# New Hire Checklist (For Office Use Only)

Employee's Full Name	
W-4 Form	Date received:
MW507 Form	Date received:
WV IT104 Form (if applicable)	Date received:
Direct Deposit Form	Date received:
I-9 Form	Date received:
Copy of Id's	Date received:
Job Title	
Hire Date	
Rate of Pay	
New Hire Completed on	

Maryland New Hire Registry Reporting Form

Send completed forms to: Maryland New Hire Registry PO Box 1316 Baltimore, MD 21203-1316

Fax: (410) 281-6004 or toll-free fax 1 (888) 657-3534

To ensure the highest level of accuracy, please print neatly in capital letters and avoid contact with the edges of the boxes. The following will serve as an example:

A B C

1 2 3

EMPLOYER INFORMATION						
Federal Employer Id Number (FEIN):	State Unemployment Insurance Number (MD Only SUIN):					
Please use the same FEIN that appears on quarterly wage reports.	If SUIN not issued yet, please write "APPLIEDFOR" in					
Employer Name:	the above box. If Exempt, write "EXEMPT".					
Employer Address (Please indicate the address where the Inco	ome Withholding Orders should be sent):					
	To a second of display					
Employer City:	Employer State: Zip Code (5 digit):					
Employer Phone (optional):	Employer Fax (optional):					
Contact Name (optional):						
Email (optional):						
EMPLOYEE INFORMATION						
EMPLOYEE INF	NO. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10					
Employee Social Security Number (SSN):	ORMATION  Date of Hire (mm/dd/yyyy):					
	Date of Hire (mm/dd/yyyy):					
	NO. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10					
Employee Social Security Number (SSN):	Date of Hire (mm/dd/yyyy):  Middle Initial					
Employee Social Security Number (SSN):  Employee First Name:	Date of Hire (mm/dd/yyyy):  Middle Initial					
Employee Social Security Number (SSN):	Date of Hire (mm/dd/yyyy):  Middle Initial					
Employee Social Security Number (SSN):  Employee First Name:	Date of Hire (mm/dd/yyyy):  Middle Initial					
Employee Social Security Number (SSN):  Employee First Name:	Date of Hire (mm/dd/yyyy):  Middle Initial					
Employee Social Security Number (SSN):  Employee First Name:  Employee Last Name:	Date of Hire (mm/dd/yyyy):  Middle Initial					
Employee Social Security Number (SSN):  Employee First Name:  Employee Last Name:	Date of Hire (mm/dd/yyyy):  Middle Initial					
Employee Social Security Number (SSN):  Employee First Name:  Employee Last Name:  Employee Address:	Date of Hire (mm/dd/yyyy):  Middle Initial (optional):					
Employee Social Security Number (SSN):  Employee First Name:  Employee Last Name:  Employee Address:  Employee City:	Date of Hire (mm/dd/yyyy):    Middle Initial (optional):    Employee State: Zip Code (5 digit):					
Employee Social Security Number (SSN):  Employee First Name:  Employee Last Name:  Employee Address:  Employee City:	Date of Hire (mm/dd/yyyy):  Middle Initial (optional):					
Employee Social Security Number (SSN):  Employee First Name:  Employee Last Name:  Employee Address:  Employee City:	Date of Hire (mm/dd/yyyy):    Middle Initial (optional):    Employee State: Zip Code (5 digit):					

Reports must be submitted within 20 days of the date of hire or rehire

Rev (09/02)



# Employment Eligibility Verification Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-9 OMB No. 1615-0047 Expires 08/31/2019

▶ START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is lilegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

rokan i Badovenie metho Prija i strom oplema, se se	प्राप्त का अन्य का जिल्ला विकास सम्बद्धाः	Vergi Tandon (1975) Lifter Samer	a godinen			A section
ast Name (Family Name)	First Name (Given N		Middle Initial	Other L	ast Name	S Used (If any)
ddress (Street Number and Name)	Apt. Number	er City or Town			State	ZIP Code
ate of Birth (mm/dd/yyyy)  U.S. Social Sec	unity Number Em	nployee's E-mail Add	ress	E	mployee's	Telephone Number
am aware that federal law provides for connection with the completion of this f	form.			or use of	false do	cuments in
ittest, under penalty of perjury, that I a	im (check one of t	the following boxe	? <b>s</b> ):			
1. A citizen of the United States						
2. A nondtizen national of the United States						
3. A lawful permanent resident (Allen Re	gistration Number/US	CIS Number):				
4. An alien authorized to work until (expin Some aliens may write "N/A" in the expin Aliens authorized to work must provide only or an authorized to work until (expin Source).	ation date field. (See	instructions)	omplete Form I-l	9:		QR Code - Section 1
Some aliens may write "N/A" in the expir Aliens authorized to work must provide only of An Alien Registration Number/USCIS Number 1, Alien Registration Number/USCIS Number: OR 2, Form I-94 Admission Number:	ation date field. (See ne of the following dos OR Form I-94 Admis	instructions) cument numbers to c			Ox	OR Code - Section 1 a Not Write in This Space
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Some aliens may write "N/A" in the expir Aliens authorized to work must provide only or An Alien Registration Number/USCIS Number  1. Alien Registration Number/USCIS Number: OR 2. Form I-94 Admission Number: OR 3. Foreign Passport Number: Country of Issuance:	ation date field. (See the of the following doc OR Form I-94 Admis	Instructions) cument numbers to consion Number OR For	Today's Da	le (mm/dd	(mm)	to the best of my



OMB No. 1545-0074

Department	of the	Treasur
Internal Rev	anue S	ervice

Employee's Withholding Certificate

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.

Vour withholding is subject to review by the IRS.

epartment of the Tre	easury	➤ Your withhold	ing is subject to review by the in	· · · · · · · · · · · · · · · · · · ·	(h) Soc	ial security number
nternal Revenue Service Step 1:	(a) First r	name and middle initial	Last name		(5)	
Enter Personal Information	Address City or tov	➤ 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.				
		Single or Married filing separately Married filing jointly or Qualifying widow(er) Head of household (Check only if you're unma	urried and pay more than half the costs o	of keeping up a home for yo	urself and	a qualifying individual.)
Complete Ste	eps 2–4 Con from v	ONLY if they apply to you; otherwi	se, skip to Step 5. See page 2 tor at www.irs.gov/W4App, an	2 for more informatio d privacy.	n on ead	ch step, who can
Step 2: Multiple Job or Spouse Works	os a D (a (t (t	complete this step if you (1) hold mo lso works. The correct amount of works or only one of the following.  a) Use the estimator at www.irs.gov only one of the following.  b) Use the Multiple Jobs Worksheet withholding; or only two jobs total, you option is accurate for jobs with sincorne, including as an independent	ithholding depends on income //W4App for most accurate with the on page 3 and enter the result ou may check this box. Do the similar pay; otherwise, more tax Form W-4 for all other jobs. If y	earned from all of the hholding for this step t in Step 4(c) below for same on Form W-4 for than necessary may you (or your spouse)	ese jobs or (and Si or rough or the o	teps 3–4); <b>or</b> nly accurate  ther job, This  nheld ▶ □
Complete Ste be most accur	ops 3-4(k	o) on Form W-4 for only ONE of the complete Steps 3–4(b) on the Form	ese jobs. Leave those steps b	lank for the other job	s. (You	r withholding will
Step 3:	lf	your total income will be \$200,000	or less (\$400,000 or less if ma	rried filing jointly):		
Claim		Multiply the number of qualifying of	children under age 17 by \$2,000	<b>▶</b> \$	-   '	
Dependents	•	Multiply the number of other dep	endents by \$500	<b>▶</b> \$	_	
	Д	add the amounts above and enter th	ne total here	<u> </u>	3	\$
Step 4 (optional): Other Adjustments		a) Other income (not from jobs) expect this year that won't have This may include interest, divider b) Deductions. If you expect to clair want to reduce your withholding,	withholding, enter the amount nds, and retirement income.  m deductions other than the st	of other income here	4(a)	\$
		the result here			4(b)	\$
	(	c) Extra withholding. Enter any add	ditional tax you want withheld e	ach <b>pay period</b>	4(c)	\$
Step 5: Sign Here		enalties of perjury, I declare that this ce		lge and belief, is true, c	orrect, ar	nd complete.
	Emp	loyee's signature (This form is not	valid unless you sign it.)	Da	te	
Employers Only	Employe	er's name and address		First date of employment	Employe number	er identification (EIN)

# **General Instructions**

Section references are to the Internal Revenue Code.

## **Future Developments**

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

## Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2022 if you meet both of the following conditions: you had no federal income tax liability in 2021 and you expect to have no federal income tax liability in 2022. You had no federal income tax liability in 2021 if (1) your total tax on line 24 on your 2021 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2022 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2023.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

- 1. Expect to work only part of the year;
- 2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
- 3. Have self-employment income (see below); or
- 4. Prefer the most accurate withholding for multiple job situations.

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

**Nonresident alien.** If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

# **Specific Instructions**

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include other tax credits for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

#### Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2022 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay each pay period, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

# Step 2(b) - Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

**Note:** If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

1	Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one		
	job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, <b>skip</b> to line 3	1	\$
2	<b>Three jobs.</b> If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.		
	a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a	2a	\$
	b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b	2b	\$
	c Add the amounts from lines 2a and 2b and enter the result on line 2c	2c	\$
3	Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc	3	
4	<b>Divide</b> the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in <b>Step 4(c)</b> of Form W-4 for the highest paying job (along with any other additional amount you want withheld)	4	\$
	Step 4(b) - Deductions Worksheet (Keep for your records.)		**
1	Enter an estimate of your 2022 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income	1	\$
2	Enter:   * \$25,900 if you're married filing jointly or qualifying widow(er)  * \$19,400 if you're head of household  * \$12,950 if you're single or married filing separately	2	\$
3	If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"	3	\$
4	Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information	4	\$
5	Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4	5	\$

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OM control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Widow(er)												
Higher Paying Job								Wage & S	alary			
Annual Taxable Wage & Salary	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$110	\$850	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,770	\$1,870
\$10,000 - 19,999	110	1,110	1,860	2,060	2,220	2,220	2,220	2,220	2,220	2,970	3,970	4,070
\$20,000 - 29,999	850	1,860	2,800	3,000	3,160	3,160	3,160	3,160	3,910	4,910	5,910	6,010
\$30,000 - 39,999	860	2,060	3,000	3,200	3,360	3,360	3,360	4,110	5,110	6,110	7,110	7,210
\$40,000 - 49,999	1,020	2,220	3,160	3,360	3,520	3,520	4,270	5,270	6,270	7,270	8,270	8,370
\$50,000 - 59,999	1,020	2,220	3,160	3,360	3,520	4,270	5,270	6,270	7,270	8,270	9,270	9,370
\$60,000 - 69,999	1,020	2,220	3,160	3,360	4,270	5,270	6,270	7,270	8,270	9,270	10,270	10,370
\$70,000 - 79,999 \$80,000 - 99,999	1,020	2,220	3,160	4,110	5,270	6,270	7,270	8,270	9,270	10,270	11,270	11,370
\$100,000 - 149,999	1,020 1,870	2,820	4,760	5,960	7,120	8,120	9,120	10,120	11,120	12,120	13,150	13,450
\$150,000 - 239,999	2,040	4,070 4,440	6,010	7,210	8,370	9,370	10,510	11,710	12,910	14,110	15,310	15,600
\$240,000 - 259,999	2,040	4,440	6,580 6,580	7,980 7,980	9,340 9,340	10,540	11,740	12,940	14,140	15,340	16,540	16,830
\$260,000 - 279,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	17,590
\$280,000 - 299,999	2,040	4.440	6,580	7,980	9,340	10,540	11,740	12,940 13,700	14,140	16,100	18,100	19,190
\$300,000 - 319,999	2,040	4,440	6,580	7,980	9,340	11,300	13,300	15,300	15,700 17,300	17,700 19,300	19,700	20,790
\$320,000 - 364,999	2,100	5,300	8,240	10,440	12,600	14,600	16,600	18,600	20,600	22,600	21,300 24,870	22,390 26,260
\$365,000 - 524,999	2,970	6,470	9,710	12,210	14,670	16,970	19,270	21,570	23,870	26,170	28,470	29,870
\$525,000 and over	3,140	6,840	10,280	12,980	15,640	18,140	20,640	23,140	25,640	28,140	30,640	32,240
				Single o	r Marrie	d Filing S		ly			55,515	OL,L+0
Higher Paying Job								Wage & S	Salary			
Annual Taxable Wage & Salary	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$400	\$930	\$1,020	\$1,020	\$1,250	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970	\$2,040	\$2,040
\$10,000 - 19,999	930	1,570	1,660	1,890	2,890	3,510	3,510	3,510	3,610	3,810	3,880	3,880
\$20,000 - 29,999	1,020	1,660	1,990	2,990	3,990	4,610	4,610	4,710	4,910	5,110	5,180	5,180
\$30,000 - 39,999	1,020	1,890	2,990	3,990	4,990	5,610	5,710	5,910	6,110	6,310	6,380	6,380
\$40,000 - 59,999	1,870	3,510	4,610	5,610	6,680	7,500	7,700	7,900	8,100	8,300	8,370	8,370
\$60,000 - 79,999	1,870	3,510	4,680	5,880	7,080	7,900	8,100	8,300	8,500	8,700	8,970	9,770
\$80,000 - 99,999	1,940	3,780	5,080	6,280	7,480	8,300	8,500	8,700	9,100	10,100	10,970	11,770
\$100,000 - 124,999	2,040	3,880	5,180	6,380	7,580	8,400	9,140	10,140	11,140	12,140	13,040	14,140
\$125,000 - 149,999	2,040	3,880	5,180	6,520	8,520	10,140	11,140	12,140	13,320	14,620	15,790	16,890
\$150,000 - 174,999	2,040	4,420	6,520	8,520	10,520	12,170	13,470	14,770	16,070	17,370	18,540	19,640
\$175,000 - 199,999 \$200,000 - 249,999	2,720	5,360	7,460	9,630	11,930	13,860	15,160	16,460	17,760	19,060	20,230	21,330
\$250,000 - 249,999	2,970 2,970	5,920 5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$400,000 - 449,999	2, <del>9</del> 70 2,970	5,920	8,310 8,310	10,610 10,610	12,910 12,910	14,840 14,840	16,140 16,140	17,440 17,440	18,740 18,740	20,040 20,040	21,210 21,210	22,310 22,470
\$450,000 and over	3,140	6,290	8,880	11,380	13,880	16,010	17,510	19,010	20,510	22,010	23,380	24,680
	<u>-,</u>		1 0,000	<del></del>		Househo		10,010	20,010	1 25,010	20,000	24,000
Higher Paying Job								Wage & S	Salary			
Annual Taxable Wage & Salary	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$760	\$910	\$1,020	\$1,020	\$1,020	\$1,190	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040
\$10,000 - 19,999	760	1,820	2,110	2,220	2,220	2,390	3,390	4,070	4,070	4,240	4,440	4,440
\$20,000 - 29,999	910	2,110	2,400	2,510	2,680	3,680	4,680	5,360	5,530	5,730	5,930	5,930
\$30,000 - 39,999	1,020	2,220	2,510	2,790	3,790	4,790	5,790	6,640	6,840	7,040	7,240	7,240
\$40,000 - 59,999	1,020	2,240	3,530	4,640	5,640	6,780	7,980	8,860	9,060	9,260	9,460	9,460
\$60,000 - 79,999	1,870	4,070	5,360	6,610	7,810	9,010	10,210	11,090	11,290	11,490	11,690	12,170
\$80,000 - 99,999	1,870	4,210	5,700	7,010	8,210	9,410	10,610	11,490	11,690	12,380	13,370	14,170
\$100,000 - 124,999	2,040	4,440	5,930	7,240	8,440	9,640	10,860	12,540	13,540	14,540	15,540	16,480
\$125,000 - 149,999	2,040	4,440	5,930	7,240	8,860	10,860	12,860	14,540	15,540	16,830	18,130	19,230
\$150,000 - 174,999	2,040	4,460	6,750	8,860	10,860	12,860	15,000	16,980	18,280	19,580	20,880	21,980
\$175,000 - 199,999	2,720	5,920	8,210	10,320	12,600	14,900	17,200	19,180	20,480	21,780	23,080	24,180
\$200,000 - 449,999	2,970	6,470	9,060	11,480	13,780	16,080	18,380	20,360	21,660	22,960	24,250	25,360
\$450,000 and over	3,140	6,840	9,630	12,250	14,750	17,250	19,750	21,930	23,430	24,930	26,420	27,730



# WEST VIRGINIA EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE FORM WV/IT-104

Complete this form and present it to your employer to avoid any delay in adjusting the amount of state income tax to be withheld from your wages.

If you do not complete this form, the amount of tax that is now being withheld from your pay may not be sufficient to cover the total amount of tax due the state when filing your personal income tax return after the close of the year. You may be subject to a penalty on tax owed the state.

Individuals are permitted a maximum of one exemption for themselves, plus an additional exemption for their spouse and any dependent other than their spouse that they expect to claim on their tax return.

If you are married and both you and your spouse work and you file a joint income tax return, or if you are working two or more jobs, the revised withholding tables should result in a more accurate amount of tax being withheld.

If you are Single, Head of Household, or Married and your spouse does not work, and you are receiving wages from only one job, and you wish to have your tax withheld at a lower rate, you must check the box on line 5.

When requesting withholding from pension and annuity payments you must present this completed form to the payor. Enter the amount you want withheld on line 6.

additio	otions you are claiming or request additional taxes be withheld from each payroll period. Enter to be a smount you want to have withheld on line 6.	
WV/IT-10 Rev. 12/0	State of the state	
Name	Social Security Number	
Address_		
City	State Zip Code	
1.	If SINGLE, and you claim an exemption, enter "1", if you do not, enter "0	
2.	If MARRIED, one exemption each for husband and wife if not claimed on another certificate.  (a) If you claim both of these exemptions, enter "2"  (b) If you claim one of these exemptions, enter "1"  (c) If you claim neither of these exemptions, enter "0"	
3.	If you claim exemptions for one or more dependents, enter the number of such exemptions	
4.	Add the number of exemptions which you have claimed above and enter the total	
5.	If you are Single, Head of Household, or Married and your spouse does not work, and you are receiving wages from only one job, and you wish to have your tax withheld at a lower rate, check here	
6.	Additional withholding per pay period under agreement with employer, enter amount here\$	
	t.special withholding allowances provided on Federal Form W-4 may not be claimed on your West Virginia Form WV/IT-104.1 CERTI enalties provided by law, that the number of exemptions claimed in this certificate is not in excess of those to which I am entitled.	IFY,

Signature\_

NONRESIDENTS-SEE REVERSE SIDE

Date

### MARYLAND FORM MW507

**Purpose.** Complete Form MW507 so that your employer can withhold the correct Maryland income tax from your pay. Consider completing a new Form MW507 each year and when your personal or financial situation changes.

Basic Instructions. Enter on line 1 below, the number of personal exemptions you will claim on your tax return. However, if you wish to claim more exemptions, or if your adjusted gross income will be more than \$100,000 if you are filing single or married filing separately (\$150,000, if you are filing jointly or as head of household), you must complete the Personal Exemption Worksheet on page 2. Complete the Personal Exemption Worksheet on page 2. Complete the Personal Exemption Worksheet on page 2 to further adjust your Maryland withholding based on Itemized deductions, and certain other expenses that exceed your standard deduction and are not being claimed at another job or by your spouse. However, you may claim fewer (or zero) exemptions.

Additional withholding per pay period under agreement with employer. If you are not having enough tax withheld, you may ask your employer to withhold more by entering an additional amount on line 2.

Exemption from withholding. You may be entitled to claim an exemption from the withholding of Maryland Income tax If:

- a. Last year you did not owe any Maryland Income tax and had a right to a full refund of any tax withheld: AND.
- b. This year you do not expect to owe any Maryland income tax and expect to have a right to a full refund of all income tax withheld.

If you are eligible to claim this exemption, complete Line 3 and your employer will not withhold Maryland income tax from your wages.

Students and Seasonal Employees whose annual income will be below the minimum filing requirements should claim exemption from withholding. This provides more income throughout the year and avoids the necessity of filing a Maryland income tax return.

Certification of nonresidence in the State of Maryland. Complete Line 4. This line is to be completed by residents of the District of Columbia, Virginia or West Virginia who are employed in Maryland and who do not maintain a place of abode in Maryland for 183 days or more.

Residents of Pennsylvania who are employed in Maryland and who do not maintain a place of abode in Maryland for 183 days or more, should complete line 5 to exempt themselves from the state portion of the withholding tax. These employeds are still liable for withholding tax at the rate in effect for the Maryland county in which they are employed, unless they qualify for an exemption on either line 6 or line 7. Pennsylvania residents of York and Adams counties may claim an exemption from the local withholding tax by completing line 6. Pennsylvania residents living in other local jurisdictions which do not impose an earnings or income tax on Maryland residents may claim an exemption by completing line 7. Employees qualifying for exemption under 6 or 7, should also write "EXEMPT" on line 4.

Line 4 is NOT to be used by residents of other states who are working in Maryland, because such persons are liable for Maryland income tax and withholding from

their wages is required.

If you are domiciled in the District of Columbia, Pennsylvania or Virginia and maintain a place of abode in Maryland for 183 days or more, you become a statutory resident of Maryland and you are required to file a resident return with Maryland reporting your total income. You must apply to your domicile state for any tax credit to which you may be entitled under the reciprocal provisions of the law. If you are domiciled in West Virginia, you are not required to pay Maryland income tax on wage or salary income, regardless of the length of time you may have spent in Maryland.

Under the Servicemembers Civil Relief Act, as amended by the Military Spouses Residency Relief Act, you may be exempt from Maryland income tax on your wages if (i) your spouse is a member of the armed forces present in Maryland in compliance with military orders; (ii) you are present in Maryland solely to be with your spouse; and (iii) you maintain your domicile in another state. If you claim exemption under the SCRA enter your state of domicile (legal residence) on Une 8; enter "EXEMPT" in the box to the right on Line 8; and attach a copy of your spousal military identification card to Form MW507. In addition, you must also complete and attach Form MW507M.

Duties and responsibilities of employer. Retain this certificate with your records. You are required to submit a copy of this certificate and accompanying attachments to the Compliance Division, Compliance Programs Section, 301 West Preston Street, Baltimore, MD 21201, when received if:

- 1. You have any reason to believe this certificate is incorrect;
- 2. The employee claims more than 10 exemptions;
- The employee claims an exemption from withholding because he/she had no tax liability for the preceding tax year, expects to incur no tax liability this year and the wages are expected to exceed \$200 a week;
- The employee claims an exemption from withholding on the basis of nonresidence; or
- The employee claims an exemption from withholding under the Military Spouses Residency Relief Act.

Upon receipt of any exemption certificate (Form MW507), the Compliance Division will make a determination and notify you if a change is required.

Once a certificate is revoked by the Comptroller, the employer must send any new certificate from the employee to the Comptroller for approval before implementing the new certificate.

If an employee claims exemption under 3 above, a new exemption certificate must be filed by February 15th of the following year.

Duties and responsibilities of employee. If, on any day during the calendar year, the number of withholding exemptions that the employee is entitled to claim is less than the number of exemptions claimed on the withholding exemption certificate in effect, the employee must file a new withholding exemption certificate with the employer within 10 days after the change occurs.

# MW507 Employee's Maryland Withholding Exemption Certificate

int full name	Social Security Number	
treet Address, City, State, ZIP	County of residence (Nonreside	ents enter Maryland county (or Baltimore City) where you are employed.)
☐ Single ☐ Married (surviving spouse or unma	erried Head of Household) Rate	Married, but withhold at Single rate
Total number of exemptions you are daiming not to exceed line	f in Personal Exemption Worksheet on pa	age 2 1
Additional withholding per pay period under agreement with emp I claim exemption from withholding because I do not expect to $\sigma$		
a. Last year I did not owe any Maryland Income tax and ha		
<ul> <li>b. This year I do not expect to owe any Maryland income to (This includes seasonal and student employees whose at If both a and b apply, enter year applicable</li> </ul>	nnual income will be below the minimum	filing requirements).
I claim exemption from withholding because I am domiciled in o  District of Columbia  Virginia  I further certify that I do not maintain a place of abode in Maryla	ne of the following states. Check state th West Virginia	at applies.
I claim exemption from Maryland state withholding because I at maintain a place of abode in Maryland as described in the Instruc	m domiciled in the Commonwealth of Per	nnsvivania and I do not
I claim exemption from Maryland local tax because I live in a loca	cal Pennysylvania jurisdiction within York	or Adams counties.
I daim exemption from Maryland local tax because I live in a lotax on Maryland residents. Enter "EXEMPT" here and on line 4 of	cal Pennsylvania jurisdiction that does no	t impose an earnings or income
I certify that I am a legal resident of the state of ments set forth under the Servicemembers Civil Relief Act, as an	and am not subject to Maryland withhole	ding because I meet the require-
ider the penalty of perjury, I further certify that I am entitle $m$ withholding, that I am entitled to daim the exempt status or		ces daimed on line 1 above, or if claiming exemption
mployee's signature	Da	ate
mployer's name and address including ZIP code (For employer use on	y) Fe	deral Employer Identification Number

# MW507

# Personal Exemptions Worksheet

### Line 1

	Multiply the number of your personal exemptions by the value of each exemption from the table below.  (Generally the value of your exemption will be \$3,200; however, if your federal adjusted gross income is expected to be over \$100,000, the value of your exemption may be reduced. Do not claim any personal exemptions you currently claim at another job, or any exemptions being claimed by your spouse.  To qualify as your dependent, you must be entitled to an exemption for the dependent on your federal income tax return for the corresponding tax year. NOTE: Dependent taxpayers may not claim themselves as an exemption	
b.	Multiply the number of additional exemptions you are claiming for dependents age 65 or over by the value of each exemption from the table below	
c.	Enter the estimated amount of your itemized deductions (excluding state and local income taxes) that exceed the amount of your standard deduction, alimony payments, allowable childcare expenses, qualified retirement contributions, business losses and employee business expenses for the year. Do not claim any additional amounts you currently claim at another job or any amounts being claimed by your spouse. NOTE: Standard deduction allowance is 15% of Maryland adjusted gross income with a minimum of \$1,500 and a maximum of \$2,250.	
d.	Enter \$1,000 for additional exemptions for taxpayer and/or spouse age 65 or over and/or blind d.	
	Add total of lines a through d	
	Divide the amount on line e by \$3,200. Drop any fraction. Do not round up. This is the maximum	

If your for	deral AGI is	If you will file your tax return			
Tr your rec	derai AGI is	Single or Married Filing Separately Your Exemption is	Joint, Head of Househo or Qualifying Widow(er Your Exemption is		
\$100,00	00 or less	\$3,200	\$3,200		
Over	But not over				
\$100,000	\$125,000	\$1,600	\$3,200		
\$125,000	\$150,000	\$800	\$3,200		
\$150,000	\$175,000	\$0	\$1,600		
\$175,000	\$200,000	\$0	\$800		
In excess	of \$200,000	\$0	\$0		

### FEDERAL PRIVACY ACT INFORMATION

Social Security numbers must be included. The mandatory disclosure of your Social Security number is authorized by the provisions set forth in the Tax-General Article of the Annotated Code of Maryland. Such numbers are used primarily to administer and enforce the individual income tax laws and to exchange income tax information with the Internal Revenue Service, other states and other tax officials of this state. Information furnished to other agencies or persons shall be used solely for the purpose of administering tax laws or the specific laws administered by the person having statutory right to obtain it.

# Intuit QuickBooks Payroll



Employee Direct Deposit Authorization	
Instructions	
Employee: Fill out and return to your employer.	
Employer: Save for your files only.	
This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer. Do <b>not</b> send this form to Intuit. Employees must attach a void check for each of their accounts to help verify their account numbers and bank routing number	led rs.
Account 1 (Bank name)	
Account 1 type: Checking Savings	
Bank routing number (ABA number):	
Account number:	
Percentage or dollar amount to be deposited to this account:	
Account 2 (remainder to be deposited to this account)	
Account 2 type: Checking Savings	
Bank routing number (ABA number):	
Account number:	
attach a voided check for each account here	
Authorization (enter your company name in the blank space below)	
This authorizes (the "Coto send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) id the future (the "Account"). This authorizes the financial institution holding the Account to post all such agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorizes the financial institution notice from myself and has a reasonate opportunity to act on it.	entify in entries. I orization
Authorized signature: Employee ID #:	
Print name: Date:	