

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

Section 1 – Employee Information (Please complete form in black ink.)

| | | | |
|--|------------------------|--|---|
| Payroll System (check one) <input type="checkbox"/> RG <input type="checkbox"/> CT <input checked="" type="checkbox"/> UM | | Name of Employing Agency University of Maryland, Baltimore County | |
| Agency Number 360231 | Social Security Number | Employee Name | |
| Home Address (number and street or rural route) | | | (apartment number, if any) |
| City | State | Zip Code | County of Residence (required) <small>Nonresidents enter Maryland County or Baltimore City where you are employed</small> |

Section 2 – Maryland Withholding

Maryland worksheet is available online at https://www.marylandtaxes.gov/forms/20_forms/mw507.pdf

| | |
|--|----------|
| <input type="checkbox"/> Single <input type="checkbox"/> Married (surviving spouse or unmarried Head of Household) Rate <input type="checkbox"/> Married, but withhold at Single Rate | |
| 1. Total number of exemptions you are claiming not to exceed line f in Personal Exemption Worksheet on page 2..... | 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 and check boxes that apply. | |
| <input type="checkbox"/> 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 | |
| <input type="checkbox"/> 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, enter year applicable _____ (year effective) Enter "EXEMPT" here | 3. _____ |
| 4. I claim exemption from withholding because I am domiciled in the following state. | |
| <input type="checkbox"/> Virginia I further certify that I do not maintain a place of abode in Maryland as described in the instructions. Enter "EXEMPT" here | 4. _____ |
| 5. I claim exemption from Maryland state 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 | |
| 5. _____ | |
| 6. I claim exemption from Maryland local tax because I live in a local Pennsylvania jurisdiction within York or Adams counties. Enter "EXEMPT" here and on line 4 of Form MW507. | |
| 6. _____ | |
| 7. I claim exemption from Maryland local 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 MW507. | |
| 7. _____ | |
| 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 | |
| 8. _____ | |

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 signature _____ Date _____ Daytime Phone Number _____
(In case CPB needs to contact you regarding your MW507)

| | |
|--|--|
| Employer's name and address (Employer: Complete name, address & EIN only if sending to IRS) Central Payroll Bureau P.O. Box 2396 Annapolis, MD 21404 | Federal Employer identification number (EIN) |
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Important: The information you supply must be complete. This form will replace in total any certificate you previously submitted.