## 2025

## 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	ation (Please complete form in black in	ık.)		
Payroll System (check one)	Name of Employing Agency	Name of Employing Agency		
RG CT UM				
Agency Number	Social Security Number	Employee Name		
Home Address (number and street or	rural route)		(apartment number, if any)	
City		State WV	Zip Code	
Section 2 – West Virginia Wi	thholding Tax info	ormation is available online at <u>ht</u>	tps://tax.wv.gov/Documents/Withholding/it104.pdf	
1. If SINGLE, and you claim an exe	mption, enter "1", if you do not, enter "0"			
(a) If you claim both of these exe (b) If you claim one of these exen (c) If you claim neither of these e  3. If you claim exemptions for one of	nptions, enter "1xemptions, enter "0"	uch exemptions		
and you wish to have your tax wi	nold, or Married and your spouse does not thheld at a lower rate, check here eriod under agreement with employer			
Section 3 – Employee Signatu  I certify, under penalties provided form is not valid unless you sign it.	by the law, that the number of exemption	ns claimed in this certificate is r	not 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)	
Emp	loyer's name and address (For Employer U 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.

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