# Form MW507 — Employee Withholding Exemption Certificate — 2024

**Comptroller of Maryland**

## FOR MARYLAND STATE GOVERNMENT EMPLOYEES ONLY

### Section 1 – Employee Information (Please complete form in black ink.)

| Payroll System (check one) ☐ RG ☐ CT ☒ UM | Name of Employing Agency: University of Maryland, Baltimore | | |
|---|---|---|---|
| Agency Number: 360221 | Social Security Number | Employee Name | |
| Home Address (number and street or rural route) | | (apartment number, if any) | |
| City | State | Zip Code | County of Residence (required) Nonresidents enter Maryland County or Baltimore City where you are employed |

### Section 2 – Maryland Withholding

**Maryland worksheet is available online at https://marylandtaxes.gov/forms/24_forms/MW507.pdf**

☐ Single ☐ Married (surviving spouse or unmarried Head of Household) Rate ☐ Married, but withhold at Single Rate

1. Total number of exemptions you are claiming not to exceed line f in Personal Exemption Worksheet on page 2. ..... 1. _____
2. Additional withholding per pay period under agreement with employer ..... 2. _____
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).

   If both a and b apply, enter year applicable _____ (year effective) Enter "EXEMPT" here ..... 3. _____
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" here ..... 4. _____
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" here ..... 5. _____
6. I claim exemption from Maryland **local** tax because I live in a local Pennsylvania jurisdiction within York or Adams counties. Enter "EXEMPT" here and on line 4 of Form MW507. ..... 6. _____
7. I claim exemption from Maryland **local** 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 MW507. ..... 7. _____
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 "EXEMPT" here ..... 8. _____

### 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 (For Employer Use Only) | Federal Employer identification number (EIN) |
|---|---|
| **Central Payroll Bureau**<br>**P.O. Box 2396**<br>**Annapolis, MD 21404** | **52-6002033** |

**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