2024

Form WV/IT 104

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

State Tax Department West Virginia

Section 1 – Employee Inform	mation (Please complete form in black i	ink.)		
Payroll System (check one)	Name of Employing Agency	Name of Employing Agency		
\square RG \square CT \square UM				
Agency Number	Social Security Number	Employee Name		
Home Address (number and street of	or rural route)	I	(apartment number, if any)	
City		State	Zip Code	
Section 2 – West Virginia W			ps://tax.wv.gov/Documents/Withholding/it104.pdf	
	exemption, enter "1", if you do not, enter "0"			
(a) If you claim both of these e	each for husband and wife if not claimed on	another certificate.		
(b) If you claim one of these ex	* '			
(c) If you claim neither of these	1 ,			
	e or more dependents, enter the number of	such exemptions		
_	which you have claimed above and enter the	_		
5. If you are Single, Head of House	sehold, or Married and your spouse does no withheld at a lower rate, check here	t work, and you are receiving wages	s from only one job,	
6. Additional withholding per pay	period under agreement with employer		\$\$	
Section 3 – Employee Signa I certify, under penalties provide form is not valid unless you sign	d by the law, that the number of exemption	ons claimed in this certificate is n	ot in excess of those to which I am entitled. (This	
Employee's signature		Date	Daytime Phone Number (in case CPB needs to contact you regarding your WV/IT-104)	
En	nployer's name and address (For Employer Central Payroll Bureau P.O. Box 2396 Annapolis, MD 21404	Use Only)	Federal Employer identification number (EIN)	

Important: The information you supply must be complete. This form will replace in total any certificate you previously submitted.

 $\textbf{Web Site-} \underline{\text{https://www.marylandtaxes.gov/statepayroll/payroll-forms.php}$