

COMPTROLLER OF MARYLAND CENTRAL PAYROLL BUREAU

PAYROLL ADDRESS FORM

Please print or type all information
This form must be filled in BLACK INK for electronic imaging

<u>Agency Number</u>	<u>Social Security Number</u>	<u>Employee Name</u>
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<u>Payroll System (check one)</u> <input type="checkbox"/> RG <input type="checkbox"/> CT <input type="checkbox"/> UM	<u>Name of Employing Agency</u>
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<u>New Address</u>	
<u>Address Continued (if needed)</u>	
<u>City and State</u>	<u>Zip Code</u>
<u>County of Residence - Required</u>	<u>CPB use only</u>

Note: The address provided above will be your official payroll address while you are employed by this state agency. If you change your address a new Payroll Address Form must be filed with Central Payroll Bureau. If you have any questions regarding this form please contact Central Payroll Bureau (410) 260-7401.

Date

Employee signature

Day telephone number

Send completed form to Central Payroll Bureau P.O. Box 2396 Annapolis, Maryland 21404