Employee Withholding Allowance Certificate

FOR MARYLAND STATE GOVERNMENT EMPLOYEES

Form W-4 Department of the Treasury Internal Revenue Service

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 Inform	mation		
Payroll System (check one)	Name of Employing Agency		
_RG			
Agency Number	Social Security Number	Employee Name	
Home Address (number and street or rural	route)	Address Continued (apa	rtment number, if any)
City Washington	State DC	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			
3 Single Married Note. If married, but legally separated, or spouse is			s from that shown on your social security card, call 1-800-772-1213 for a replacement card. >
Total number of allowances you are claiming (from page 1 or page 2 of the federal worksheet) Additional amount, if any, you want withheld from each paycheck			
 I claim exemption from withholding for 2017, 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			
Section 3 - District of Columbia Withholding Form D-4 The District of Columbia worksheet is available online at http://otr.cfo.dc.gov/page/withholding-tax-form-and-publications 1 Tax filing status Fill in only one: Single Married/Domestic Partners filing jointly/qualifying Widower with dependent child			
☐ Head of Household	☐ Married filing separately	☐ Married/Domestic F	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.			
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, are you a full-time student? Yes \(\scale= \) No \(\scale= \)			
5 My domicile is a state other than the District of Columbia. Yes \square No \square If yes, give name of state of domocile			
Section 4 - Employee Signar	ture		
Under penalties of perjury/law, I declar	re that I have examined this certificate an	d to the best of my kno	owledge and belief, it is true, correct, and complete.
Employee's signature (Form is not valid unless you sign it.)			Date
Daytime phone number (in case CPB needs to contact you regarding your W4)			
Employer's name and address (Employ	yer: Complete name, address & EIN only Central Payroll Bureau P.O. Box 2396 Annapolis, MD 21404	y if sending to IRS)	Federal Employer identification number (EIN)