2018

Employee Withholding Allowance Certificate FOR MARYLAND STATE GOVERNMENT EMPLOYEES RESIDING IN WEST VIRGINIA

Form W-4 Department of the Treasury Internal Revenue Service Form WV/IT 104 State Tax Department West Virginia

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	on The state of th	1,		
Payroll System (check one) Name of Employing Agency				
□ RG □ CT □ UM				
Agency Number	Social Security Number	Employee Name		
Home Address (number and street or ru	l .ral route)		(apartment number, if any)	
City		State WV	Zip Code	
Section 2 - Federal Withholding	; Form W-4	ne federal worksheet is available online	at https://www.irs.gov/pub/irs-prior/fw42018.pdf	
3. Single Married Married, but withhold at higher Single rate.		4. If your last name differs from	4. If your last name differs from that shown on your social security card,	
Note: If married filing separately, check "Married, but withhold at higher Single rate."		check here. You must call	check here. You must call 800-772-1213 for a replacement card. ▶□	
	claiming (from the applicable worksheet			
	t withheld from each paycheck			
_	g for 2018, and I certify that I meet $both$		tion.	
	of all federal income tax withheld because			
• 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 - West Virginia Withh	olding Form WV/IT 104	Tax information is available online at	http://www.state.wv.us/taxrev/uploads/it100-1-a.pd	
1 If SINGLE, and you claim an even	ontion enter "1" if you do not enter "0"			
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 exe	mptions, enter "0"			
3. If you claim exemptions for one or	more dependents, enter the number of su	ich exemptions		
4. Add the number of exemptions whi	ich you have claimed above and enter the	e total		
5. If you are Single, Head of Househo	ld, or Married and your spouse does not neld at a lower rate, check here	work, and you are receiving wages from	n only one job,	
6. Additional withholding per pay per	iod under agreement with employer		\$	
	es provided on Federal Form W-4 may n			
Section 4 - Employee Signature				
1 1 2 2		,	is true, correct, and complete. I further certify, which I am entitled. (This form is not valid unless	
Employee's signature		Date	Daytime Phone Number (in case CPB needs to contact you regarding your W-4)	
Employer's name and address	(Employer: Complete name, address & l	EIN only if sending to IRS)	Federal Employer identification number (EIN)	
	Central Payroll Bureau P.O. Box 2396 Annapolis, MD 21404			