

**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.****2026****1 - Employee Information (Complete form in black ink.)**

|                                                                            |                          |               |
|----------------------------------------------------------------------------|--------------------------|---------------|
| Payroll System (check one)<br><b>RG CT UM</b>                              | Name of Employing Agency |               |
| Agency Number                                                              | Social Security Number   | Employee Name |
| Home Address (number and street or rural route) (apartment number, if any) |                          |               |
| City<br><b>WASHINGTON</b>                                                  | State<br><b>DC</b>       | Zip Code      |

**Section 2 - District of Columbia Withholding** District of Columbia worksheet is available online at <https://dcrb.dc.gov/page/dc-tax-withholding-form-d-4>

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| 1. Tax filing status (Fill in only one) <input type="checkbox"/> Single <input type="checkbox"/> Married/domestic partners filing jointly/qualifying widow(er) with dependent child<br><input type="checkbox"/> Head of household <input type="checkbox"/> Married filing separately <input type="checkbox"/> Married/domestic partners filing separately on same return                                                                                                                                                                                                                                             |  |  |
| 2. Total number of withholding allowances from worksheet below.<br>Enter total from Sec. A, Line i <input type="text"/> Enter total from Sec. B, Line m <input type="text"/> Total number of withholding allowances, Line n <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                     |  |  |
| 3. Additional amount, if any, you want withheld from each paycheck ..... \$ <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |
| 4. Before claiming exemption from withholding, read below. If qualified, write "EXEMPT" in this box. .... ► <input type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |
| 5. My domicile is a state other than the District of Columbia <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give name of state of domicile<br>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.<br>If claiming exemption from withholding, are you a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> 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.<br>(This form is not valid unless it is signed.) |               |                                                                                 |
| _____<br>Employee's signature                                                                                                                                                  | _____<br>Date | _____<br>Daytime Phone<br>(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**

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|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Employer's name and address (For Employer Use Only)<br><b>Central Payroll Bureau<br/>P.O. Box 2396<br/>Annapolis, MD 21404</b> | 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.marylandcomptroller.gov/statepayroll/payroll-forms.php>