

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
HDFK \H DU DQG ZKHQ \RXU SHUVRQDO RU ¿ QDQFLDO VLWXDWLRQ FDKQJHV
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, R U LILP [R Q# PkÀ [N# ½ È \$ LILP [RÁOtÀ 8Y[RIC & LS...æ € 8Y ÁU U U U U U U "Á ° L S...U & L S...} L L I®@Í R F O C<004C0049A /4 (C<04C005i89.2 85.9 <004C0049489.3)C4h3>04.

FORM
MW507

(PSOR\HH¶V 0DU\ODQG :LWKKROGLQJ ([HPSWLRQ &HUWL¿P

Print full name	6RFLDO 6HFxULW\ 1XPEHU
Street Address, City, State, ZIP	&RXQW\ RI UHVLGHQFH 1RQUHVLGHQWV HQWHU 0DU\ODQG FRXQW\ RU %DOWLPRU
<input type="checkbox"/> Single <input type="checkbox"/> Married (surviving spouse or unmarried Head of Household) Rate <input type="checkbox"/> Married, but withhold at Single rate	

- Total number of exemptions you are claiming not to exceed line f in Personal Exemption Worksheet on page 2. 1. _____
- Additional withholding per pay period under agreement with employer. 2. _____
- I claim exemption from withholding because I do not expect to owe Maryland tax. See instructions above 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.
- I claim exemption from withholding because I am domiciled in one of the following states. Check state that applies.
 - District of Columbia Virginia West Virginia
- I claim exemption from Maryland state withholding because I am domiciled in the Commonwealth of Pennsylvania and I do not PDLQWDLQ D SODFH RI DERGH LQ 0DU\ODQG DV GHVFULEHG LQ WKH LQVWUXFWLRQV. R.Q.)RUP 0: 5. (QWHU 3(:037' KHUH
- I claim exemption from Maryland local tax because I live in a local Pennsylvania jurisdiction within York or Adams counties. (QWHU 3(:037' KHUH DQG RQ OLQH .RI.)RUP. 0: 6. _____
- I claim exemption from Maryland local tax because I live in a local Pennsylvania jurisdiction that does not impose an earnings or income WD[RQ 0DU\ODQG UHVLGHQWV (QWHU 3(:037' KHUH DQG RQ OLQH .RI.)RUP. 0: 7. _____

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
(PSOR\HU¶V QDPH DQG DGGUHV V LQFOXGLQJ =,3 FRGH)RU HPSOR\HU XVH RQ DU 0DU\ODQG (PSOR\HU ,GHQWL¿FDWLRLQ 1XPEHU	

MW507

Line 1

- a. 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.
 7 R TXDOLI \ DV \ RXU GSHQGHQW \ RX PXVW EH HQWLWOHG WR DQ H[HPSWLRQ IRU WKH GSHH income tax return for the corresponding tax year. NOTE: Dependent taxpayers may not claim themselves as an exemption. a. _____
- 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. b. _____
- c. Enter the estimated amount of your itemized deductions (excluding state and local income taxes) that H[FHHG WKH DPRXQW RI \RXU VWDQGDUG GHGXFWLRQ DOLPRQ \ SD\PHQWV DOORZDEOH FKL 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, c. _____
- d. Enter \$1,000 for additional exemptions for taxpayer and/or spouse age 65 or over and/or blind. d. _____
- e. Add total of lines a through d. e. _____
- f. Divide the amount on line e by \$3,200. Drop any fraction. Do not round up. This is the