## Employee Withholding Allowance Certificate

### FOR MARYLAND STATE GOVERNMENT EMPLOYEES

Form W-4 Department of the Treasury Internal Revenue Service

# RESIDING IN WASHINGTON, D.C.

Form D-4 Office of Tax and Revenue

Government of the District of Columbia

Please complete form in black ink. Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

Section 1 - Employee Inform	nation			
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)		Address Continued (apartment number, if any)		
City	State	Zip Code		
Washington	DC			
Section 2 - Federal Withhole The federal worksheet is available online at he				
3 Single Married Married, but withhold at higher Single rate Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.  4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. >				
5 Total number of allowances you are claiming (from page 1 or page 2 of the federal worksheet)			5	
6 Additional amount, if any, you want withheld from each paycheck				\$
<ul> <li>I claim exemption from withholding for 2016, and I certify that I meet both of the following conditions for exemption.</li> <li>Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and</li> </ul>				
• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.			7	
If you meet both conditions, write "Exempt" here			7	
1 Tax filing status Fill in only one: ☐ Single ☐ Married/Domestic Partners filing jointly/qualifying Widower with dependent child ☐ Head of Household ☐ Married filing separately ☐ Married/Domestic Partners filing separately on same return				
2 Total number of withholding allowances from DC worksheet  3 Additional amount, if any, you want withheld from each paycheck				
4 If you are claiming exemption from withholding, read below and write "EXEMPT" in this box.				
	owe any DC income tax and had a right to a fu income tax and expect a full refund of all DC in			
If claiming exemption, are you a	full-time student? $\square$ Yes $\square$	No		
Section 4 - Employee Signat	ture			
Under penalties of perjury/law, I declare	e that I have examined this certificate ar	nd to the best of my kn	owledge and belief, it is	true, correct, and complete.
Employee's signature (Form is not valid				
unless you sign it.)			Date	
Employer's name and address (including zip code) (For employer use only)			Federal Employer id	entification number
	Central Payroll Bureau P.O. Box 2396		52-	6002033
	Annapolis, MD 21404		(For State of Maryla	and - CPB use only)