (apartment number, if any)	
City	State	Zip Code	County of Residence (required)

# Section 2 - Federal Withholding Form W-4

Section 2 - Federal Withholding Form W-4	The fe	ederal worksheet is available online at http://w		
3 Single       Married       Married, but withhold at higher Single Rate       4 If your last name differs from that shown check here. You must call 1-800-772-1213				
5 Total number of allowances you are claiming (from page 1 or page 2 of the federal worksheet)			5	
6 Additional amount, if any, you want withheld from each paycheck			6	\$
7 I claim exemption from withholding for 2012, and I certify that I meet both of the following conditions for exemption.				
• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and				
• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability				
If you meet both conditions, write "Exempt" here			7	

# Section 3 - Maryland Withholding Form MW 507

Ihe Maryland worksheet is available online at http://forms.marylandtaxes.com/current_forms/MW507.pdf						
W	ithhold at Single Rate 🗌 Married (surviving spouse or unmarried Head of Household) Rate 📄 Married, but withhold at Single Rate 🗌					
1.	Total number of exemptions you are claiming from Maryland worksheet       1					
2.	Additional withholding per pay period under agreement with employer       2.					
3.	I claim exemption from withholding because I do not expect to owe Maryland tax. See instructions below and check boxes that apply.					
	<ul> <li>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</li> <li>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 requirement).</li> </ul>					
	If both a and b apply, enter year applicable (year effective) Enter "EXEMPT" here 3					
4.	I claim exemption from withholding because I am domiciled in one of the following states. Check state that applies.					
	🗌 Pennsylvania (indicate township/borough under Address Continued in section 1 above.) 🛛 🗌 Virginia					
	I further certify that I do not maintain a place of abode in Maryland as described in the instructions on page 2 of the worksheet Enter "EXEMPT" here 4					
5.	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 5					

## Section 4 - 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. I
further certify that I am entitled to the number of withholding allowances claimed on line 1 above, or if claiming exemption	on from withholding, that I am
entitled to claim the exempt status on line 3, 4 or 5, whichever applies.	
Employee's signature	
(Form is not valid unless you sign it.)	Date
	Date

Employer's name and address (including zip code) (For employer use only) Central Payroll Bureau P.O. Box 2396 Annapolis, MD 21404	Federal Employer identification number 52-6002033 (For State of Maryland - CPB use only)
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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 - http://compnet.comp.state.md.us/cpb