

EMPLOYEE WITHHOLDING ALLOWANCE CERTIFICATE

| | | | |
|--|--|--|---|
| Payroll System (<i>Check one</i>) | | | |
| <input type="checkbox"/> RG <input type="checkbox"/> CT <input type="checkbox"/> UM | | | |
| 1. Agency Number <input type="checkbox"/> | Social Security Number <input type="checkbox"/> | Employee Name | |
| 2. Home Address (number and street or rural route) <input type="checkbox"/> | | Address continued (apartment number, if any) <input type="checkbox"/> | |
| City <input type="checkbox"/> | State <input type="checkbox"/> | ZIP Code <input type="checkbox"/> | County of residence (<i>Required</i>) |
| Name of Employing Agency | | 3. Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at a higher single rate <i>Note: If married but legally separated, or spouse is non-resident alien, check the single box.</i> 4. If your last name differs from that on your Social Security card call 1-800-772-1213 for a new card. | |

SEE INSTRUCTIONS AND WORKSHEET TO COMPLETE SECTION BELOW. **BOTH FEDERAL AND STATE MUST HAVE AN ENTRY UNLESS CLAIMING EXEMPT.** If you are not sure how to complete this form call the Central Payroll Bureau **410-260-7401**

IF TAXABLE, complete line 5 and, if applicable, line 6. If taxable in Federal and exempt in State, or vice versa, complete sections 5 & 7 or 5 & 8. This will complete all necessary tax information. Go to line 9 for signature.

| | Federal | State |
|---|----------|----------|
| 5. Total number of allowances you are claiming (from worksheet). | _____ | _____ |
| 6. Additional amount, if any, you want deducted from each paycheck. | \$ _____ | \$ _____ |

IF EXEMPT, complete line 7 and/or 8. Go to line 9 for signature.

7. I claim exemption from withholding for 2002 and I certify that I meet BOTH of the following conditions for exemption:

- a. Last year I had a right to a refund of ALL federal and/or state income tax withheld because I had NO tax liability; AND
- b. This year I expect a refund of ALL federal and/or state income tax withheld because I expect to have NO tax liability.

(This includes seasonal and student employees whose annual income will be below the minimum filing requirement.)

If you meet both of the above conditions, enter the year and write "EXEMPT" on the appropriate line(s):

| | | | |
|----------------|---------|----------|----------------|
| _____ | FEDERAL | MARYLAND | |
| Year Effective | | | Enter "EXEMPT" |

8. Certification of nonresidence in the state of Maryland (See instruction pamphlet before completing this section).
I certify that *I am not domiciled in the state of Maryland* and that I do not maintain a place of abode within Maryland.
I further certify that my permanent residence is:

| | | | |
|-----------------------------------|--------|-------|---------------------------|
| _____ | County | State | |
| City, town or post office address | | | Enter "EXEMPT" here _____ |

Under the penalty of perjury, I certify that I am entitled to the number of withholding allowances claimed on Line 5 above or, if claiming exemption from withholding, that I am entitled to claim the exempt status on Line 7 or Line 8 (whichever applies).

9. _____
Signature of Employee Date