



OFFICE OF THE CONTROLLER
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Employee Withholding Allowance Certificate (EWAC) For Maryland State Government Employees who are Working More Than 50% in States Other than DC, MD, PA, and WV

Overview:

This form needs to be completed by employees who are living and working **more than 50%** of the time outside of DC, MD, PA, and WV.

The following forms will need to be submitted **IN ADDITION** to this EWAC form.

- Federal Form W4
- State Withholding Form that corresponds to the state on this allowance certificate.
 - Write the Payroll System (**UM**) and the Agency Code (**360222**) at the top of the State form.

Remote employees CANNOT submit their forms directly to Central Payroll. They also CANNOT use POSC to make any changes to their address or tax withholding (Federal or State).

All required, original documents need to be sent together to the employee's departmental payroll person. The department MUST sign the attestation on the EWAC form prior to submission to Payroll Services. If any of the required documents are missing, incorrect, or incomplete, everything will be sent back to the department resulting in MD taxes being withheld.

The department will need to change the employee's Work State in PHR (found under the Business Address) to match the state on the EWAC form.

VA Residents

This form is **ONLY** for those VA residents who live and work in VA **more** than 50% of the time. Those VA residents who do not meet the criteria need to complete the MW507 and use Line 4 to claim Exempt.

PA Residents

Do not complete this form. PA residents must use the MW507 and lines 5 – 7.

Links to full instructions and required state forms can be found on <https://uhr.umd.edu/uhr-operations/phr-support/phr-resources/phr-forms/>.

Employee Withholding Allowance Certificate
FOR MARYLAND STATE GOVERNMENT EMPLOYEES
WORKING AND RESIDING IN STATES OTHER THAN MD, WV OR DC

Section 1 - Employee Information (Please complete form in black ink)

Payroll System (check one) <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	Zip Code	

Section 2 - Employees Working and Residing in States Other than MD, WV or DC

1. I certify that I am working and residing in a jurisdiction other than MD, WV or DC and I am not subject to tax withholding and/or reporting for MD, WV or DC.

2. I am domiciled in the state of _____.

Employee's Signature _____ Date _____

Agency Representative Approval

I attest that the employee is performing work for this agency outside of MD, WV or DC.

Printed Name _____ Title _____

Agency Signature _____ Date _____

Section 3 - 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.

Employee's signature

Date

Daytime Phone Number
(In case CPB needs to contact you regarding this form)

Employer's name and address (Employer: Complete name, address & EIN only if sending to IRS) Central Payroll Bureau P.O. Box 2396 Annapolis, MD 21404	Federal Employer identification number (EIN)
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Important: The information you supply must be complete. This form will replace in total any certificate you previously submitted.
Web Site - [State Payroll Services Employees \(marylandtaxes.gov\)](https://marylandtaxes.gov)