

Form D-4

Office 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 Withholding

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

1. Tax filing status (Fill in only one) Single Married/domestic partners filing jointly/qualifying widow(er) with dependent child
 Head of household Married filing separately 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 Yes 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? Yes 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) |
|--|--|

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>