

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

Form with fields: Payroll System (check one) RG [] CT [] UM [], Name of Employing Agency, Agency Number, Social Security Number, Employee Name, Home Address, Address Continued, City, State, 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

Form with fields: 3 Single [] Married [] Married, but withhold at higher Single rate [], 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, 6 Additional amount, if any, you want withheld from each paycheck, 7 I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption.

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

Form with fields: 1 Tax filing status Fill in only one: Single [] Married/Domestic Partners filing jointly [] Married filing separately [] Head of household [] 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. Includes exemption criteria text and a full-time student question.

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.) and Date fields.

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).