2018

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
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Section I - Employee Information					
Payroll System (check one)	Name of Employing Agency				
\square RG \square CT \square UM					
Agency Number	Social Security Number	Employee Name			
Home Address (number and street or rural ro	ute)		(apartment number, if any)		
		1			
City		State	Zip Code		
WASHINGTON		DC			
Section 2 - Federal Withholding Form W-4 The federal worksheet is available online at https://www.irs.gov/pub/irs-prior/fw42018.pdf					
3. Single Married Married,	Single Married Married, but withhold at higher Single rate. 4. If your last name differs from that shown on your social security card,				
Note: If married filing separately, check "Marr	ed, but withhold at higher Single rate."	check here. You must call 800-7	72-1213 for a replacement card. ►		
5. Total number of allowances you're claimi					
7. I claim exemption from withholding for	-		1.		
• Last year I had a right to a refund of a ll		-			
• This year I expect a refund of all federal If you meet both conditions, write "Exen	÷	•	7.		
If you meet bour conditions, write "Exem			📕 /.		
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)	Single Married/dor	nestic partners filing jointly/qualifying	g widow(er) with dependent child		
Head of household	Married filing separately	Married/domestic partners filing separ	ately 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 with	holding allowances , Line n		
3. Additional amount, if any, you want with	held from each paycheck		\$		
4. Before claiming exemption from withhol	. Before claiming exemption from withholding, read below. If qualified, write "EXEMPT" in this box				
5. My domicile is a state other than the Dis	. 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?	Zes 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. (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 W-4)

	Employer's name and address (Employer: Complete name, address & EIN only if sending to IRS)	Federal Employer identification number (EIN)
	Central Payroll Bureau	
P.O. Box 2396		
	Annapolis, MD 21404	
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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 - http://comptroller.marylandtaxes.gov/government_services/state_payroll_services/