

**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.**

**2020**

**1 - Employee Information (Complete form in black ink.)**

Payroll System (check one) <input type="checkbox"/> RG <input type="checkbox"/> CT <input checked="" type="checkbox"/> UM		Name of Employing Agency University of Maryland, Baltimore County	
Agency Number 360231	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 (Employer: Complete name, address & EIN only if sending to IRS) 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>