

**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)<br><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<br><b>WASHINGTON</b>                                                                                         | State<br><b>DC</b>       | Zip Code                   |

**Section 2 - Federal Withholding Form W-4**The 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.<br>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 2018, and I certify that I meet <b>both</b> of the following conditions for exemption.<br>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b><br>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.<br>If you meet <b>both</b> conditions, write "Exempt" here . . . . . <input type="checkbox"/> 7. <input type="text"/> |                                                                                                                                                                    |

**Section 3 - District of Columbia Withholding Form D-4**The 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<br><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.<br>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.<br>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.<br>(This form is not valid unless it is signed.) |               |                                                                                        |
| _____<br>Employee's signature                                                                                                                                                                                   | _____<br>Date | _____<br>Daytime Phone Number<br>(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)<br><b>Central Payroll Bureau<br/>P.O. Box 2396<br/>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 - [http://comptroller.marylandtaxes.gov/government\\_services/state\\_payroll\\_services/](http://comptroller.marylandtaxes.gov/government_services/state_payroll_services/)