

2019

Form W-4

Department of the Treasury  
Internal Revenue Service

Employee Withholding Allowance Certificate  
FOR MARYLAND STATE GOVERNMENT EMPLOYEES  
RESIDING IN WEST VIRGINIA

Form WV/IT 104  
State Tax Department  
West Virginia

Please complete form in black ink. Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS.  
Your employer may be required to send a copy of this form to the IRS.

Section 1 - Employee Information

|   |                          |                            |
|---|--------------------------|----------------------------|
| Payroll System (check one)<br><input type="checkbox"/> RG <input type="checkbox"/> CT <input type="checkbox"/> UM | Name of Employing Agency |                            |
| Agency Number   | Social Security Number   | Employee Name              |
| Home Address (number and street or rural route)   |                          | (apartment number, if any) |
| City  | State<br>WV              | Zip Code                   |

Section 2 - Federal Withholding Form W-4

The federal worksheet is available online at <https://www.irs.gov/pub/irs-prior/fw4--2019.pdf>

|   |  |
|---|--|
| 3. <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate.<br>Note: If married filing separately, check "Married, but withhold at higher Single rate."   | 4. If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/> |
| 5. Total number of allowances you're claiming (from the applicable worksheet on the following pages) . . . . .  | 5. <input type="text"/>  |
| 6. Additional amount, if any, you want withheld from each paycheck . . . . .  | 6. \$ <input type="text"/>   |
| 7. I claim exemption from withholding for 2019, and I certify that I meet <b>both</b> of the following conditions for exemption.<br>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, and<br>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.<br>If you meet <b>both</b> conditions, write "Exempt" here . . . . . <input type="checkbox"/> | 7. <input type="text"/>  |

Section 3 - West Virginia Withholding Form WV/IT 104

Tax information is available online at <http://www.state.wv.us/taxrev/uploads/it100-1-a.pdf>

|   |                          |
|---|--------------------------|
| 1. If SINGLE, and you claim an exemption, enter "1", if you do not, enter "0" . . . . .   | <input type="text"/>     |
| 2. If MARRIED, one exemption each for husband and wife if not claimed on another certificate.<br>(a) If you claim both of these exemptions, enter "2"<br>(b) If you claim one of these exemptions, enter "1"<br>(c) If you claim neither of these exemptions, enter "0" | <input type="text"/>     |
| 3. If you claim exemptions for one or more dependents, enter the number of such exemptions. . . . .   | <input type="text"/>     |
| 4. Add the number of exemptions which you have claimed above and enter the total . . . . .  | <input type="text"/>     |
| 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 . . . . .  | <input type="checkbox"/> |
| 6. Additional withholding per pay period under agreement with employer . . . . .  | \$ <input type="text"/>  |

Note that special withholding allowances provided on Federal Form W-4 may not be claimed on your West Virginia Form WV/IT-104

Section 4 - Employee Signature

Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete. I further certify, under penalties provided by the law, that the number of exemptions claimed in this certificate is not in excess of those to which I am entitled. (This form is not valid unless you sign it.)

\_\_\_\_\_  
Employee's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daytime Phone Number  
(in case CPB needs to contact you regarding your W-4)

|   |  |
|---|--|
| Employer's name and address (Employer: Complete name, address & EIN only if sending to IRS)<br>Central Payroll Bureau<br>P.O. Box 2396<br>Annapolis, MD 21404 | Federal 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 - [http://comptroller.marylandtaxes.gov/government\\_services/state\\_payroll\\_services/](http://comptroller.marylandtaxes.gov/government_services/state_payroll_services/)