

FEDERAL AND STATE WITHHOLDING CERTIFICATES

Print your full name _____
If your last name differs from that shown on your social security card, check here. You must call 1/800-772-1213 for a replacement card.

Your Social Security number _____

Address (including ZIP code) _____

County of residence (or Baltimore City) _____

W-4 Employee's Withholding Allowance Certificate 2009

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.

Single Married Married, but withhold at higher Single rate.

Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.

Total number of allowances you are claiming _____

Additional amount, if any, you want withheld from each paycheck _____

I claim exemption from withholding for 2009, and I certify that I meet **both** of the following conditions for exemption.

- Last year I had a right to a refund of **all** federal income tax withheld because I had **no** tax liability **and**
- This year I expect a refund of **all** federal income tax withheld because I expect to have **no** tax liability.

If you meet both conditions, write "Exempt" here _____

MW 507 Employee's Maryland Withholding Exemption Certificate

Withhold at Single Rate

Married (surviving spouse or unmarried Head of Household) Rate

Married, but withhold at Single Rate

1. Total number of exemptions you are claiming not to exceed **line f** in worksheet below _____

2. Additional withholding per pay period under agreement with employer _____

3. I claim exemption from withholding because I do not expect to owe Maryland tax. See instructions below 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. (This includes seasonal and student employees whose annual income will be below the minimum filing requirement).

If both **a** and **b** apply, enter year applicable _____ (year effective) Enter "EXEMPT" here _____

4. I claim exemption from withholding because I am domiciled in one of the following states. Check state that applies.

District of Columbia Pennsylvania Virginia West Virginia

I further certify that I do not maintain a place of abode in Maryland.. Enter "EXEMPT" here _____

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 that I am entitled to the number of withholding allowances claimed on lines 1 above, or if claiming exemption from withholding, that I am entitled to claim the exempt status on lines 3 or line 4, whichever applies.

Employee's signature _____ **Date** _____

(Form is not valid unless you sign it.)

Employer identification number (EIN): 52-0591691

Employer's name and address: Washington College, 300 Washington Avenue, Chestertown, MD 21620

Further instructions on completing these forms can be obtained from Human Resources.