

2019

Form W-4

Department of the Treasury
Internal Revenue Service**Employee Withholding Allowance Certificate
FOR MARYLAND STATE GOVERNMENT EMPLOYEES
RESIDING IN WASHINGTON, D.C.**

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) <input type="checkbox"/> RG <input type="checkbox"/> CT <input type="checkbox"/> UM	Name of Employing Agency	
Agency Number	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 - Federal Withholding Form W-4The federal worksheet is available online at <https://www.irs.gov/pub/irs-prior/fw4--2018.pdf>

3. <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "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 800-772-1213 for a replacement card. <input type="checkbox"/>
5. Total number of allowances you're claiming (from the applicable worksheet on the following pages)	5. <input type="text"/>
6. Additional amount, if any, you want withheld from each paycheck	6. \$ <input type="text"/>
7. I claim exemption from withholding for 2019, 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 <input type="checkbox"/> 7. <input type="text"/>	

Section 3 - District of Columbia Withholding Form D-4The District of Columbia worksheet is available online at <https://otr.cfo.dc.gov/node/1296526>

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 <input type="text"/>
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 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. (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 W-4)

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 - http://comptroller.marylandtaxes.gov/government_services/state_payroll_services/