

## **Employee's Withholding Certificate**

2021

FOR MARYLAND STATE GOVERNMENT EMPLOYEES ONLY

Department of the Ti Internal Revenue Se	reasury L Complete For ervice		e Form W-4	thhold the correct feder to your employer. Dject to review by the I		ır pay.		
Step 1 – Pers	onal Information	(Please complete form					·	
Payroll System (check one) Agency Number				Name of Employing Agency				
□R0	G CT UM							
(a) Employ	ee Name		<b>'</b>	(b) Social Security Num				
Security card? If n						atch the name on your Social not, to ensure you get credit for act SSA at 800-772-1213 or go		
City					County of Residence	ence (required)		
Married f	Married filing separately iling jointly (or Qualifying lousehold (Check only if y		e than half the	costs of keeping up a home	for yourself and a qualifyin	g indivi	dual.)	
		apply to you; otherwing, when to use the only			for more information	on ea	ach step, who	
Complete this ster withholding depen	ids on income earned f	han one job at a time, or (	2) are marrie	d filing jointly and your s	spouse also works. The	corre	ct amount of	
Do <b>only one</b> of th	· ·							
` ,		.irs.gov/W4App for most			•			
		ksheet on page 3 and ente		- · · · ·	-			
		otal, you may check this b			-			
similar pay; ot	herwise, more tax than	necessary may be withhou	eld				▶ ⊔	
<b>TIP:</b> To be accura contractor, use the		n W-4 for all other jobs. If	you (or your	spouse) have self-emplo	oyment income, includir	ng as a	an independent	
		or only ONE of these jol on the Form W-4 for the hig			ther jobs. (Your withhol	ding w	vill be most	
Step 3:	If your income w	ill be \$200,000 or less (\$	400,000 or le	ss if married filing jointly	<b>'</b> ):			
Claim Dependents	Multiply the number of qualifying children under age 17 by \$2,000							
	Multiply the r	number of other depender	nts by \$500		\$			
	Add the amount	s above and enter the tot	al here			3	\$	
Step 4 (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 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: 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.)					ate		
Employers Only		Employer's name ar Central Payroll E P.O. Box 23 Annapolis, MD	Bureau 96		First date of employment		oyer identification ber (EIN)	