## 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	nation (Please complete form in black i	ink.)	
Payroll System (check one)	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
2. If MARRIED, one exemption ea  (a) If you claim both of these exer  (b) If you claim one of these exer  (c) If you claim neither of these of the second of these exer  3. If you claim exemptions for one exemptions of the second of the sec	emption, enter "1", if you do not, enter "0" ach for husband and wife if not claimed on emptions, enter "2" exemptions, enter "1" exemptions, enter "0"	another certificate.  such exemptions	
and you wish to have your tax w	ithheld at a lower rate, check here		
Section 3 – Employee Signate  I certify, under penalties provided form is not valid unless you sign it.	by the law, that the number of exemption	ons claimed in this certificate is no	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)
Ет	oloyer's name and address (For Employer  Central Payroll Bureau  P.O. Box 2396  Annapolis, MD 21404	Use Only)	Federal Employer identification number (EIN)