

Employee's Withholding Certificate

2021

FOR MARYLAND STATE GOVERNMENT EMPLOYEES ONLY

Department of the Tr Internal Revenue Se	easury Landing Complete For Com		e Form W-4	thhold the correct feder to your employer. oject to review by the I		ur pay.		
Step 1 – Pers	onal Information	(Please complete form			-		·	
Payroll System (check one) Agency Number				Name of Employing Agency				
□RG	G CT UM							
(a) Employe	ee Name	•	'	(b)Social Security Num				
Security card? If n						atch the name on your Social not, to ensure you get credit for act SSA at 800-772-1213 or go		
City					County of Residence	nce (required)		
Married fi	Married filing separately ling jointly (or Qualifying ousehold (Check only if y		e than half the	costs of keeping up a home	for yourself and a qualifyin	ıg indivi	dual.)	
		apply to you; otherwing, when to use the only			for more information	on ea	ach step, who	
Complete this ster	e Jobs or Spouse o if you (1) hold more the ds on income earned f	nan one job at a time, or ((2) are marrie	d filing jointly and your s	pouse also works. The	e corre	ct amount of	
Do only one of the	e following.							
(a) Use	e the estimator at www	.irs.gov/W4App for most	accurate with	holding for this step (and	d Steps 3–4); or			
(b) Use	e the Multiple Jobs Work	ksheet on page 3 and ente	r the result in S	Step 4(c) below for roughl	y accurate withholding;	or		
7 7		otal, you may check this l		· · · · ·	-		urate for jobs with	
		necessary may be withhe			-			
FIP: To be accurate contractor, use the		n W-4 for all other jobs. If	you (or your	spouse) have self-emplo	yment income, includii	ng as a	an independent	
		or only ONE of these job on the Form W-4 for the hig			ther jobs. (Your withho	lding w	vill be most	
Step 3:	If your income w	vill be \$200,000 or less (\$	400,000 or le	ss if married filing jointly):			
Claim Dependents	Multiply the number of qualifying children under age 17 by \$2,000							
	Multiply the n	number of other depender	nts by \$500	[\$			
	Add the amount	s above and enter the tot	al here			3	\$	
Step 4 (optional):	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income					4(a)	\$	
Other Adjustments	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here.							
						4(b)	\$	
	(c) Extra withholding. Enter any additional tax you want withheld each pay period.					4(c)	\$	
	,							
Step 5: Sign Here	Under penalties of p	der penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.						
	Employee's signature (This form is not valid unless you sign it.)					ate		
Employers Only		Employer's name ar Central Payroll E P.O. Box 23 Annapolis, MD	Bureau 96		First date of employment		oyer identification ber (EIN)	