### SPECIAL PAYMENTS PAYROLL AUTHORIZATION

ACTION CODE	EFFECT	IVE DATE	AGE	NCY CODE	AGENCY CONTACT & PHONE NUMBER								
			30	6.04.00									
			30	0.04.00		Human Resources 240-895-4309							
SOCIAL	SECURITY	NO.		FIRST NAME		MIDDLE	_	AST NAME					
	(Verified)			(Legal name only)		Initial	(L	egal name only)					
RATE OF	PAY	H/D	NPH	PCT EMP	CHK DIST/LOC	SUB-PGM	PROGRAM	PSEUDO CODE					
		Н	80	100			000						
FUND SOURCE	CODE	DEDCENT	DEV	IEW CODE	CLASS CODE	DIDTH DATE	SEX	ETHNIC ID					
FUND SOURCE FIRST	CODE	PERCENT	REV	IEW CODE	CLASS CODE	BIRTH DATE	SEX	ETHNICID					
	40	100		01	8990								
SECOND			FUND	A	GENCY CONTROL FUNCTION	/BUDGET NUMBER OBJECT	SUBFUND	RESERVED (PIN)					
OLOGIND			10110		1011011011	050201	CODI CIVID						
			E	NTRY ON DUTY I	DATE	(IF EMPLOYEE I	HAS HAD PREVIOUS	S CONTRACTS					
THIRD						THE ENTRY	OF DUTY DATE SH	HOULD BE					
						THE DATE O	F THE ORIGINAL C	ONTRACT.)					
Department F	lead Appr	oval:											
						FOII	ns Required: I9						
Employee ID	Number:	(CARS)		<del> </del>			W <sup>2</sup> MV	¥ V507					
Budget Title:					Su	bstance Abuse							
								ect Deposit New Hire					
Anthology Till	ilesileet A	pprover											
Remarks:													
rtomanto													
						CY APPROPRIATION							
					OPRIATE CONTRO 312 PROCESS, IF	OL AGENCY REVIEW REQUIRED.	STATUS HAS BEEI	N					
SIGNATURE-FISCAL O	FFICER (Person	nel)		:		SIGNATURE-APPOINTIN	G AUTHORITY						
	( )	,											
D.4.T.F						Sue Moreno	TIODITY						
DATE						NAME-APPOINTING AUT	HORITY						
ACTION CODE	(01-NEW HIF	RE, 02-TRANSF	ER, 03-CHA	NGE, 04-TERMINA	ATE)			n of a W4 (Form MW507) Form must indicate Payroll					
	•			LOYMENT CONTR	OL AGENCY REVIE	·	Туре СТ	Tom made maloute r ayren					
	01-STUDEN 06-COLLEGE	T (FICA EXEMP	T)		04-DIRECT EMERO 14-INCENTIVE AW								
	JU JULLEGI												
ETHNIC ID													
*					IE PEOPLES OF EUROP IE BLACK RACIAL GROI	'E, NORTH AMERICA OR TH JPS OF AFRICA	IE MIDDLÉ EAST						
03-ASIAN OR PACIFIC	ISLANDERS: IN	CLUDES PERSONS	S HAVING ORI	GINS IN ANY OF THE P	PEOPLES OF THE FAR E	AST, SOUTHEAST ASIA,							
						., THE PHILIPPINE ISLANDS OPLES OF NORTH AMERICA							
MAINTAIN CULTUR					OUTU AMERICAN CO.	THE ORANGO ON THE	or opioni						



#### **Employment Eligibility Verification**

#### **Department of Homeland Security**

U.S. Citizenship and Immigration Services

USCIS Form I-9

OMB No.1615-0047 Expires 05/31/2027

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the <a href="Instructions">Instructions</a>.

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Inday of employment, but	formatior t not befor	and Attestation	on: Emplo b offer.	oyee	es must compl	ete an	d sign Sec	tion 1 of F	orm I-9 r	no late	r than the <b>first</b>	
Last Name (Family Name)		First Name	(Given Nar	me)		Middle	Initial (if any)	Other Last	Names Us	sed (if ar	ny)	
Address (Street Number and I	Name)		pt. Number	ot. Number (if any) City or Town					State		ZIP Code	
Date of Birth (mm/dd/yyyy)	U.S. Soc	cial Security Number	r Em	nploye	ee's Email Addres	S			Employee	e's Telep	phone Number	
I am aware that federal la provides for imprisonme fines for false statement use of false documents, connection with the com this form. I attest, under of perjury, that this infor including my selection of attesting to my citizensh immigration status, is trucorrect.  Signature of Employee  If a preparer and/or transection 2. Employer Person 2.	of the Unitederent national permanent resolution of the Number OR	d State of the esider o wor	e United States (S nt (Enter USCIS o k until (exp enter one of these rm I-94 Admission at person MUST	complet	any)  Our OR For OR Today's Date the Prepar	eign Passpo (mm/dd/yyy	ort Number y) anslator C	r and Co	ountry of Issuance			
Section 2. Employer Robusiness days after the empauthorized by the Secretary documentation in the Additional control of the section of the se	ployee's firs of DHS. do	et day of employment ocumentation from ation box; see Ins	ent, and m n List A OF	or the nust p R a co	ohysically examombination of de	ine, or e ocumer	examine cor station from	isistent with List B and I	nd sign <b>S</b> e n an altern ∟ist C. En	ative p iter any	rocedure additional	
		List A	OR		Lis	t B		AND		List	С	
Document Title 1												
Issuing Authority												
Document Number (if any)												
Expiration Date (if any)				L								
Document Title 2 (if any)			Α	dditi	onal Information	on						
Issuing Authority												
Document Number (if any)												
Expiration Date (if any)												
Document Title 3 (if any)												
Issuing Authority												
Document Number (if any)												
Expiration Date (if any)				Che	eck here if you use	ed an alt	ernative proce	edure authori	zed by DH	S to exa	mine documents.	
Certification: I attest, under pemployee, (2) the above-listed best of my knowledge, the en	d documenta	ation appears to be	genuine a	nd to	relate to the emp				First Da (mm/dd	•	ployment	
Last Name, First Name and Titl	e of Employe	r or Authorized Rep	resentative		Signature of Em	ployer o	Authorized F	Representativ	e	Today's	s Date (mm/dd/yyyy)	
Employer's Business or Organiz	zation Name		Employe	r's Bu	ısiness or Organiz	ation Ad	ldress, City or	Town, State	, ZIP Code	ı		

#### LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

#### Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A		LIST B	LIST C
Documents that Establish Both Identity and Employment Authorization	OR	Documents that Establish Identity AN	D Documents that Establish Employment Authorization
U.S. Passport or U.S. Passport Card		Driver's license or ID card issued by a State or outlying possession of the United States	A Social Security Account Number card, unless the card includes one of the following
Permanent Resident Card or Alien     Registration Receipt Card (Form I-551)		provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address	restrictions:  (1) NOT VALID FOR EMPLOYMENT
Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-		2. ID card issued by federal, state or local	(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION
readable immigrant visa		government agencies or entities, provided it contains a photograph or information such as name, date of birth, sex, height, eye color,	(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
4. Employment Authorization Document that contains a photograph (Form I-766)		and address  3. School ID card with a photograph	Certification of report of birth issued by the Department of State (Forms DS-1350,
5. For an individual temporarily authorized to work for a specific employer because			FS-545, FS-240)
of his or her status or parole:		4. Voter's registration card	Original or certified copy of birth certificate issued by a State, county, municipal
a. Foreign passport; and		5. U.S. Military card or draft record	authority, or territory of the United States
<b>b.</b> Form I-94 or Form I-94A that has the following:		6. Military dependent's ID card	bearing an official seal  4. Native American tribal document
(1) The same name as the		7. U.S. Coast Guard Merchant Mariner Card	
passport; and (2) An endorsement of the		8. Native American tribal document	5. U.S. Citizen ID Card (Form I-197)
individual's status or parole as long as that period of		Driver's license issued by a Canadian government authority	Identification Card for Use of Resident     Citizen in the United States (Form I-179)
endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or		For persons under age 18 who are unable to present a document listed above:	7. Employment authorization document issued by the Department of Homeland Security
limitations identified on the form. <b>6.</b> Passport from the Federated States of		10. School record or report card	For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.
Micronesia (FSM) or the Republic of the		11. Clinic, doctor, or hospital record	The Form I-766, Employment
Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		12. Day-care or nursery school record	Authorization Document, is a List A, <b>Item Number 4.</b> document, not a List C document.
		Acceptable Receipts	
May be prese	entec	in lieu of a document listed above for a t	emporary period.
		For receipt validity dates, see the M-274.	
Receipt for a replacement of a lost, stolen, or damaged List A document.	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.
Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.			
Form I-94 with "RE" notation or refugee stamp issued to a refugee.			

<sup>\*</sup>Refer to the Employment Authorization Extensions page on <u>I-9 Central</u> for more information.

Form I-9 Edition 01/20/25 Page 2 of 4



### Supplement A, Preparer and/or Translator Certification for Section 1

### **Department of Homeland Security**

U.S. Citizenship and Immigration Services

USCIS Form I-9 Supplement A OMB No. 1615-0047 Expires 05/31/2027

Last Name (Family Name) from Section 1.	First Name (Given Name) from Section 1.	Middle initial (if any) from Section 1.

**Instructions:** This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

completed Form I-9.									
I attest, under penalty of perjury, that I have assisted knowledge the information is true and correct.	d in the	completion of Section 1 of th	nis form a	and that to	o the best of my				
Signature of Preparer or Translator		Date (mm/dd/yyyy)							
Last Name (Family Name)	First	Name <i>(Given Name)</i>			Middle Initial (if any)				
	T								
Address (Street Number and Name)		City or Town	State	ZIP Code					
I attest, under penalty of perjury, that I have assisted knowledge the information is true and correct.	d in the	completion of Section 1 of th	nis form a	and that to	o the best of my				
Signature of Preparer or Translator		Date (mm/dd/yyyy)							
Last Name (Family Name)	Name (Given Name)			Middle Initial (if any)					
Address (Street Number and Name)	Street Number and Name)  City or Town								
I attest, under penalty of perjury, that I have assisted knowledge the information is true and correct.	d in the	completion of Section 1 of th	nis form a	and that to	o the best of my				
Signature of Preparer or Translator			Date (mm/dd/yyyy)						
Last Name (Family Name)	First	Name (Given Name)		Middle Initial (if any)					
Address (Street Number and Name)		City or Town		State	ZIP Code				
I attest, under penalty of perjury, that I have assisted knowledge the information is true and correct.	d in the	completion of Section 1 of th	nis form a	and that to	o the best of my				
Signature of Preparer or Translator	Date (mm/dd/yyyy)								
Last Name (Family Name)	First	Name (Given Name)			Middle Initial (if any)				
Address (Street Number and Name)		City or Town		State	ZIP Code				

Form I-9 Edition 01/20/25 Page 3 of 4



# **Supplement B, Reverification and Rehire (formerly Section 3)**

#### **Department of Homeland Security**

U.S. Citizenship and Immigration Services

USCIS Form I-9 Supplement B

OMB No. 1615-0047 Expires 05/31/2027

Last Name (Family Name) from Section 1.	First Name (Given Name) from Section 1.	Middle initial (if any) from Section 1.

Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the Handbook for Employers: Guidance for Completing Form I-9 (M-274)

Handbook for Employers:	Guidance for Completing Fo	orm I-9 (M-274)	<b>3</b>						
Date of Rehire (if applicable)	New Name (if applicable)								
Date (mm/dd/yyyy)	Last Name (Family Name)			Middle Initial					
Reverification: If the employ continued employment author			present any acceptable List A opelow.	or List C documen	tation to show				
Document Title		Document Number (if any)		Expiration Date (if	iration Date (if any) (mm/dd/yyyy)				
			yee is authorized to work in o be genuine and to relate to						
Name of Employer or Authorize	ed Representative	Signature of Employer or Aut	horized Representative	Today's Da	te ( <i>mm/dd/yyyy</i> )				
Additional Information (Initi	al and date each notation.)		alternative p	Check here if you used an alternative procedure authorized by DHS to examine documents.					
Date of Rehire (if applicable)	New Name (if applicable)								
Date (mm/dd/yyyy)	Last Name (Family Name)		Middle Initial						
Reverification: If the employ continued employment author			present any acceptable List A o pelow.	or List C documen	tation to show				
Document Title		Document Number (if any)		Expiration Date (if	any) (mm/dd/yyyy)				
			yee is authorized to work in o be genuine and to relate to						
Name of Employer or Authorize	ed Representative	Signature of Employer or Autl	Today's Da	Today's Date (mm/dd/yyyy)					
Additional Information (Initial	al and date each notation.)		alternative p	Check here if you used an alternative procedure authorized by DHS to examine documents.					
Date of Rehire (if applicable)	New Name (if applicable)								
Date (mm/dd/yyyy)	Last Name (Family Name)		First Name (Given Name)		Middle Initial				
Reverification: If the employ continued employment author			present any acceptable List A o pelow.	or List C documen	tation to show				
Document Title		Document Number (if any)		Expiration Date (if	any) (mm/dd/yyyy)				
			yee is authorized to work in o be genuine and to relate to						
Name of Employer or Authorize	ed Representative	Signature of Employer or Aut	Today's Da	Today's Date (mm/dd/yyyy)					
Additional Information (Initi	al and date each notation.)			alternative p	f you used an rocedure authorized kamine documents.				

Form I-9 Edition 01/20/25 Page 4 of 4



#### **Employee's Withholding Certificate**

2025

FOR MARYLAND STATE GOVERNMENT EMPLOYEES ONLY

Department of the Treasury Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Internal Revenue Service ▶ Your withholding is subject to review by the IRS. Step 1 - Personal Information (Please complete form in black ink.) Payroll System (check one) Agency Number Name of Employing Agency ☐ RG ☐ CT ☐ UM (a) **Employee Name** (b) Social Security Number Home Address (number and street or rural route) (apartment number, if any) Does your name match the name on your Social Security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov City State Zip Code County of Residence (required) ☐ Single or Married filing separately ■ Married filing jointly or Qualifying surviving spouse Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.) Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App. Step 2: Multiple Jobs or Spouse Works Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs. Do only one of the following. Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4). If you or your spouse have selfemployment income, use this option; or (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate. ....... Tip: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding. Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.) Step 3: If your income will be \$200,000 or less (\$400,000 or less if married filing jointly): Claim **Dependents** and Other **Credits** Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other 3 \$ credits. Enter the total here Step 4 (a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include (optional): interest, dividends, and retirement income . . . . . . . . . . . . . 4(a) |\$ Other Adjustments (b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result 4(b) \$ 4(c) |\$ (c) Extra withholding. Enter any additional tax you want withheld each pay period. Step 5: Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete. Sign Here Employee's signature (This form is not valid unless you sign it.) **Date** Employer's name and address (For Employer Use Only) Employer identification **Employers** First date of Central Payroll Bureau number (EIN) Only employment P.O. Box 2396

Annapolis, MD 21404

### 2025

#### Form MW507

Comptroller of Maryland

## **Employee Withholding Exemption Certificate FOR MARYLAND STATE GOVERNMENT EMPLOYEES ONLY**

Section 1 – Employee Information	(Please complete form in black ink.)	)								
Payroll System (check one) Name of Employing Agency										
$\square$ RG $\square$ CT $\square$ UM										
Agency Number Social Security Number Employee Name										
Home Address (number and street or rural ro	pute)		(apartment number, if a	nny)						
City	State	Zip Code	County of Residence (required) Nonresidents enter Maryland County or Baltimore City where you are employed							
Total number of exemptions you are of the state of t	ng spouse or unmarried Head of House	onal Exemption Worksheet on pa	t withhold at Single Rate							
requirements).	because I do not expect to owe Mary aryland income tax and had a right t	rland tax. See instructions and ch to a full refund of all income tax pect to have the right to a full ref innual income will be below the mi	eck boxes that apply. withheld and und of all income nimum filing							
4. I claim exemption from withholding be	ecause I am domiciled in the following a place of abode in Maryland as de ate withholding because I am domic	ng state. scribed in the instructions. Enter iled in the Commonwealth of Pe	"EXEMPT" here4. nnsylvania and							
I do not maintain a place of abode in l  6. I claim exemption from Maryland loc Adams counties. Enter "EXEMPT" h	eal tax because I live in a local Penn	sylvania jurisdiction within York	or							
I claim exemption from Maryland loc an earnings or income tax on Marylan	cal tax because I live in a local Penns	sylvania jurisdiction that does no	t impose							
8. I certify that I am a legal resident of t requirements set forth under the Serv Residency Relief Act. Enter "EXEM!	he state ofand am not icemembers Civil Relief Act, as am	subject to Maryland withholding ended by the Military spouses	g because I meetthe							
residency renerates Enter Extension										
Section 3 – Employee Signature										
Under the penalty of perjury, I further of from withholding, that I am entitled to cla			imed on line 1 above, or if c	laiming exemption						
Employee's signatur	e	Date		Phone Number stact you regarding your MW507)						
Employer's	name and address (For Employer Use  Central Payroll Bureau  P.O. Box 2396  Annapolis, MD 21404	Only)	Federal Employer identi	fication number (EIN)						

#### STATE OF MARYLAND SUBSTANCE ABUSE POLICY (AS REVISED ON APRIL 1, 1991)

#### **ACKNOWLEDGEMENT OF RECEIPT**

As an employee of the State of Maryland, I hereby certify that I have received a copy of the State's new policy regarding the maintenance of a drug-free and alcohol-free workplace.

I realize: that working under the influence of a controlled dangerous substance is a violation of this policy; that working under the influence of alcohol, and driving on or off the job under the influence of alcohol is a violation of this policy; that working under the inappropriate influence of prescribed or over-the-counter drugs is a violation of this policy; and that any violation of this policy can subject me to disciplinary action up to and including termination.

As a condition of employment, I must abide by the terms of this policy and will notify my employer of any criminal drug offense or alcohol driving offense convictions no later than five (5) days after such conviction. I further realize that federal law mandates that the employer communicate this conviction to the federal agency, and I hereby waive any and all claims that may arise from conveying this information to the federal agency.

Employee's Name (Print)	
Employee's Signature	Date



Office of Human Resources 47645 College Drive St. Mary's City, MD 20686 www.smcm.edu Tel: 240-895-4309 Fax: 240-895-4997

### Memorandum

To: All Contractual Employees

Subject: Direct Deposit Form

All direct deposit forms must be completed online through the Central Payroll Bureau's website. Please enter the link below in your browser:

https://www.marylandtaxes.gov/statepayroll/Static\_Files/Direct\_Deposit\_Form.pdf

Employees will be able to type directly into the appropriate fields once the form is opened. The agency code is 360400. When the form is complete, please print the form and then sign in blue or black ink and return the form to your timekeeper at check in.



### STATE OF MARYLAND PAYROLL DIRECT DEPOSIT AUTHORIZATION

<ul> <li>□ 1. <i>Initiate</i> Deposit directly to my checking/savings account (Will take at least two pay periods to allow for pre-note process.)</li> <li>□ 2. <i>Change</i> account type(checking/savings account), and/or bank routing number to which my net salary is deposited (cancel of old account will occur within 21 days for receipt of CPB; you will receive a payroll check until the new account is established)  Do not close account until payroll check is issued.</li> <li>□ 3. <i>Discontinue</i> direct deposit into my checking/savings and issue a payroll check instead.  Do not close account until payroll check is issued.</li> <li>Bank Name: (Omit if action 3 is checked)</li> </ul>	PB Use Only Effective PPE:
<ul> <li>□ 1. <i>Initiate</i> Deposit directly to my checking/savings account (Will take at least two pay periods to allow for pre-note process.)</li> <li>□ 2. <i>Change</i> account type(checking/savings account), and/or bank routing number to which my net salary is deposited (cancel of old account will occur within 21 days for receipt of CPB; you will receive a payroll check until the new account is established)         <ul> <li>Do not close account until payroll check is issued.</li> <li>□ 3. <i>Discontinue</i> direct deposit into my checking/savings and issue a payroll check instead.</li> <li>□ Do not close account until payroll check is issued.</li> </ul> </li> <li>Bank Name:         <ul> <li>(Omit if action 3 is checked)</li> </ul> </li> </ul>	•
is deposited (cancel of old account will occur within 21 days for receipt of CPB; you will receive a payroll check until the new account is established)  Do not close account until payroll check is issued.  3. Discontinue direct deposit into my checking/savings and issue a payroll check instead.  Do not close account until payroll check is issued.  Bank Name:  (Omit if action 3 is checked)	Effective PPE:
(Omit if action 3 is checked)	
	Processed by:
Account Type: (Must Check One)  If not marked this form will be returned Checking Savings	
Bank Number  Verify carefully. For checking copy directly from your person include your check number. Do not use your deposit slip much checking/Savings Account Number	
IAT requirement   Check box if your full net pay is subsequently transferred to a foreign b	oank.

Date

- Only one account is permitted for direct deposit. You can choose either checking or savings not both.
- Type or print only (except signature).
- Use black ink only.
- Complete all blocked areas in the top part of form except for the section "CPB use only."
- Read authorization and sign the completed form. Unsigned or Incomplete forms will be returned.
- Deposit amount will be full net amount of pay into either your checking/savings account..
- If changing your account type, bank and or account number, you will receive a payroll check until new direct deposit becomes effective.

Employee signature

- Do not send a voided blank check.
- Send completed form to Central Payroll Bureau, P.O. Box 2396, Annapolis, MD 21404. Phone 410-260-7401.

Daytime phone number

### **Maryland State Directory of New Hires**

#### Send completed forms to:

Maryland State Directory of New Hires PO Box 1316

Baltimore, MD 21203-1316

Fax: (410) 281-6004 or toll-free fax 1 (888) 657-3534

To ensure the highest level of accuracy, please print neatly in capital letters and avoid contact with the edges of the boxes. The following will serve as an example:

A B C

1 2 3

#### **EMPLOYER INFORMATION**

Federal Employer Id Number (FEIN):								5	State Unemployment Insurance Number (MD Only SUIN)																			
∟ Pleas	Please use the same FEIN that appears on quarterly wage reports.									If .				ued y								in						
Emp	oloye	er Nan	ne:													t	he a	bove	box.	If Ex	emp	t, wi	rite "	EXE	MPT 	". 		
Emp	loye	r Add	ress.	•								•						•		•								
				<u> </u>			T		1	ĺ		1		1			1						<u> </u>				=	$\overline{}$
 Emn	love	 r's Pay	roll 4	\ \ddre		/Ples		indi	icate	the	 Empl	OVer	 'e P	avro	Π Δα	ddre	l ee i	f diff	eren	t tha	n the	. En	nnlo	L Ver'	's Ad	dres	e)	
	T	3   a,	10117			1 100		II IGI				J		T T			,33 i					, LI		T			<del>3)</del>	
	lovo	r City:																		anlo	vor 9	Stat		 7in	Cod	 e (5	digit	.).
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Reports must be submitted within 20 days of the date of hire or rehire

Rev (03/18)

## **Step-by-Step Instructions**

### Form W4 - Federal Tax Withholding

- This form must be signed manually (with a pen) and the original submitted to our office, electronic copies will NOT be accepted
- Check the box next to 'CT'
- Complete Step 1 Personal Information
  - Name (a)
  - Social Security Number (b)
  - Home Address the address you provide will be the address your first paper check is sent to
    - NOTE: It can take up to 3 pay periods for the direct deposit to be set up. If you want your check to come to you on campus, you should enter your campus address as your home address.
  - o Check the box of the marital status that applies to you (c)
- If you intend to be exempt from tax withholding, write 'Exempt' on the form under Step 4 (<u>Here is an example</u> of a completed version of this form, if you would be exempt from withholding)
- If you intend to have taxes withheld from your paycheck, skip to Step 5 (<u>Here is an example</u> of a completed version of this form, if you would not be exempt from withholding)
- Complete Step 5
  - o Sign
  - Date

### **Example W4 - Tax Exempt**

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Form	٧	۷	-4

#### Employee's Withholding Certificate

2025

Form W W -	•	FOR MARYLAND STATE	GOV	ERNMENT EMPLOYEE	S ONLY					
Department of the Treasury  Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.										
Internal Revenue Service  ☐ Give Form W-4 to your employer. ☐ Your withholding is subject to review by the IRS.										
Step 1 – Personal Information (Please complete form in black ink.)										
Payroll System (check one) Agency Number Name of Employing Agency										
□ R	G ⊠ СТ □ UM	360400	St. N	Mary's College of M	aryland					
	vee Name			(b) Social Security Nun	nber					
Solomon Sea	hawk			000-00-0000						
Home Address (	number and street or ru	ral route) (apartment number,	f any)				the name on your			
47645 Colleg	e Drive						not, to ensure you get gs, contact SSA at			
47045 Colleg	C DIIVC				800-772-1213 or go					
City		State	Zip C		County of Residence	(requ	ired)			
St. Mary's Cit	У	MD	2068	36	St. Mary's					
1.5	Married filing separately									
	iling jointly or Qualifying									
		ou're unmarried and pay more than								
		apply to you; otherwise, s				on e	ach			
step, wno can o	laim exemption from	withholding, and when to u	se tne	estimator at www.irs	.gov/vv4App.					
Step 2: Multip	le Jobs or Spouse	Works								
		an one job at a time, or (2) are	marrie	ed filing jointly and your s	spouse also works. The	corre	ct amount of			
	nds on income earned fr	rom all of these jobs.								
Do only one of th	-	: 00/4 0 <b>5 1</b>		shaldian for this story (as	of Chang 2 (t) If you are					
	e the estimator at www. pployment income, use t	irs.gov/W4App for most accura this option: or	ate witr	nnolding for this step (an	id Steps 3-4). If you or	yours	pouse nave seit-			
		sheet on page 3 and enter the re	sultin 9	Step 4(c) below: or						
	-	otal, you may check this box. Do			otherioh This option		rally more accurate			
		r paying job is more than half o								
Tip: Consider using the	estimator at www.irs.gov/W4Ap	p to determine the most accurate withhole	ding for t	he rest of the year It you are con	pleting this form after the begin	nning of	the year; expect to work only part			
		atus, number of jobs for you (and/or your mator. At the beginning of next year, use t				, deduct	ons or credits. Have your most re-			
		or only ONE of these jobs. Le			ther jobs. (Your withho	lding v	ill be most			
Step 3:		ill be \$200,000 or less (\$400,00		' '	d:	_				
step s.	ii your income w	iii be \$200,000 oi less (\$400,00	JU OI IE	ss ir marned ming joinuy	,).					
Claim	Multiply the r	number of qualifying children u	under a	age 17 by \$2,000	<u> </u>					
Dependents and Other	Multiply the p	umbar of ather dependents but	esnn	Г	• e					
Credits		umber of other dependents by ove for qualifying children and other de			nount of any other	١,				
	credits. Enter the total					3	\$			
Step 4 (optional):		ome (not from jobs). If y won't have withholding, enter t								
	•	dends, and retirement income				4(a)	s			
Other Adjustments										
,		s. If you expect to claim ded								
	want to redu	ce your withholding, use the De	eductio	ns Worksheet on page 3	3 and enter the result	4(b)	\$			
						l				
	(c) Extra withho	olding. Enter any additional tax	k you w	ant withheld each pay p	period.	4(c)	\$			
					(					
						Exe	mpt			
Step 5:	Under penalties of pe	erjury, I declare that this certific	ate, to	the best of my knowledg	ge and belief, is true, co	orrect,	and complete.			
Sign					,	10/04	/2025			
Here	Solaman	Scalauk				19/01	/2025			
	Employee's sign	ature (This form is not valid un	less yo	ou sign it.)		)ate				
Employers	Employer	's name and address (For Emp	loyer l	Jse Only)	First date of	Empl	oyer identification			
Only		Central Payroll Bureau			employment		ber (EIN)			
_		P.O. Box 2396			09/01/2025					
	I	Annapolis, MD 21404								

Important: The information you supply must be complete. This form will replace in total any certificate you previously submitted. Web Site - https://www.marylandtaxes.gov/statepayroll/payroll-forms.php

### **Example W4 - Not Tax Exempt**

Form W-4	ļ.	Employee's		_			20	)2
		FOR MARYLAND ST						
Internal Revenue Se			Form W-4 to yo		•	ourpay	-	
Step 1 – Perso	onal Information	(Please complete form in		to review by the			•	
Payroll System (d	check one)	Agency Number	Name of Er	mploying Agency				
Re	ы ⊠ ст 🔲 uм	360400	St. Mary	's College of N	Maryland			
(a) Employ	ee Name	•	(b)S	ocial Security Nur	mber			
Solomon Seal	hawk		000	-00-0000				
Home Address (r 47645 College		ural route) (apartment numb	oer, if any)		Does your name Social Security ca credit for your 800-772-1213 or go	rd? If earnin	not, to ensure gs, contact	e you ge
City		State	Zip Code		County of Residence			
St. Mary's City	y	MD	20686		St. Mary's			
Married fi						_		
	_	withholding, and when t				n on e	acm	
.cp, who can d	a exemption nom	and when t	to use are esur		2.8011111/грр.			
em	_	•			nd Steps 3-4). If you o	ryours	pouse have se	elf-
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### Form MW507 - Maryland Withholding

- This form must be signed manually (with a pen) and the original submitted to our office, electronic copies will NOT be accepted
- Complete Section 1 Employee Information
  - Check the box next to 'CT'
  - o Provide:
    - Social security number
    - Name
    - Home Address

NOTE: It can take up to 3 pay periods for the direct deposit to be set up. If you want your check to come to you on campus, you should enter your campus address as your home address.

- City
- State
- Zip Code
- Complete Section 2 Maryland Withholding
  - Check the applicable box for marital status
  - If you intend to be exempt from tax withholding
    - check both boxes on Line 3
    - enter '2025' in the space provided below checkboxes
    - write/type 'Exempt' on Line 3 (<u>Here is a sample</u> document with the necessary fields highlighted)
  - If you intend to have taxes withheld from your paycheck, provide the number of claimed exemptions on Line 1 (<u>Here is a sample</u> document with the necessary fields filled out)

### **Example MW507 - Not Tax Exempt**

Form MW507	Employee W	ithholding Exemp	otion Certif	icate	202
Comptroller of Maryland FOI	R MARYLAND STA				
Section 1 – Employee Information	(Please complete form in black	ink.)			
Payroll System (check one)	Name of Employing Agency				
RG CT UM	St. Mary's College of M	Maryland			
Agency Number	Social Security Number	Employee Name			
360400	000-00-0000	Solomon Seahaw			
Home Address (number and street or rural ro 47645 College Drive	ute)		(aparti	nent number, if a	my)
City	State	Zip Code	County of Re	sidence (required	d) Nonresidents enter Maryland
St. Mary's City	MD	20686	St. Mary's		County or Baltimore City where you are employed
Section 2 – Maryland Withholding    X   Single	ng spouse or unmarried Head of F	_	ried, but withhold at	Single Rate	
Additional withholding per pay perior	d under agreement with employ	ver	t ou page 2.	2	\$x
I claim exemption from withholding!      Last year I did not owe any M     b. This year I do not expect to over tax withheld. (This includes see requirements).	faryland income tax and had a r	ight to a full refund of all incor nd expect to have the right to a	ne tax withheld and full refund of all inc		
1	r applicable(year effec	tive) Enter "EXEMPT" here		3	_
I claim exemption from withholding be     Virginia     I further certify that I do not maintain		_	. Enter "EXEMPT	* here4.	•
5. I claim exemption from Maryland sta	ate withholding because I am d	lomiciled in the Commonwealth	h of Pennsylvania ar	ıd	
I do not maintain a place of abode in l	_			ž5	_
I claim exemption from Maryland loc					-
Adams counties. Enter "EXEMPT" b 7. I claim exemption from Maryland loc				6.	
an earnings or income tax on Maryla				7.	•
8. I certify that I am a legal resident of t					
requirements set forth under the Serv		as amended by the Military spot	1585		-
Residency Relief Act. Enter "EXEM	PI bere			8.	
Section 3 – Employee Signature Under the penalty of perjury, I further of	rartify that I am outifled to the	number of withhelding all	ncae claimad an lin-	l shore or if-	laiming avanuation
from withholding, that I am entitled to cla	im the exempt status on which	number of withholding showar sever line(s) I completed.	ices cianned on inne	1 above, of it c	laining exemption
Dolaman Scapaux		09/01/2025	(	000) 000-00	00
Employee's signatur	•	Date	(1		Phone Number sact you regarding your MW507
Proplements	name and address (For Employer	r II ca (Inly)	Federal	Employer identit	fication number (EIN)
Employer S.	Central Payroll Bureau P.O. Box 2396 Annapolis, MD 21404	on only	1 500101		

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

Web Site - <a href="https://www.marvlandtaxes.gov/statepavroll/pavroll-forms.php">https://www.marvlandtaxes.gov/statepavroll/pavroll-forms.php</a>

### **Example MW507 - Tax Exempt**

Form MW507 Comptroller of Maryland

#### Employee Withholding Exemption Certificate FOR MARYLAND STATE GOVERNMENT EMPLOYEES ONLY

2025

Section 1 – Employee Information (	Please complete form in black ink.)									
Payroll System (check one)	Name of Employing Agency									
RG CT UM	St. Mary's College of Maryland									
Agency Number 360400	Social Security Number 000-00-0000									
Home Address (number and street or rural rou	ite)	(apartment number, if an	ıy)							
47645 College Drive	State	Zip Code	Country of Basidanas (coming)							
St. Mary's City	MD	20686	County of Residence (required St. Mary's	Nonresidents enter Maryland County or Baltimore City where you are employed						
	spouse or unmarried Head of Househo	ld) Rate Married, bu	at withhold at Single Rate	W507.pdf						
Total number of exemptions you are cl	_		-							
Additional withholding per pay period     I claim exemption from withholding b     Last year I did not owe any Ma     b. This year I do not expect to ow tax withheld. (This includes seas requirements).	nd tax. See instructions and ch a full refund of all income tax at to have the right to a full re	neck boxes that apply. withheld and fund of all income								
. ,	applicable 2025 (year effective) E	nter "EXEMPT" here	3	Exempt						
4. I claim exemption from withholding bed Virginia I further certify that I do not maintain I claim exemption from Maryland stat I do not maintain a place of abode in M I claim exemption from Maryland loca Adams counties. Enter "EXEMPT" he I claim exemption from Maryland loca an earnings or income tax on Marylan I certify that I am a legal resident of the requirements set forth under the Servic Residency Relief Act. Enter "EXEMPT".	a place of abode in Maryland as descrite withholding because I am domicile faryland as described in the instruction of the control of the con	ribed in the instructions. Enter d in the Commonwealth of Pe as on Form MW507. Enter "E vania jurisdiction within You wania jurisdiction that does no nd on line 4 of Form MW507 bject to Maryland withholdin	emsylvania and XEMPT" here	· · · · · · · · · · · · · · · · · · ·						
Section 3 – Employee Signature  Under the penalty of perjury, I further conform withholding, that I am entitled to claim		e(s) I completed.	_							
Solaman Scapaux		09/01/2025	(000) 000-000							
Employee's signature		Date		Phone Number act you regarding your MW507)						
Employer's n	ame and address (For Employer Use Or Central Payroll Bureau P.O. Box 2396 Annapolis, MD 21404	uly)	Federal Employer identifi	ication number (EIN)						

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

Web Site - https://www.marvlandtaxes.gov/statepavroll/pavroll-forms.php

### State of Maryland Payroll Direct Deposit Form

- Form must be typed, then signed manually with a pen (aka, a 'wet ink' signature)
- Check box next to 'Contract'
- Enter your social security number and name
- Check box next to 'Initiate'
- Enter bank name
- Enter account type
  - The State of Maryland generally does not allow deposits into savings accounts; this should be a checking account
- Enter bank number this refers to your bank's routing number
  - This should be available on your bank's website OR you can look it up at this website of the American Banker's Association
- Enter your checking account number
  - Please note that the length of account numbers vary by institution, do not be alarmed if you have boxes left over
- Enter the date
- Enter your telephone number
  - Do not enter hyphens or parens
- Print form, and sign line above 'Employee Signature' with a pen

### **Example Maryland Direct Deposit Form**



## STATE OF MARYLAND PAYROLL DIRECT DEPOSIT AUTHORIZATION

Payroll System (Check one)	Regular	X	Contract		Univer	sity o	f Maryland		
Social Security Number  0 0 0 0 - 0 0 - 0  Agency Code  3 6 0 4 0 0	arylar	nd							
I authorize the State of Maryland Central Payroll Bureau to take the following action with my net salary:									
(Charle One)									
1. Initiate deposit directly to my che (Will take at least two pay periods 2. Change account type(checking/sa	(Check One)  1. Initiate deposit directly to my checking/savings account (Will take at least two pay periods to allow for pre-note process.)  2. Change account type(checking/savings account), and/or bank routing number to which my net salary is deposited (cancel of old account will occur within 21 days for receipt of CPB; you will receive a								
payroll check until the new accour Do not close account until payro  3. Discontinue direct deposit into my Do not close account until payro	ll check is issued. checking/savings :	and issue	e a payroll ci	heck ir	nstead.		Effective PPE:		
Bank Name: (Omit if action 3 is checked) (Your Bank's	Name)						Processed by:		
Account Type: (Must Check One) If not marked this form will be returned	X Checking		Savings						
Bank Number									
0 0 0 0 0 0 0 0		-	_		irectly from your p				
Checking/Savings Account Number				_	se your deposit slij	p numbe	r.		
0 0 0 0 0 0 0 0 0	0 0 0 0	0 0	0 0	0					
IAT requirement Check box if your	full net pay is subs	equently	/ transferred	to a fo	oreign bank.				
I authorize the State of Maryland to deposit my net salary to the bank and account named above. This authorization is to remain in force until the State of Maryland receives written notification from me of its termination in time and manner that allows the State and the bank a reasonable opportunity to act upon it. In the event that the State of Maryland notifies the bank that funds to which I am not entitled have been deposited to my account in error, I authorize and direct the bank to return said funds to the State as soon as possible. If the funds erroneously deposited to my account have been drawn from that account so that return of those funds by the bank to the State is not possible, I authorize the State to recover those funds by setting off the amount erroneously paid me from any future payments from the State until the amount of the erroneous deposit has been recovered, in full.									
09/01/2025						(000)	000-0000		
Date		yee sign			-	D	aytime phone number		
Instructions: (Original wet signature required)  Only one account is permitted for direct deposit. You can choose either checking or savings not both.  Type only (except signature).  Use black ink only.  Complete all blocked areas in the top part of form except for the section "CPB use only."  Read authorization and sign the completed form. Only original forms will be accepted. Unsigned or Incomplete forms will be returned.									
<ul> <li>Deposit amount will be full net amount of pay into either your checking/savings account.</li> <li>If changing your account type, bank and or account number, you will receive a payroll check until new direct deposit becomes effective.</li> <li>Do not send a voided blank check.</li> <li>Sand completed form to: Central Payroll Payron P.O. Payr 2206. Apparable MD 21404. Phone 410, 260, 7401.</li> </ul>									

### Form I-9 - Employment Eligibility

- Complete Section 1. Employee Information and Attestation (<u>This example</u> shows the critical fields to fill out)
  - Last name
  - First name
  - Address (use your home address, NOT campus address)
  - Date of birth
  - Social security number
  - o Email address
  - o Telephone number
- Check the applicable citizenship status
- Sign and date form (Signature of Employee)
- Under 'Preparer and/or Translator Certification', check the box next to 'I did not use a preparer or translator
- Do not complete second page

Your hiring manager needs to verify your paperwork; Consult this website for the document combinations that can be accepted.

#### Example 19



#### **Employment Eligibility Verification**

Department of Homeland Security U.S. Citizenship and Immigration Services USCIS Form I-9 OMB No.1615-0047 Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in Section 1, or specify which acceptable documentation employees must present for Section 2 or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Inf day of employment, but					yees r	nust compl	lete ar	nd sign	Section	n 1 of F	orm I-9 no la	ter than the first		
Last Name (Family Name) First Name (Given					ne)	Middle Initial (if any) Other Las				Other Last	ast Names Used (If any)			
Seahawk Solomon							S							
Address (Street Number and Name) Apt. Num						per (if any) City or Town State ZIP Co						ZIP Code		
47645 College Drive						St. Mary's City MD 2068						20686		
Date of Birth (mm/dd/yyyy) U.S. Social Security Number					ployee's	Emall Addres	8				Employee's Te	lephone Number		
09/01/1840 0 0 0 0 0 0 0 0						awk@sm	cm.e	du			(000) 000-	-0000		
I am aware that federal lay provides for imprisonmen fines for false statements, use of false documents, in	t and/or or the	Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):  1. A citizen of the United States  2. A noncitizen national of the United States (See Instructions.)												
connection with the comp						Enter USCIS o								
this form. I attest, under	penalty =							-	hortzod	to work up	I (exp. date, If any)			
of perjury, that this inform including my selection of		4. A INII	auzen (o	ilei ui	all Itelli	Mullipelo 2. c	allu J. al	bove, au	lionzed	to work un	ui (exp. date, ii a	,		
attesting to my citizenship		you check Ite	m Numb	9F 4., 6	enter on	e of these:								
immigration status, is true		USCIS A-N	lumber	OB	Form	I-94 Admissio	on Num	on	Forel	gn Passpo	ort Number and	Country of Issuance		
correct.								-						
Signature of Employee Solomon Seahawk								_	5 Date (r 1/202	nm/dd/yyy 5	y)			
If a preparer and/or trans	lator assisted	you in compl	leting Se	ction	1, that p	erson MUST	comple	ete the P	герагег	and/or Tr	anslator Certific	cation on Page 3.		
Section 2. Employer Re business days after the empl authorized by the Secretary documentation in the Additio	oyee's first da of DHS, docu nal Informatio	ay of employ mentation fr on box; see I	: Employment, a om List on struction	yers o nd mi A OR ons.	or their ust phy a com	sically exam bination of d	ine, or ocume	ntative r examinentation f	e consi from Lis	stent with st B and L	an alternative ist C. Enter a	procedure ny additional		
	l	List A		OR		Lis	st B		Al	ND	Lis	st C		
Docume. t Title 1														
Issuing Authority														
Document Number (If any)														
Expiration Date (If any)														
Document Title 2 (If any)				Ac	ddition	al Information	on							
Issuing Authority														
Document Number (If any)														
Expiration Date (If any)														
Document Title 3 (If any)						×								
Issuing Authority														
Document Number (If any)														
Expiration Date (if any)									_		-	xamine documents.		
Certification: I attest, under pe employee, (2) the above-listed best of my knowledge, the emp	enalty of periodocume tatlo blow e is autho	ry, that (1) I h on appears to orized to wor	ave exar be genu k in the l	nined ine an Jnited	the doo d to rel States.	umentation p ate to the em	present ployee	ed by the named, a	e above and (3) f	-named to the	First Day of E (mm/dd/yyyy)			
Last Name, First Name and The of Employer or Authorized Representati				ative	SI	gnature of Em	ployer	or Authori	ized Rep	presentativ	e Toda	ay's Date (mm/dd/yyyy)		
Employer's dusiness or Organiza	iton Name		Em	ployer	's Busin	ess or Organiz	zation A	ddress, C	City or To	own, State	, ZIP Code			
	or reverifica	ation or rehi	ire, com	plete	Suppl	ement B, R	everifi	cation a	and Re	<u>híre</u> on P	age 4.			

Form I-9 Edition 08/01/23 Page 1 of 4