## **SAMPLE - FILING EXEMPT**

## Form MW507

## **Employee Withholding Exemption Certificate FOR MARYLAND STATE GOVERNMENT EMPLOYEES ONLY**

2020

Comptroller of Maryland

Section 1 – Employee Information	(Please complete form in black ink.)			
Payroll System (check one)	Name of Employing Agency			
RG CT UM				
Agency Number	Social Security Number	Employee Name		
Home Address (number and street or rural re	oute)	L	(apartment number, if any)	
City	State	(Zip Code)	County of Residence (required) Nonresidents enter Marylan County or Baltimore Cit where you are employed	
Section 2 – Maryland Withholding	Maryland worksheet is:	available online at https://www	v.marylandtaxes.gov/forms/20_forms/mw507.pd	
	g spouse or unmarried Head of Househo		at withhold at Single Rate	
	~ .	<u> </u>	age 21.	
	_		2.	
3. I claim exemption from withholding				
	aryland income tax and had a right to			
1 1 1 -	ve any Maryland income tax and expec			
	sonal and student employees whose annu			
requirements).				
If both a and b apply, enter yea	<mark>r applicable</mark> (year effective) E	nter "EXEMPT" here	3.	
4. I alaim ayamptian from withholding he	soons I am dominiled in the fellowing	r stata		
4. I claim exemption from withholding be Virginia	cause I am domiched in the following	state.		
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 <b>local</b> tax because I live in a local Pennsylvania jurisdiction within York or				
Adams counties. Enter "EXEMPT" here and on line 4 of Form MW507				
7. I claim exemption from Maryland <b>local</b> tax because I live in a local Pennsylvania jurisdiction that does not impose				
an earnings or income tax on Maryland residents. Enter "EXEMPT" here and on line 4 of Form MW5077.				
8. 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				
Residency Relief Act. Enter "EXEM	PT" here		8.	
Section 3 – Employee Signature				
Section 3 – Employee Signature				
<b>Under the penalty of perjury</b> , I further of from withholding, that I am entitled to cla			aimed on line 1 above, or if claiming exemption	
	<u> </u>		Destina Disease Novel	
Employee's signature		Date	Daytime Phone Number (In case CPB needs to contact you regarding your MW	
Employer's name and address (Em	ployer: Complete name, address & EIN	only if sending to IRS)	Federal Employer identification number (EIN	
	Central Payroll Bureau P.O. Box 2396			
	Annapolis, MD 21404			