

Form D-4Office of Tax and Revenue
Government of the District of Columbia**Employee Withholding Allowance Certificate**
FOR MARYLAND STATE GOVERNMENT EMPLOYEES
RESIDING IN WASHINGTON, D.C.**2026****1 - Employee Information (Complete form in black ink.)**

Payroll System (check one) RG CT 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 WithholdingDistrict of Columbia worksheet is available online at <https://dcrb.dc.gov/page/dc-tax-withholding-form-d-4>

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		
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 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 (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.marylandcomptroller.gov/statepayroll/payroll-forms.php>