

# 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.

# 2022

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

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 - 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 (For Employer Use Only) 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>

Department of the Treasury  
Internal Revenue Service

**Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**

**Give Form W-4 to your employer.**

**Your withholding is subject to review by the IRS.**

**Step 1 – Personal Information (Please complete form in black ink.)**

Payroll System (check one) <input type="checkbox"/> <b>RG</b> <input type="checkbox"/> <b>CT</b> <input type="checkbox"/> <b>UM</b>	Agency Number	Name of Employing Agency	
(a) Employee Name		(b) Social Security Number	
Home Address (number and street or rural route) (apartment number, if any)			<b>Does the name match the name on your Social Security card?</b> If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a>
City	State	Zip Code	County of Residence (required)
(c) <input type="checkbox"/> <b>Single or Married filing separately</b> <input type="checkbox"/> <b>Married filing jointly</b> (or Qualifying widow(er)) <input type="checkbox"/> <b>Head of household</b> (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)			

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

**Step 2: Multiple Jobs or Spouse Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4); **or**
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld.

**TIP:** To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b>	If your income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
<b>Claim Dependents</b>	Multiply the number of qualifying children under age 17 by \$2,000 ..... <input type="checkbox"/> \$ _____		
	Multiply the number of other dependents by \$500..... <input type="checkbox"/> \$ _____		
	Add the amounts above and enter the total here . . . . .	<b>3</b>	\$
<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here. . . . .	<b>4(b)</b>	\$
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each <b>pay period</b> .	<b>4(c)</b>	\$

<b>Step 5: Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	<b>Employee's signature</b> (This form is not valid unless you sign it.) _____	<b>Date</b> _____	
<b>Employers Only</b>	Employer's name and address (For Employer Use Only) <b>Central Payroll Bureau</b> P.O. Box 2396 Annapolis, MD 21404	First date of employment	Employer identification number (EIN)