## 2017

## Employee Withholding Allowance Certificate

## FOR MARYLAND STATE GOVERNMENT EMPLOYEES

Form W-4
Department of the Treasury
Internal Revenue Service

## 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) Name of Employing Agency				
□RG □CT □UM		T=		
Agency Number	Social Security Number	Employee Name		
Home Address (number and street or rural route)		Address Continued (apartment number, if any)		
City	State	Zip Code		
Washington	DC	*		
Section 2 - Federal Withholding Form W-4 The federal worksheet is available online at http://www.irs.gov/pub/irs-pdf/fw4.pdf				
3 Single Married Married, but withhold at higher Single rate Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.  4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card.				
5 Total number of allowances you are claiming (from page 1 or page 2 of the federal worksheet)		5		
<ul> <li>Additional amount, if any, you want withheld from each paycheck</li> <li>I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption.</li> </ul>				\$
• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and				
<ul> <li>This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li> <li>If you meet both conditions, write "Exempt" here</li> </ul>			7	
ir you meet both conditions, write Exempt nere			7	
Section 3 - District of Columbia Withholding Form D-4 The District of Columbia worksheet is available online at http://otr.cfo.dc.gov/page/withholding-tax-form-and-publications				
1 Tax filing status Fill in only one:   Single Married/Domestic Partners filing jointly/qualifying Widower with dependent child				
☐ Head of Household ☐ Married filing separately ☐ Married/Domestic Partners filing separately on same return				
2 Total number of withholding allowances from DC worksheet				
3 Additional amount, if any, you want withheld from each paycheck				
4 If you are claiming exemption from withholding, read below and write "EXEMPT" in this box.				
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, are you a full-time student? Yes \( \scale= \) No \( \scale= \)				
5 My domicile is a state other than the District of Columbia. Yes $\square$ No $\square$ If yes, give name of state of domocile				
Section 4 - Employee Signature				
Under penalties of perjury/law, I declar	e that I have examined this certificate a	and to the best of my kn	owledge and belief, it is	s true, correct, and complete.
Employee's signature (Form is not valid unless you sign it.)			Date	
Daytime phone number (in case CPB needs to contact you regarding your W4)				
Employer's name and address (Employer: Complete name, address & EIN only if sending to IRS)  Central Payroll Bureau  P.O. Box 2396  Annapolis, MD 21404  Federal Employer identification number (EIN)				