2018

Employee Withholding Allowance Certificate FOR MARYLAND STATE GOVERNMENT EMPLOYEES RESIDING IN WASHINGTON, D.C.

Form W-4 Department of the Treasury Internal Revenue Service

Office of Tax and Revenue Government of the District of Columbia

Form D-4

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.

Sec	ction 1 - Employee Information	four employer may be required	to send a copy of this form to the TK	5.	
Payroll System (check one)		Name of Employing Agency			
	RG □ CT □ UM				
Ag	ency Number	Social Security Number	Employee Name		
Ho	ome Address (number and street or rural 1	coute)		(apartment number, if any)	
Cit	ty		State	Zip Code	
WASHINGTON			DC	1	
Sec	ction 2 - Federal Withholding Fo	orm W-4 The	federal worksheet is available online	at https://www.irs.gov/pub/irs-prior/fw42018.pdf	
3.	3. Single Married Married, but withhold at higher Single rate. 4. If your last name differs from that shown on your social secu			n that shown on your social security card,	
	Note: If married filing separately, check "Ma	rried, but withhold at higher Single rate."	check here. You must call 80	0-772-1213 for a replacement card. ▶□	
5.	Total number of allowances you're clain				
	6. Additional amount, if any, you want withheld from each paycheck				
7.	7. I claim exemption from withholding for 2018, 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				
	if you meet both conditions, write Exe	ampt here			
Sec	ction 3 - District of Columbia W	ithholding Form D-4 The	District of Columbia worksheet is av	ailable 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				ying widow(er) with dependent child	
				parately on same return	
2.	Total number of withholding allowances from worksheet below.				
	Enter total from Sec. A, Line i Total number of withholding allowances , Line n				
3.	. Additional amount, if any, you want withheld from each paycheck				
l	Before claiming exemption from withholding, read below. If qualified, write "EXEMPT" in this box.				
	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 withholdin	g, are you a full-time student?	Yes No		
Sec	ction 4 - Employee Signature				
			1 1	C:	
	nder penalties of perjury/law, I declare that his form is not valid unless it is signed.)	it I have examined this certificate and t	to the best of my knowledge and belie	f, it is true, correct, and complete.	
	,				
	Employee's signa	ture	Date	Daytime Phone Number	
				(In case CPB needs to contact you regarding your W-4)	
	P 1 , 111 /P	1 0 1 11 0 7	IN 1 (C 1) IDO	E-11E1:1(C11/EIN)	
Employer's name and address (Employer: Complete name, address & EIN only if so			in only it sending to IRS)	Federal Employer identification number (EIN)	
		Central Payroll Bureau P.O. Box 2396			
		Annapolis, MD 21404			