

# SPECIAL PAYMENTS PAYROLL AUTHORIZATION

1 ACTION CODE		2 EFFECTIVE DATE		3 AGENCY CODE		4 AGENCY CONTACT & PHONE NUMBER			
5 SOCIAL SECURITY NO (Verified)			6 FIRST NAME (Legal name only)			7 MIDDLE INT	8 LAST NAME		
9 RATE OF PAY		10 H/D	11 NPH		12 PCT EMP	13 CHK DIST/LOC	14 SUB-PROG	15 PROGRAM	16 PSEUDO CODE
17 FUND FIRST	18 CODE	19 PERCENT	20 REVIEW CODE	21 CLASS CODE	22 BIRTH DATE			23 SEX	24 ETHNIC ID
SECOND			25 AGENCY CONTROL NUMBER (Not Required)			26 RESERVED (PIN)			
THIRD			27 ENTRY ON DUTY			(IF THE EMPLOYEE HAS HAD PREVIOUS CONTRACTS, THE ENTRY ON DUTY DATE SHOULD BE THE DATE OF THE ORIGINAL CONTRACT)			
28 PAY GRADE		29 BPED		30 END OF DUTY DATE		31 NUMBER DAYS TOUR	32 TOTAL PAY		
33 REMARKS									
I CERTIFY THAT SUFFICIENT FUNDS ARE IDENTIFIED AND AVAILABLE IN THE AGENCY APPROPRIATE FOR CONTRACTUAL EMPLOYMENT TO SUPPORT THIS EXPENDITURE. THAT THE APPROPRIATE CONTROL AGENCY REVIEW STATUS HAS BEEN INDICATED AND THAT APPROVAL HAS BEEN OBTAINED BY WAY OF THE 312 PROCESS IF REQUIRED									
SIGNATURE FISCAL OFFICER					SIGNATURE APPOINTING AUTHORITY				
DATE					NAME APPOINTING AUTHORITY				

## Part 2 - EMPLOYEE WITHHOLDING ALLOWANCES - (SEE INSTRUCTIONS FOR COMPLETING FORM ON REVERSE SIDE) Form W-4 IRS - Form MW 507 Comp of Treas MD

1 Agency Number		Social Security Number		Employee Name		
>		>		>		
2 Street Address or R.D. No.				Address Continued (Apt. Number, if any)		Type of Payroll
>				>		> <b>CT</b>
City		State	Zip Code		3 Marital Status	
>		>	>		<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at a higher Single Rate <small>NOTE: If married but legally separated or spouse is non resident Then check the single block. 4 If your last name differs from that on your social security card call 1-800-772-1213 for more information</small>	
Name of Employing Agency			County of Residence			
> <b>Military Department State of Maryland</b>			>			

### BOTH FEDERAL AND STATE MUST HAVE AN ENTRY

IF TAXABLE complete line 5 and line 6. This will complete all necessary information Go to line 9 for signature.

5. Total number of allowances you are claiming (from work sheet).    Federal > \_\_\_\_\_    State > \_\_\_\_\_

6. Additional amount, if any you want deducted from each pay.    Federal > \$ \_\_\_\_\_    State > \$ \_\_\_\_\_

IF EXEMPT complete line 7 and/or 8 Go to line 9 for signature.

7. I claim exemption from withholding and I certify that I meet ALL of the following conditions for exemption:

a. Last year I had a right to a refund of ALL federal and/or state income tax withheld because I had no tax liability, AND

b. This year I expect a refund of ALL federal and/or state income tax withheld because I expect to have NO tax liability

If you meet BOTH of the above conditions, enter the year and "EXEMPT"

Year effective

FEDERAL    MARYLAND  
Enter "EXEMPT" here

If you entered "EXEMPT" are you a full time student? Yes  No

8. Certification of nonresidence in the State of Maryland (See instruction pamphlet before completing the form)

I certify that I am not domiciled in the State of Maryland and that I do not maintain a place of abode within Maryland. I further certify that my permanent residence is

City town or post office address                      County                      State                      Enter "EXEMPT" above

9. Under the penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on Line 4 above or, if claiming exemption from withholding that I am entitled to claim the exempt status on Line 7 and/or Line 8 (whichever applies)

Signature of Employee

Date

IMPORTANT The information you supply above must be complete. This form will replace in total any certificate previously submitted by you

>	CC
>	M/S
>	FED
>	TM
>	FED
>	EX
>	FED
>	AMT
>	ST
>	TM
>	ST
>	EX
>	ST
>	AMT