2021

Form MW507

Employee Withholding Exemption Certificate FOR MARYLAND STATE GOVERNMENT EMPLOYEES ONLY

Comptroller of Maryland

Section 1 – Employee Information (Please complete form in black ink.) Payroll System (check one) Name of Employing Agency \square RG \square CT \square UM Agency Number Social Security Number Employee Name Home Address (number and street or rural route) (apartment number, if any) County of Residence (required) Nonresidents enter Maryland City Zip Code State County or Baltimore City where you are employed Section 2 – Maryland Withholding Maryland worksheet is available online at https://www.marylandtaxes.gov/forms/21 forms/mw507.pdf Single Married (surviving spouse or unmarried Head of Household) Rate Married, but withhold at Single Rate 3. I claim exemption from withholding because I do not expect to owe Maryland tax. See instructions and check boxes that apply. 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 □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). 4. I claim exemption from withholding because I am domiciled in the following state. ☐ Virginia I further certify that I do not maintain a place of abode in Maryland as described in the instructions. Enter "EXEMPT" here4. 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" here5. 6. I claim exemption from Maryland local tax because I live in a local Pennsylvania jurisdiction within York or 7. I claim exemption from Maryland local tax because I live in a local Pennsylvania jurisdiction that does not impose 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 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) Federal Employer identification number (EIN) Central Payroll Bureau P.O. Box 2396

Annapolis, MD 21404