

Form D-4Office of Tax and Revenue
Government of the District of Columbia**Employee Withholding Allowance Certificate**
FOR MARYLAND STATE GOVERNMENT EMPLOYEES
RESIDING IN WASHINGTON, D.C.**2024****1 - Employee Information (Complete form in black ink.)**

Payroll System (check one) <input type="checkbox"/> RG <input type="checkbox"/> CT <input type="checkbox"/> UM	Name of Employing Agency	
Agency Number	Social Security Number	Employee Name
Home Address (number and street or rural route) (apartment number, if any)		
City WASHINGTON	State DC	Zip Code

Section 2 - District of Columbia WithholdingDistrict of Columbia worksheet is available online at <https://otr.cfo.dc.gov/node/1296526>

1. Tax filing status (Fill in only one)		
<input type="checkbox"/> Single	<input type="checkbox"/> Married/domestic partners filing jointly/qualifying widow(er) with dependent child	
<input type="checkbox"/> Head of household	<input type="checkbox"/> Married filing separately <input type="checkbox"/> Married/domestic partners filing separately on same return	
2. Total number of withholding allowances from worksheet below.		
Enter total from Sec. A, Line i	Enter total from Sec. B, Line m	Total number of withholding allowances, Line n
3. Additional amount, if any, you want withheld from each paycheck \$		
4. Before claiming exemption from withholding, read below. If qualified, write "EXEMPT" in this box. ▶		
5. My domicile is a state other than the District of Columbia <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give name of state of domicile		
I am exempt because: last year I did not owe any DC income tax and had a right to a full refund of all DC income tax withheld from me; and this year I do not expect to owe any DC income tax and expect a full refund of all DC income tax withheld from me; and I qualify for exempt status on federal Form W-4.		
If claiming exemption from withholding, are you a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Section 3 – Employee Signature

Under penalties of law, I declare that the information provided on this certificate is, to the best of my knowledge, correct. (This form is not valid unless it is signed.)		
_____	_____	_____
Employee's signature	Date	Daytime Phone Number (In case CPB needs to contact you regarding your D-4)

Employer Keep this certificate with your records. If 10 or more exemptions are claimed or if you suspect this certificate contains false information please send a copy to: Office of Tax and Revenue, 1101 4th St., SW, Washington, DC 20024 Attn: Compliance Administration

Employer's name and address (For Employer Use Only) Central Payroll Bureau P.O. Box 2396 Annapolis, MD 21404	Federal Employer identification number (EIN)
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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>