

Employee's Withholding Certificate

2025

FOR MARYLAND STATE GOVERNMENT EMPLOYEES ONLY

Department of the Trainternal Revenue Se	easury	.	Sive Form W-4	thhold the correct feder to your employer. Dject to review by the II	-	ır pay.		
tep 1 – Perso	onal Information (-	
Payroll System (c	<u> </u>	Agency Number		of Employing Agency				
· · ·								
				(b) 0i -1 0it N	I			
a) Employe	ee Name			(b)Social Security Num	iber			
Home Address (n	umber and street or ru	ral route) (apartment n	Soci cred		Social Security car credit for your e	oes your name match the name on your ocial Security card? If not, to ensure you get redit for your earnings, contact SSA at		
		Т			800-772-1213 or go			
City		State	Zip C	ode	County of Residence	(requi	ired)	
Married fil	Married filing separately ling jointly or Qualifying sousehold (Check only if yo	surviving spouse	nore than half the	costs of keeping up a home	for yourself and a qualifyin	g indivi	dual.)	
omplete Steps	s 2-4 ONLY if they	apply to you; other	rwise, skip to	Step 5. See page 2	for more information	on ea	ach	
				estimator at www.irs				
omplete this step	ds on income earned fr	nan one job at a time, o	or (2) are marrie	d filing jointly and your s	pouse also works. The	correc	ct amount of	
	e the estimator at www. ployment income, use t		st accurate with	nholding for this step (an	d Steps 3-4). If you or	your s	pouse have self-	
(b) Use	the Multiple Jobs Work	sheet on page 3 and en	iter the result in S	Step 4(c) below; or				
				ame on Form W-4 for the ay at the higher paying				
ar; or have changes du	uring the year in your marital sta	atus, number of jobs for you (a	and/or your spouse if	ne rest of the year if: you are com married filing jointly), dependent ator again to recheck your withho	s, other income (not from jobs)			
	mplete Steps 3–4(b) on	the Form W-4 for the I	highest paying j	•	· ,	ding w	ill be most	
ep 3:	If your income wi	ill be \$200,000 or less	(\$400,000 or le	ss if married filing jointly):			
aim ependents	Multiply the r	number of qualifying c	children under a	age 17 by \$2,000	<u>\$</u>			
nd Other redits	Add the amounts abo	umber of other depend ove for qualifying children ar al here	nd other dependent	s. You may add to this the am	ount of any other	3	\$	
ep 4 ptional):	this year that		g, enter the amo	nt tax withheld for othe ount of other income here		4(5)	·	
her	interest, divid	ienas, and retirement	income			4(a)	Φ	
ljustments	(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					4(b)	\$	
	here							
	(c) Extra withho	olding. Enter any addi	tional tax you w	ant withheld each pay p	period.	4(c)	\$	
Ston F:			in number of	Abo book of week	a and halfast to t			
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.							
11010	Employee's signature (This form is not valid unless you sign it.)					ate		
Employers Only		's name and address (Central Payroll P.O. Box 2:	For Employer U	- ·	First date of employment		oyer identification ber (EIN)	