

## **Employee's Withholding Certificate**

2021

FOR MARYLAND STATE GOVERNMENT EMPLOYEES ONLY

| Department of the Tr<br>Internal Revenue Se    | easury Landing Complete For Com |  | e Form W-4        | thhold the correct feder<br>to your employer.<br>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>'</b>          | (b)Social Security Num  |                              |  |                                  |  |
| Security card? If n                            |  |  |                   |   |                              | atch the name on your Social<br>not, to ensure you get credit for<br>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<br>o if you (1) hold more the<br>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 <b>only one</b> of the                      | e following.   |  |                   |   |                              |  |                                  |  |
| <b>(a)</b> Use                                 | e the estimator at www   | .irs.gov/W4App for most  | accurate with     | holding for this step (and  | d Steps 3–4); <b>or</b>      |  |                                  |  |
| <b>(b)</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  |                   |   | -                            |  |                                  |  |
| <b>FIP:</b> 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<br>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<br>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<br>(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<br>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:<br>Sign<br>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<br>Only                              |  | Employer's name ar<br>Central Payroll E<br>P.O. Box 23<br>Annapolis, MD  | Bureau<br>96      |   | First date of employment     |  | oyer identification<br>ber (EIN) |  |