

**Form D-4**

Office of Tax and Revenue  
Government of the District of Columbia

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

**2025**

**1 - Employee Information (Complete form in black ink.)**

Payroll System (check one) <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 <b>WASHINGTON</b>	State <b>DC</b>	Zip Code	

**Section 2 - District of Columbia Withholding**

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/domestic partners filing jointly/qualifying widow(er) with dependent child  
 Head of household  Married filing separately  Married/domestic partners filing separately 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 withholding allowances, Line n**

3. Additional amount, if any, you want withheld from each paycheck ..... \$

4. Before claiming exemption from withholding, read below. If qualified, write "EXEMPT" in this box. .... ▶ \_\_\_\_\_

5. 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?  Yes  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 Number  
(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) <b>Central Payroll Bureau</b> <b>P.O. Box 2396</b> <b>Annapolis, MD 21404</b>	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.marylandtaxes.gov/statepayroll/payroll-forms.php>**