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## **Employee's Withholding Certificate**

FOR MARYLAND STATE GOVERNMENT EMPLOYEES ONLY

Department of the Treasury Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Internal Revenue Service

▶ Give Form W-4 to your employer.

## ▶ Your withholding is subject to review by the IRS.

Step 1 – Personal Information	I (Please complete form in bl	ack ink	.)			
Payroll System (check one)	Agency Number	Name	e of Employing Agency			
🗆 RG 🔲 CT 🗌 UM						
(a) Employee Name			(b)Social Security Number			
Home Address (number and street or rural route) (apartment number, if any)			Does the name match the name on your Social Security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov			
City	State	Zip C	Code	County of Residence	(requ	red)
(c) Single or Married filing separate Married filing jointly (or Qualifyin Head of household (Check only if	-	n half the	costs of keeping up a home fo	ר yourself and a qualifyin	g indivio	dual.)
Complete Steps 2–4 ONLY if the can claim exemption from withhold				or more information	on ea	ch step, who
Step 2: Multiple Jobs or Spous Complete this step if you (1) hold more withholding depends on income earned	than one job at a time, or (2) ar	re marrie	ed filing jointly and your sp	oouse also works. The	correc	ot amount of
Do <b>only one</b> of the following.						
(a) Use the estimator at ww	w.irs.gov/W4App for most accu	rate with	holding for this step (and	Steps 3–4); or		
(b) Use the Multiple Jobs Wo	orksheet on page 3 and enter the r	resultin	Step 4(c) below for roughly	accurate withholding;	or	
(C) If there are only two jobs similar pay; otherwise, more tax that	s total, you may check this box. I an necessary may be withheld					
<b>TIP:</b> To be accurate, submit a 2021 For contractor, use the estimator.	m W-4 for all other jobs. If you (	(or your	spouse) have self-employ	vment income, includin	ig as a	n independent
Complete Steps 3–4(b) on Form W-4 accurate if you complete Steps 3–4(b) of				ner jobs. (Your withhol	ding w	ill be most
Step 3: If your income	will be \$200,000 or less (\$400,0	000 or le	ess if married filing jointly)	:		
Claim Multiply the Dependents	e number of qualifying children	under a	age 17 by \$2,000[	▶ <u>\$</u>		
	number of other dependents b	umber of other dependents by \$500		<u>\$</u>		
Add the amour	nts above and enter the total he	ere			3	\$
(optional): this year th	(a) Other income (not from jobs). If you wan this year that won't have withholding, enter the amo interest, dividends, and retirement income		ount of other income here.		4(a)	\$
Adjustments (b) Deductio want to rec	ons. If you expect to claim de duce your withholding, use the E				4(b)	\$
(c) Extra with	holding. Enter any additional ta	ax you v	vant withheld each <b>pay p</b> o	eriod.	4(c)	\$
						EXEMPT

Step 5: Sign Here	Under 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.)		Date			
Employers Only	Employer's name and address Central Payroll Bureau P.O. Box 2396 Annapolis, MD 21404	First date of employment	Employer identification number (EIN)			

Important: The information you supply must be complete. This form will replace in total any certificate you previously submitted. Web Site - https://www.marylandtaxes.gov/statepayroll/payroll-forms.php