

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> |
|----------------------|-------------------------------|----------------------|

|  |                                 |
|--|---------------------------------|
| <u>Payroll System (check one)</u><br><input type="checkbox"/> RG <input type="checkbox"/> CT <input type="checkbox"/> UM | <u>Name of Employing Agency</u> |
|--|---------------------------------|

|                                       |                                 |                 |
|---------------------------------------|---------------------------------|-----------------|
| <u>New Address</u>                    |                                 |                 |
| <u>Address Continued (if needed)</u>  |                                 |                 |
| <u>City and State</u>                 | <input type="text" value="MD"/> | <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