

2015

Employee Withholding Allowance Certificate

FOR MARYLAND STATE GOVERNMENT EMPLOYEES

RESIDING IN WASHINGTON, D.C.

Form W-4
Department of the Treasury
Internal Revenue Service

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 Information

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

Section 2 - Federal Withholding Form W-4

The federal worksheet is available online at <http://www.irs.gov/pub/irs-pdf/fw4.pdf>

| | |
|---|---|
| 3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> 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. > <input type="checkbox"/> |
| 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 | 6 \$ |
| 7 I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here.....> | 7 |

Section 3 - District of Columbia Withholding Form D-4

The District of Columbia worksheet is available online at <http://otr.cfo.dc.gov/otr/frames.asp?doc=/otr/lib/otr/tax/forms/D-4.pdf>

| |
|--|
| 1 Tax filing status Fill in only one: Single <input type="checkbox"/> Married/Domestic Partners filing jointly <input type="checkbox"/> Married filing separately <input type="checkbox"/> Head of household <input type="checkbox"/> Married/Domestic Partners filing separately on same return <input type="checkbox"/> |
| 2 Total number of withholding allowances from DC worksheet <input type="text"/> |
| 3 Additional amount, if any, you want withheld from each paycheck \$ <input type="text"/> |
| 4 If you are claiming exemption from withholding, read below and write "EXEMPT" in this box. <input type="text"/> |
| <i>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.</i> |
| If claiming exemption, are you a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Section 4 - Employee Signature

Under penalties of perjury/law, I declare that I have examined this certificate and to the best of my knowledge 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) Central Payroll Bureau P.O. Box 2396 Annapolis, MD 21404 | Federal Employer identification number 52-6002033 (For State of Maryland - CPB use only) |
|--|--|

Important: The information you supply must be complete. This form will replace in total any certificate you previously submitted.

Web Site - <http://compnet.comp.state.md.us/cpb>