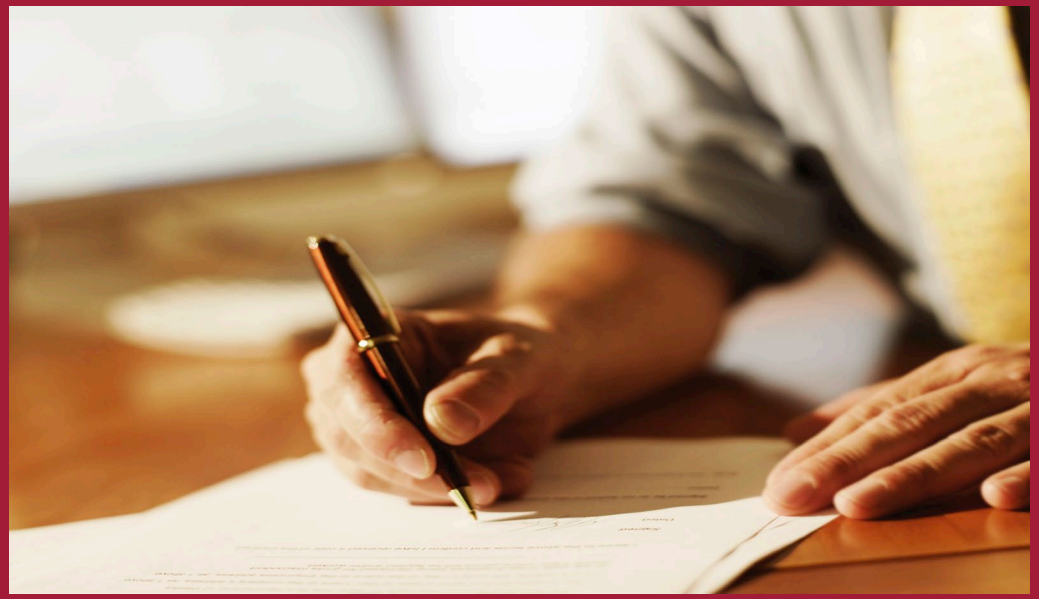
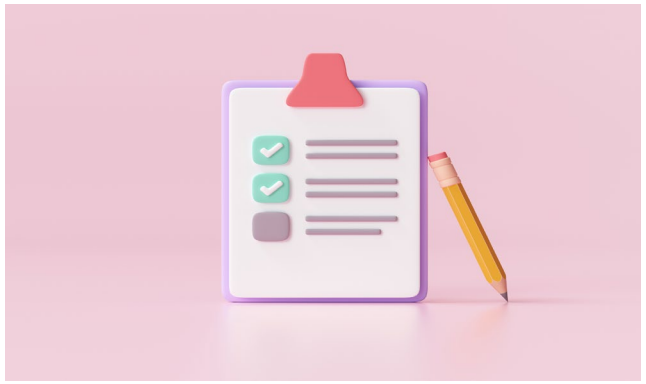
MARYLAND DEPARTMENT OF TRANSPORTATION

# HOW TO COMPLETE THE W4,MW507 TAX AND DIRECT DEPOSIT FORM



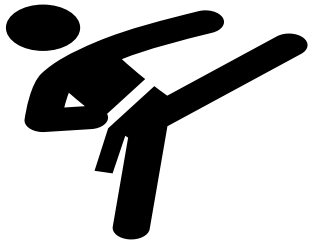


# Tax Form Review

- **Purpose**
- Reduce tax form rejections by ensuring forms are completed accurately before submission to Payroll.
- Verify all required fields are complete to help ensure the correct tax withholding is applied.
- Prevent processing delays caused by incomplete or inaccurate forms.
- **Why It Matters**
- Delays in submitting a completed tax form may result in the employee's tax withholding defaulting to **Single** with **0** allowances (or the applicable default withholding) until a valid tax form is processed.
- Reviewing forms before submission helps avoid unnecessary delays and corrections.
- **Important Reminder**
- HR/Payroll staff are prohibited from advising employees on how to complete their tax forms or writing any information on their behalf. Employees are responsible for completing their own tax forms.

MARYLAND DEPARTMENT OF TRANSPORTATION

# RASON WHY W4'S ARE REJECTED



MARYLAND DEPARTMENT OF TRANSPORTATION

# Common Reasons the W-4 Forms is Rejected

The following are the most common reasons W-4 forms are rejected. This presentation will review each item and explain how to complete the form correctly.

- **Step 1 – Address:** Address must be complete and legible for processing.
- **Step 1(c) – Filing Status:** One filing status must be selected. Please check **only one** box.
- **Step 2:** Check the box **only if applicable** ("Yes"). If not Leave it blank.
- **Step 3 – Dependents:** Enter a complete dollar amount, if applicable. Write on the line provided not on the dotted line. Then write the final total on line 3 that is provided.
- **Step 4(a) & 4(b):** Enter complete dollar amounts, if applicable. Write on the line provided not on the dotted line.
- **Exempt from Withholding:** Check this box only if the employee qualifies to claim exemption from federal income tax withholding.
- **Step 5 – Signature:** An original handwritten signature is required. Electronic signatures are not accepted.

MARYLAND DEPARTMENT OF TRANSPORTATION

# Personal Information - Step 1

Step 1 is one of the most important sections of the W-4 form. If the employee's **name, Social Security number, or address** is missing, incorrect, or illegible, Central Payroll cannot begin processing the form.

To help avoid delays:

Ask the employee to verify that all personal information is accurate before submitting the form.

Encourage the employee to write clearly and legibly or type their information, as the W-4 is a fillable form.

Confirm that the appropriate **Payroll System** (**RG** or **CT**) is selected.

Ensure the **Agency Number** and **Agency Name are Completed**

**Step 1 – Personal Information** (Please complete form in black ink.)

| Payroll System (check one) RG CT UM | Agency Number | Name of Employing Agency |
|---|---|---|
| | 290201 | |
| (a) Employee Name | | (b) Social Security Number |
| Home Address (number and street or rural route) (apartment number, if any) | | Does your name match the name on your Social Security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov |
| City | State | Zip Code / County of Residence (required) |

MARYLAND DEPARTMENT OF TRANSPORTATION

Form **W-4** — **Employee's Withholding Certificate** — **2026**

**FOR MARYLAND STATE GOVERNMENT EMPLOYEES ONLY**

Department of the Treasury Internal Revenue Service

- **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
- **Give Form W-4 to your employer.**
- **Your withholding is subject to review by the IRS.**

**Step 1 – Personal Information** (Please complete form in black ink.)

| Payroll System (check one) RG CT UM | Agency Number | Name of Employing Agency |
|---|---|---|
| | | 290201 |
| (a) Employee Name | | (b) Social Security Number |
| Home Address (number and street or rural route) (apartment number, if any) | | **Does your name match the name on your Social Security card?** If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov |
| City | State | Zip Code / County of Residence (required) |

(c) ☐ **Single or Married filing separately**
☐ **Married filing jointly or Qualifying surviving spouse**
☐ **Head of household** (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

**Step 2: Multiple Jobs or Spouse Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

**(a)** Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; or

**(b)** Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

**(c)** If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (2b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (2b) is more accurate. ☐

Tip: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

| | | | |
|---|---|---|---|
| **Step 3:** **Claim Dependents and Other Credits** | If your income will be $200,000 or less ($400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by $2,000 ▸ $ ; Multiply the number of other dependents by $500 ▸ $ ; Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here | 3 | $ |
| **Step 4 (optional):** **Other Adjustments** | **(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) | $ |
| | **(b) Deductions.** Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here | 4(b) | $ |
| | **(c) Extra withholding.** Enter any additional tax you want withheld each **pay period.** | 4(c) | $ |
| **Exempt from Withholding** | I claim exemption from withholding for 2026, and I certify that I meet **both** conditions for exemption for 2026. See *Exemption from withholding* on page 2. I understand I will need to submit a new Form W-4 for 2027. ☐ | | |
| **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.) **Date** | | |
| **Employers Only** | Employer's name and address (For Employer Use Only) **Central Payroll Bureau, P.O. Box 2396, Annapolis, MD 21404** | First date of employment | Employer identification number (EIN) |

**Important: The information you supply must be complete. This form will replace in total any certificate you previously submitted.** Web Site - https://www.marylandcomptroller.gov/state-agencies/payroll-services/forms.html

# Personal Information - Step 1c Filing Status

When completing the W-4, employees sometimes forget to select their filing status. Step 1(c) requires the employee to choose a filing status, and this section **must be completed** before the form can be processed.

**Important reminders:**

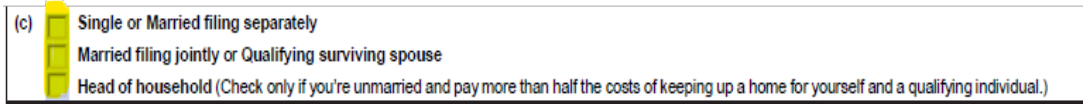
The employee must select **only one** filing status:

- Single or Married Filing Separately
- Married Filing Jointly or Qualifying Surviving Spouse
- Head of Household

If no filing status is selected, the W-4 will be rejected and returned for correction.

If more than one box is selected, the form will also be rejected.

HR and Payroll staff **cannot advise employees** on which filing status to choose. Employees are responsible for selecting the filing status that applies to their tax situation.



(c) ☐ Single or Married filing separately
☐ Married filing jointly or Qualifying surviving spouse
☐ Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

MARYLAND DEPARTMENT OF TRANSPORTATION

Form **W-4** — **Employee's Withholding Certificate** — **2026**

FOR MARYLAND STATE GOVERNMENT EMPLOYEES ONLY

Department of the Treasury Internal Revenue Service

▸ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
▸ **Give Form W-4 to your employer.**
▸ **Your withholding is subject to review by the IRS.**

**Step 1 – Personal Information** (Please complete form in black ink.)

| Payroll System (check one) ☐ RG ☐ CT ☐ UM | Agency Number | Name of Employing Agency 290201 |
|---|---|---|
| (a) Employee Name | | (b) Social Security Number |
| Home Address (number and street or rural route) (apartment number, if any) | | **Does your name match the name on your Social Security card?** If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov |
| City | State | Zip Code / County of Residence (required) |

(c) ☐ **Single or Married filing separately**
☐ **Married filing jointly or Qualifying surviving spouse**
☐ **Head of household** (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

**Step 2: Multiple Jobs or Spouse Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

**(a)** Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; or

**(b)** Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

**(c)** If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (2b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (2b) is more accurate. ☐

Tip: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

| | | | |
|---|---|---|---|
| **Step 3:** Claim Dependents and Other Credits | If your income will be $200,000 or less ($400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by $2,000 ▸ $ ; Multiply the number of other dependents by $500 ▸ $ ; Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here | 3 | $ |
| **Step 4 (optional):** Other Adjustments | **(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) | $ |
| | **(b) Deductions.** Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here | 4(b) | $ |
| | **(c) Extra withholding.** Enter any additional tax you want withheld each **pay period.** | 4(c) | $ |

| | |
|---|---|
| **Exempt from Withholding** | I claim exemption from withholding for 2026, and I certify that I meet **both** conditions for exemption for 2026. See *Exemption from withholding* on page 2. I understand I will need to submit a new Form W-4 for 2027. ☐ |
| **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.) **Date** |

| | | | |
|---|---|---|---|
| **Employers Only** | Employer's name and address (For Employer Use Only) **Central Payroll Bureau, P.O. Box 2396, Annapolis, MD 21404** | First date of employment | Employer identification number (EIN) |

**Important: The information you supply must be complete. This form will replace in total any certificate you previously submitted.** Web Site - https://www.marylandcomptroller.gov/state-agencies/payroll-services/forms.html

# Multiple Jobs or Spouse Works - Step 2

Step 2 should only be completed if it applies to the employee's tax situation. If it does apply, the employee must **check the box** in Step 2—**do not write "Yes."**

If Step 2 does not apply, the employee should leave it blank and proceed to **Step 3**.

**Step 2: Multiple Jobs or Spouse Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

**(a)** Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; or

**(b)** Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or

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MARYLAND DEPARTMENT OF TRANSPORTATION

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**FOR MARYLAND STATE GOVERNMENT EMPLOYEES ONLY**

Department of the Treasury
Internal Revenue Service

- **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
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**Step 1 – Personal Information** (Please complete form in black ink.)

| Payroll System (check one) ☐ RG ☐ CT ☐ UM | Agency Number | Name of Employing Agency: 290201 |
|---|---|---|
| (a) Employee Name | | (b) Social Security Number |
| Home Address (number and street or rural route) (apartment number, if any) | | **Does your name match the name on your Social Security card?** If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov |
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(c) ☐ **Single or Married filing separately**
☐ **Married filing jointly or Qualifying surviving spouse**
☐ **Head of household** (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

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| | | | |
|---|---|---|---|
| **Step 3: Claim Dependents and Other Credits** | If your income will be $200,000 or less ($400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by $2,000 ..... $ ; Multiply the number of other dependents by $500..... $ ; Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here | 3 | $ |
| **Step 4 (optional): Other Adjustments** | **(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) | $ |
| | **(b) Deductions.** Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here | 4(b) | $ |
| | **(c) Extra withholding.** Enter any additional tax you want withheld each **pay period.** | 4(c) | $ |

**Exempt from Withholding** — I claim exemption from withholding for 2026, and I certify that I meet **both** conditions for exemption for 2026. See *Exemption from withholding* on page 2. I understand I will need to submit a new Form W-4 for 2027. ☐

**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.) — **Date**

**Employers Only** — Employer's name and address (For Employer Use Only): **Central Payroll Bureau, P.O. Box 2396, Annapolis, MD 21404** | First date of employment | Employer identification number (EIN)

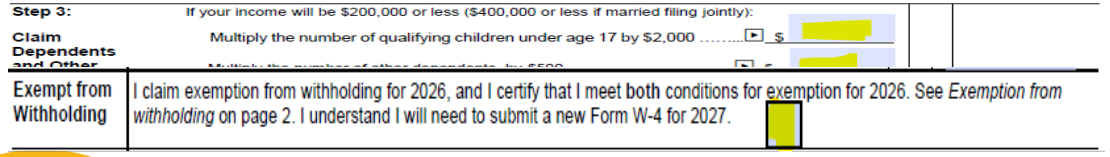
**Important: The information you supply must be complete. This form will replace in total any certificate you previously submitted.** Web Site - https://www.marylandcomptroller.gov/state-agencies/payroll-services/forms.html

# Claim Dependents, Other Credits and Exemption – Step 3

Step 3 is one of the most common reasons W-4 forms are rejected.

**Common errors include:**

- Writing dollar amounts on the dotted lines instead of in the designated fields.
- Entering an amount for **Qualifying Child Under Age 17** and/or **Other Dependents** but failing to enter the final total on **Line 3**.
- Entering only a total on **Line 3** without completing the applicable dependent fields above.
- Claiming **Exempt** while also entering a dollar amount for dependents on **Line 3**. These entries cannot be used together.
- Writing **"0"** on Line 3 when claiming **Exempt** instead of leaving the section blank. If an employee is claiming exempt, they only need to check the Exempt from withholding box
- Review this section carefully before submitting the form to help prevent processing delays and rejected W-4s.
- **Please note:** Employees claiming **Exempt** must complete and submit a new W-4 each year. An exempt status does **not** automatically carry over to the next calendar year



| | | |
|---|---|---|
| **Step 3:** Claim Dependents and Other | If your income will be $200,000 or less ($400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by $2,000 ..... $ | |
| Exempt from Withholding | I claim exemption from withholding for 2026, and I certify that I meet both conditions for exemption for 2026. See *Exemption from withholding* on page 2. I understand I will need to submit a new Form W-4 for 2027. | |

MARYLAND DEPARTMENT OF TRANSPORTATION

Form **W-4** — **Employee's Withholding Certificate** — **2026**

FOR MARYLAND STATE GOVERNMENT EMPLOYEES ONLY

Department of the Treasury Internal Revenue Service

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**Step 1 – Personal Information** (Please complete form in black ink.)

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| Payroll System (check one) ☐ RG ☐ CT ☐ UM | Agency Number | Name of Employing Agency: 290201 |
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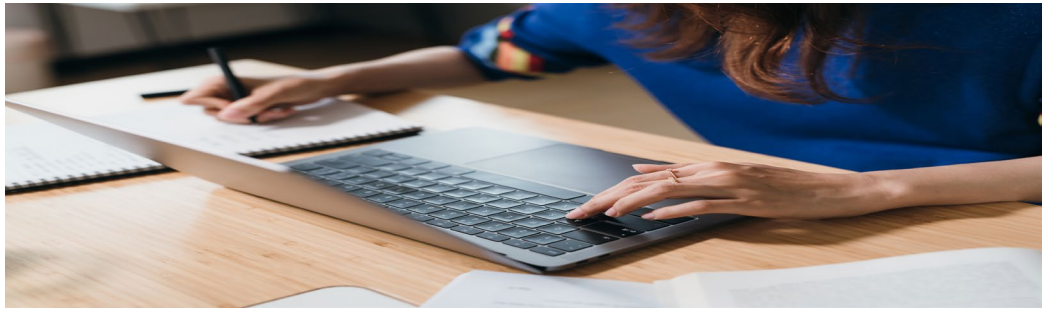
| **Step 5:** Sign Here | Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete. **Employee's signature** (This form is not valid unless you sign it.) Date | | |
| **Employers Only** | Employer's name and address (For Employer Use Only) **Central Payroll Bureau, P.O. Box 2396, Annapolis, MD 21404** | First date of employment | Employer identification number (EIN) |

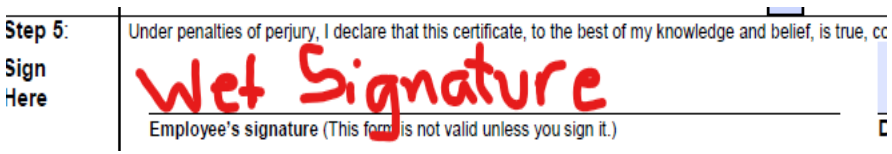
**Important: The information you supply must be complete. This form will replace in total any certificate you previously submitted.** Web Site - https://www.marylandcomptroller.gov/state-agencies/payroll-services/forms.html

# Original Signature is Required – Step 5



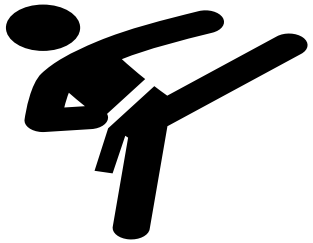
As mentioned previously, employees may complete the W-4 electronically because it is a fillable form. However, the form **must** include an original handwritten (wet) signature. Electronic signatures are **not** accepted, as the W-4 is a legal document.

Before submitting the W-4 to Payroll, verify that the form has a wet signature. Forms submitted with an electronic signature will be rejected, resulting in delays before they can be forwarded to Central Payroll for processing




MARYLAND DEPARTMENT OF TRANSPORTATION

# RASON WHY MW507'S ARE REJECTED



MARYLAND DEPARTMENT OF TRANSPORTATION

# Common Reasons the MW507 Form Is Rejected

The following are the most common reasons an MW507 form is rejected. This presentation will review each item and explain how to complete the form correctly.

- **Section 2 – Marital Status:** A marital status must be selected.
- **Section 2, Line 1:** If the employee is fully taxable, the state withholding block must be completed. Enter **0** if requesting the maximum withholding.
- **Section 2, Line 3:** To claim **Exempt**, Boxes **A** and **B** must be checked, the current tax year effective date must be entered, and **"Exempt"** must be written on Line 3.
- **Section 2 – Lines 1 and 3:** Complete **either Line 1 or Line 3**, **not both**.
- **Section 2 – Lines 1 and 5:** Complete **either Line 1 or Line 5**, **not both**.
- **Section 2, Line 4:** If claiming exemption for **Virginia**, check the appropriate box and write **"Exempt"** on Line 4.
- **Section 2 – Lines 5, 6, and 7:** These lines are for **Pennsylvania residents only**. Eligible employees should enter **"Exempt"** on **Lines 5 and 6** or **Lines 5 and 7**, as applicable.
- **Section 2, Line 8:** A copy of the employee's military identification must be attached, if applicable.
- **Section 3 – Signature:** An original handwritten signature is required. Electronic signatures are not accepted.

MARYLAND DEPARTMENT OF TRANSPORTATION

# Employee Information - Section 1

This section is just as important on the MW507 as it is on the W-4. If the employee's **name, Social Security number, or address** is missing, incorrect, or illegible, Central Payroll cannot begin processing the form.

To help avoid delays:

Ask the employee to verify that all personal information is accurate before submitting the form.

Encourage the employee to write clearly and legibly or type their information, as the MW507 is a fillable form.

Confirm that the appropriate **Payroll System** (**RG** or **CT**) is selected.

Ensure the **Agency Number** and **Agency Name are Completed**

Ensure the county of Residence is entered.

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

| Payroll System (check one) ☐ RG ☐ CT ☐ UM | Name of Employing Agency | | |
|---|---|---|---|
| Agency Number 290201 | 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 |

**Form MW507** — **Employee Withholding Exemption Certificate** — **2026**

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 | | |
|---|---|---|---|
| Agency Number 290201 | 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**

☐ 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** | |

**Important: The information you supply must be complete. This form will replace in total any certificate you previously submitted.**

Web Site - https://www.marylandcomptroller.gov/state-agencies/payroll-services/forms.html

MARYLAND DEPARTMENT OF TRANSPORTATION

# Marital Status- Section 2

When completing the MW507, employees sometimes forget to select their filing status. Step 1(c) requires the employee to choose a filing status, and this section **must be completed** before the form can be processed.

**Important reminders:**

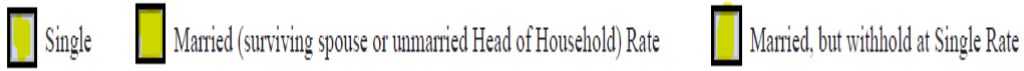
The employee must select **only one** filing status:

- Single or Married Filing Separately
- Married Filing Jointly or Qualifying Surviving Spouse
- Head of Household

If no filing status is selected, the MW507 will be rejected and returned for correction.

If more than one box is selected, the form will also be rejected.

HR and Payroll staff **cannot advise employees** on which filing status to choose. Employees are responsible for selecting the filing status that applies to their tax situation.




**Form MW507** — **Employee Withholding Exemption Certificate** — **2026**

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 | | |
|---|---|---|---|
| Agency Number 290201 | 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**

☐ 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** | |

**Important: The information you supply must be complete. This form will replace in total any certificate you previously submitted.**

Web Site - https://www.marylandcomptroller.gov/state-agencies/payroll-services/forms.html

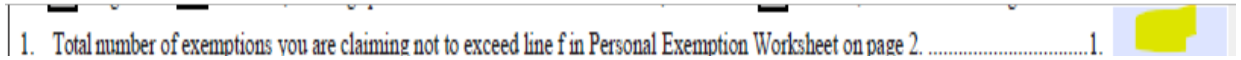
MARYLAND DEPARTMENT OF TRANSPORTATION

# Withholding – Section 2, Question1

Question1common reasons an MW507 form is rejected.

**Common mistakes include:**

- Entering the **dollar amount** from the worksheet instead of the **total number of exemptions** being claimed.
- Leaving Question 1 blank. A value **must** be entered, even if it is "0"
- **Remember:** Question 1 requires the **number of exemptions**, **not** a dollar amount.


1. Total number of exemptions you are claiming not to exceed line f in Personal Exemption Worksheet on page 2. .....1.

**Form MW507** 2026
**Comptroller of Maryland**

**Employee Withholding Exemption Certificate**
**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 | | |
|---|---|---|---|
| Agency Number 290201 | 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**

☐ 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, enteryear 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** | |

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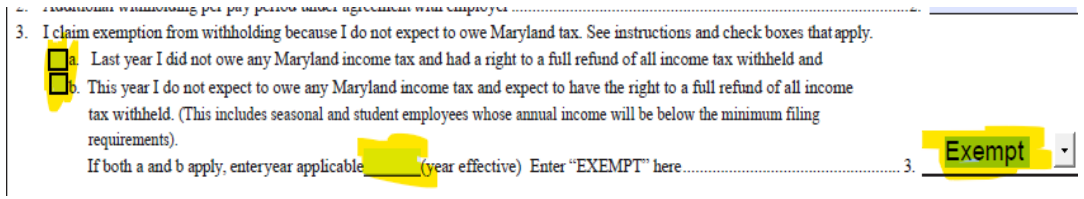
MARYLAND DEPARTMENT OF TRANSPORTATION

# Withholding – Section 2, Question 3

Question 3 is one of the most common reasons an MW507 form is rejected.

**Common mistakes include:**

- Claiming exemption from Maryland withholding but **failing to check both Box A and Box B**.
- Failing to enter the **current tax year** and write or type **"Exempt"** on **Line 3**.
- Writing **"Exempt"** on the dotted line instead of on **Line 3**.
- Claiming **Exempt** while also entering a number for dependents on **Line 3**. These entries cannot be used together.
- **Remember:** If claiming **Exempt** from Maryland withholding, **leave Question 1 blank** you cannot enter both.




MARYLAND DEPARTMENT OF TRANSPORTATION

**Form MW507** — **Employee Withholding Exemption Certificate** — **2026**

**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 | | |
|---|---|---|---|
| Agency Number 290201 | 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**

☐ 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, enteryear 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** | |

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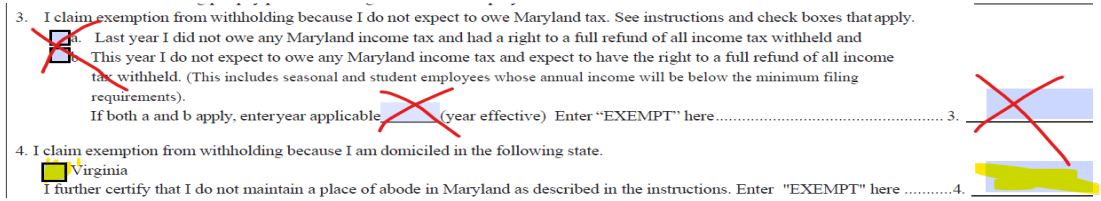
# Withholding – Section 2, Question 4

**Question 4** is a common reason MW507 forms are rejected for employees who are Virginia residents. Because Central Payroll does not withhold Virginia state income taxes, Virginia residents who are eligible to claim exemption from Maryland withholding should complete **Question 4** as instructed on the form.

**Common mistakes include:**

- Virginia residents completing **Question 1** or **Question 3** when they are claiming exemption from Maryland withholding.
- Claiming exempt status on the wrong section of the form.
- **Remember:** Employees who are **Virginia residents** and qualify for exemption from Maryland withholding should complete **Question 4, not Question 3 and Question 1.**
- **Important Information for Virginia Residents**
- Employees are responsible for paying any applicable Virginia state and local income taxes, including submitting any required quarterly estimated tax payments directly to the appropriate taxing authority.



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, enteryear 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. _____

**Form MW507** — **Employee Withholding Exemption Certificate** — **2026**

**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 | | |
|---|---|---|---|
| Agency Number 290201 | 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**

☐ 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, enteryear 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** | |

**Important: The information you supply must be complete. This form will replace in total any certificate you previously submitted.**

Web Site - https://www.marylandcomptroller.gov/state-agencies/payroll-services/forms.html

# Withholding – Section 2, Questions 5, 6 & 7: Common Errors (Pennsylvania Residents)

**Questions 5, 6, and 7** apply to employees who are Pennsylvania residents. Errors in this section are a common reason MW507 forms are rejected. Because Central Payroll does not withhold Pennsylvania state income taxes, Pennsylvania residents who are eligible to claim exemption from Maryland withholding should complete these questions according to the MW507 instructions

**Common mistakes include:**

- Writing **"Exempt"** on only **Question 5, 6, or 7**. To properly claim exemption, employees must complete **Question 5 along with Question 6 or Question 5 along with Question 7**, as applicable. Completing **Question 1** while also claiming exemption on **Questions 5, 6, and 7**. **Question 1 should be left blank** when claiming exemption under the Pennsylvania reciprocity provisions.
- **Important Information for Pennsylvania Residents**
- Central Payroll **does not withhold Pennsylvania state or local taxes**.
- Employees are responsible for paying their Pennsylvania state and local taxes, including submitting any required quarterly estimated tax payments.
- Employees who choose to have **Maryland taxes withheld** may be eligible to request a refund from Maryland when filing their Maryland tax return, since **Maryland and Pennsylvania have a reciprocal tax agreement**.
- Employees who are unsure how to complete their tax forms should consult a qualified tax professional.
- **Reminder:** HR and Payroll staff cannot advise employees on which filing status or withholding elections to choose. Employees are responsible for selecting the options that apply to their individual tax situation.

# Withholding – Section 2, Questions 5, 6 & 7: Common Errors (Pennsylvania Residents)

- **Do not write exempt in all three boxes**

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.

- **Write exempt in Questions 5 & 6 or**

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.

- **Write exempt in Questions 5 & 7**

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.

- **Do Not complete Question's 1 and 3 if calming exempt in PA**

1. Total number of exemptions you are claiming not to exceed line f in Personal Exemption Worksheet on page 2. .....1.

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.

**Form MW507** — Employee Withholding Exemption Certificate — **2026**
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 | | |
|---|---|---|---|
| Agency Number 290201 | 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**

☐ 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 CPS 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** | |

**Important: The information you supply must be complete. This form will replace in total any certificate you previously submitted.**

Web Site - https://www.marylandcomptroller.gov/state-agencies/payroll-services/forms.html

# Military Spouses – Section 2, Question 8

Question 8 is a common reason an MW507 form is rejected for employees who are military spouses.

**Common mistakes include:**

Failing to enter the state of legal residence.

Writing **"Exempt"** on the dotted line instead of on **Line 8**.

Failing to complete and submit the required **MW507M** form.

**Remember:** Military spouses claiming exemption must complete **Question 8** correctly, enter their state of legal residence, write **"Exempt"** on **Line 8**, and submit a completed **MW507M** form.

**HR/Payroll Reminder:**

If the **MW507M** form is needed, request it from **MDOT Payroll** or retrieve it from the **Central Payroll website**.

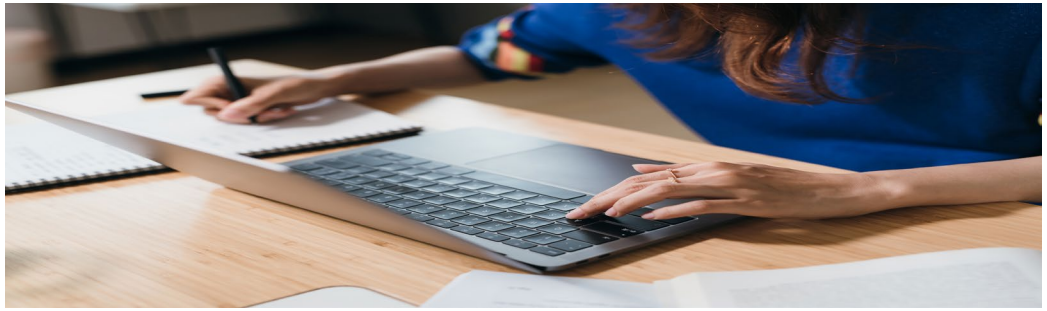
8. I certify that I am a legal resident of the state of _____ and am not subject to Maryland withholding because I meet the requirements set forth under the Servicemembers Civil Relief Act, as amended by the Military spouses Residency Relief Act. Enter "EXEMPT" here..... 8. _____

MARYLAND FORM
**MW507M**

**Exemption from Maryland Withholding Tax for a Qualified Civilian Spouse of a U.S. Armed Forces Servicemember**

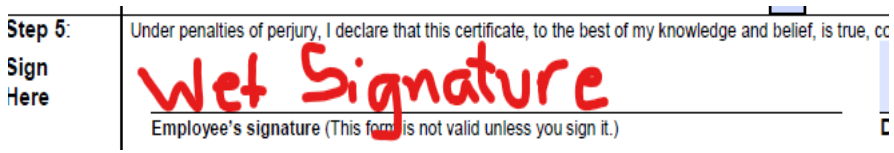
MARYLAND DEPARTMENT OF TRANSPORTATION

# Original Signature is Required – Step 5



As mentioned previously, employees may complete the MW507 electronically because it is a fillable form. However, the form **must** include an original handwritten (wet) signature. Electronic signatures are **not** accepted, as the MW507 is a legal document.

Before submitting the MW507 to Payroll, verify that the form has a wet signature. Forms submitted with an electronic signature will be rejected, resulting in delays before they can be forwarded to Central Payroll for processing

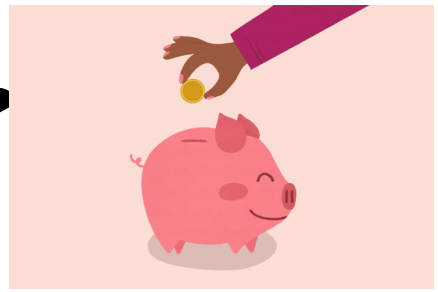


# W4 & MW507 Final Tips & Takeaways

- Review each form for completeness before submitting it.
- Ensure all required fields are completed and all applicable boxes are
- checked.
- Verify that employees have signed and dated both forms.
- Confirm the correct tax year is being used.
- Enter information in the correct fields—avoid placing information on dotted lines or in the wrong sections.
- Follow the form instructions carefully when claiming exemptions or additional withholding.
- Employees are responsible for selecting the withholding elections that apply to their individual tax situation.
- HR and Payroll staff **cannot provide tax advice** or recommend a filing status or number of exemptions.
- If an employee is unsure how to complete a tax form, refer them to the form instructions or advise them to consult a qualified tax professional.
- Taking a few extra minutes to review tax forms before submission can help prevent delays, rejected forms, and the need for corrections.

MARYLAND DEPARTMENT OF TRANSPORTATION

# RASON DIRECT DEPOSIT'S ARE REJECTED



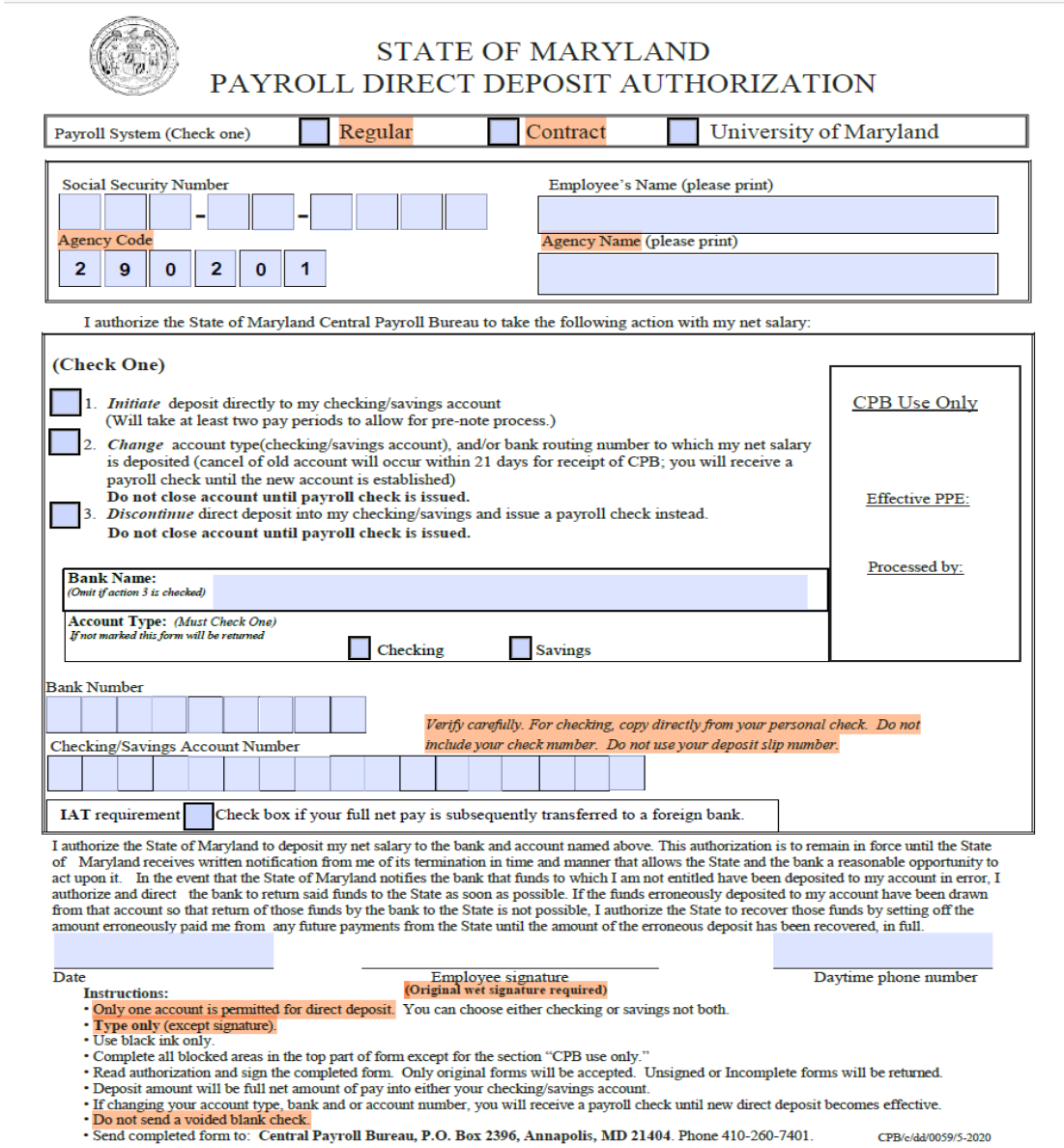
MARYLAND DEPARTMENT OF TRANSPORTATION

# Direct deposit Authorization Form

The most common reasons employee direct deposit forms are rejected include:

### Common Mistakes

- Failing to select the correct **Payroll System** (RG or CT).
- Failing to complete the **Agency Number** and **Agency Name** fields.
- Failing to enter the employee's **Social Security number** or verify that it has been entered correctly.
- Submitting handwritten information. This is the most common reason direct deposit forms are rejected. Effective **June 1, 2021**, all forms **must be typed and hand-signed**.
- Using an auto-generated or electronic signature. The form must be printed and signed with a **wet (handwritten) signature**.
- Failing to select **Initiate**, **Change**, or **Discontinue**, or selecting more than one of these options. If you are closing one bank account and opening another, a new direct deposit form must be submitted.
- Failing to select either the **Checking** or **Savings** account option.
- Failing to verify that the **routing number** and **account number** are accurate before submitting the form.



STATE OF MARYLAND
PAYROLL DIRECT DEPOSIT AUTHORIZATION

Payroll System (Check one) ☐ Regular ☐ Contract ☐ University of Maryland

Social Security Number ☐☐☐-☐☐-☐☐☐☐ Employee's Name (please print)

Agency Code 2 9 0 2 0 1 Agency Name (please print)

I authorize the State of Maryland Central Payroll Bureau to take the following action with my net salary:

**(Check One)**

☐ 1. *Initiate* deposit directly to my checking/savings account
(Will take at least two pay periods to allow for pre-note process.)

☐ 2. *Change* account type(checking/savings account), and/or bank routing number to which my net salary is deposited (cancel of old account will occur within 21 days for receipt of CPB; you will receive a payroll check until the new account is established)
**Do not close account until payroll check is issued.**

☐ 3. *Discontinue* direct deposit into my checking/savings and issue a payroll check instead.
**Do not close account until payroll check is issued.**

CPB Use Only
Effective PPE:
Processed by:

**Bank Name:** *(Omit if action 3 is checked)*

**Account Type:** *(Must Check One)* *If not marked this form will be returned*
☐ Checking ☐ Savings

Bank Number

*Verify carefully. For checking, copy directly from your personal check. Do not include your check number. Do not use your deposit slip number.*

Checking/Savings Account Number

**IAT** requirement ☐ Check box if your full net pay is subsequently transferred to a foreign bank.

I authorize the State of Maryland to deposit my net salary to the bank and account named above. This authorization is to remain in force until the State of Maryland receives written notification from me of its termination in time and manner that allows the State and the bank a reasonable opportunity to act upon it. In the event that the State of Maryland notifies the bank that funds to which I am not entitled have been deposited to my account in error, I authorize and direct the bank to return said finds to the State as soon as possible. If the funds erroneously deposited to my account have been drawn from that account so that return of those funds by the bank to the State is not possible, I authorize the State to recover those funds by setting off the amount erroneously paid me from any future payments from the State until the amount of the erroneous deposit has been recovered, in full.

Date Employee signature **(Original wet signature required)** Daytime phone number

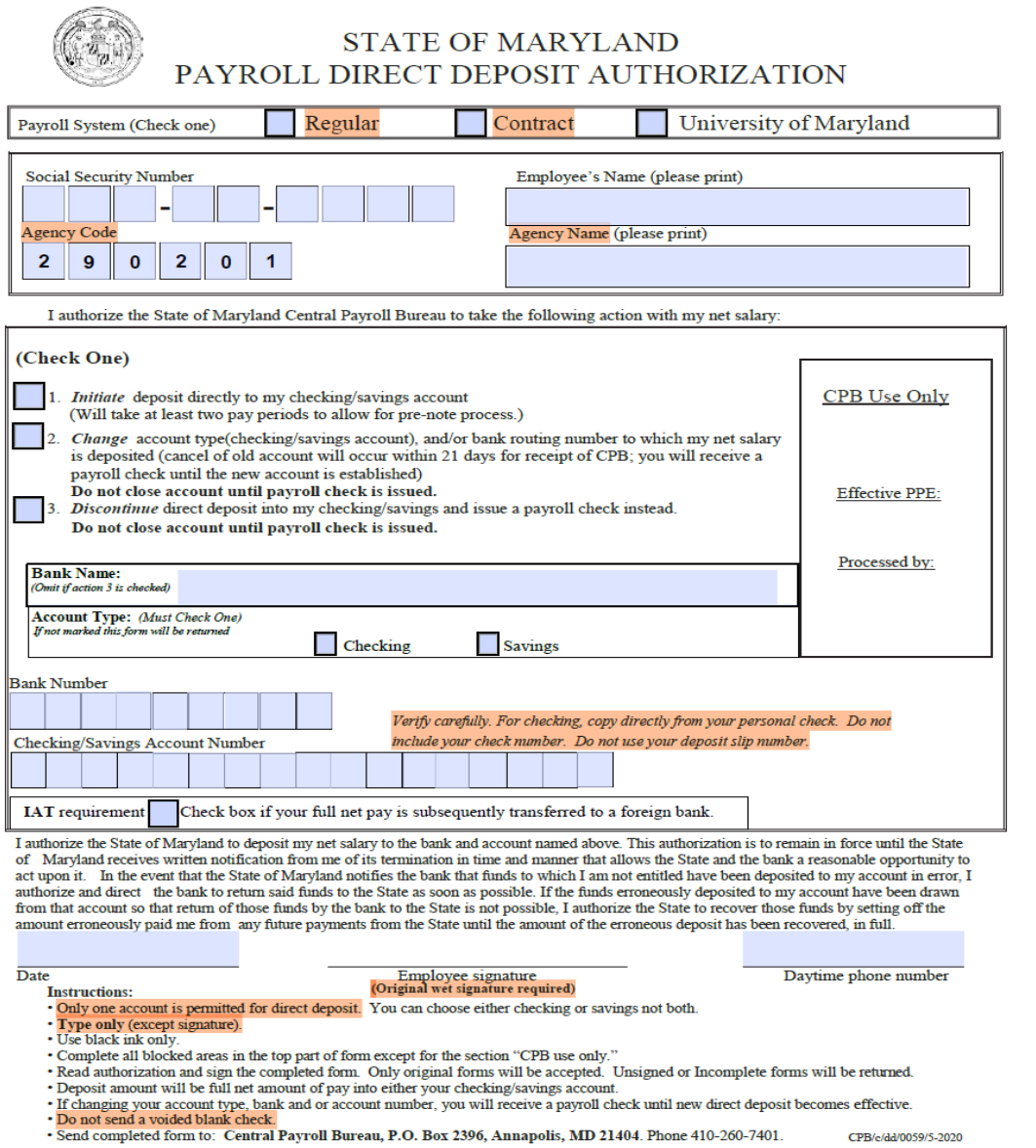
**Instructions:**
- Only one account is permitted for direct deposit. You can choose either checking or savings not both.
- **Type only** (except signature).
- Use black ink only.
- Complete all blocked areas in the top part of form except for the section "CPB use only."
- Read authorization and sign the completed form. Only original forms will be accepted. Unsigned or Incomplete forms will be returned.
- Deposit amount will be full net amount of pay into either your checking/savings account.
- If changing your account type, bank and or account number, you will receive a payroll check until new direct deposit becomes effective.
- Do not send a voided blank check.
- Send completed form to: **Central Payroll Bureau, P.O. Box 2396, Annapolis, MD 21404**. Phone 410-260-7401.

CPB/c/dd/0059/5-2020

MARYLAND DEPARTMENT OF TRANSPORTATION

# Important Reminders for Direct Deposit Forms

- The employee's signature date cannot be more than **two months old** when the form is submitted.
- When submitting a direct deposit request, **only the State Direct Deposit Authorization Form** is required. Do **not** include a bank's direct deposit form or a voided check.
- Currently, employees may designate **only one bank account** for direct deposit. Central Payroll does not support splitting deposits between multiple accounts.
- It may take **two to three pay periods** for direct deposit to become effective. During this time, payroll checks will be mailed to the employee. It is important to ensure the employee's mailing address is current, as any paper checks will be sent to the address on file.
- If an employee is **changing bank accounts**, payroll funds will continue to be deposited into the account currently on file until Central Payroll receives and processes the updated direct deposit form. Depending on when the form is received and processed, the change may not take effect immediately.
- If an employee closes their bank account before submitting an updated direct deposit form, and the change is not processed in time, the payroll funds will be sent to the account on file. Central Payroll **must** wait for the financial institution to return the funds before a replacement check can be issued. Once the funds are returned, Central Payroll will contact the employee to verify their mailing address and will mail a paper check to the address on file.
- If an employee believes their bank account has been compromised, they should notify **MDOT Payroll** immediately. We will work with Central Payroll to determine whether the direct deposit can be stopped before processing is complete. Depending on where the payroll is in the processing cycle, it may or may not be possible to prevent the deposit.
- Verify that the employee's **Social Security number** is entered correctly before submitting the form.



STATE OF MARYLAND
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Payroll System (Check one) ☐ Regular ☐ Contract ☐ University of Maryland

Social Security Number ☐☐☐-☐☐-☐☐☐☐ Employee's Name (please print)

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**Do not close account until payroll check is issued.**

☐ 3. *Discontinue* direct deposit into my checking/savings and issue a payroll check instead.
**Do not close account until payroll check is issued.**

CPB Use Only
Effective PPE:
Processed by:

**Bank Name:** *(Omit if action 3 is checked)*

**Account Type:** *(Must Check One)* *If not marked this form will be returned*
☐ Checking ☐ Savings

Bank Number

*Verify carefully. For checking, copy directly from your personal check. Do not include your check number. Do not use your deposit slip number.*

Checking/Savings Account Number

**IAT** requirement ☐ Check box if your full net pay is subsequently transferred to a foreign bank.

I authorize the State of Maryland to deposit my net salary to the bank and account named above. This authorization is to remain in force until the State of Maryland receives written notification from me of its termination in time and manner that allows the State and the bank a reasonable opportunity to act upon it. In the event that the State of Maryland notifies the bank that funds to which I am not entitled have been deposited to my account in error, I authorize and direct the bank to return said finds to the State as soon as possible. If the funds erroneously deposited to my account have been drawn from that account so that return of those funds by the bank to the State is not possible, I authorize the State to recover those funds by setting off the amount erroneously paid me from any future payments from the State until the amount of the erroneous deposit has been recovered, in full.

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MARYLAND DEPARTMENT OF TRANSPORTATION

If you have any questions, you can contact

Keshia LeBlanc
MDOTPayroll@Mdot.Maryland.gov
KLeBlanc@Mdot.Maryland.gov

Helpful Links

Central Payroll Net Pay Calculator

www.irs.gov/individuals/tax-withholding-estimator

MARYLAND DEPARTMENT OF TRANSPORTATION