

**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) <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 <b>WASHINGTON</b>	State <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 <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. 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 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? <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. (This form is not valid unless it is signed.)		
_____ Employee's signature	_____ Date	_____ Daytime Phone (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 (For Employer Use Only) <b>Central Payroll Bureau P.O. Box 2396 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>