

2016

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

Form W-4
Department of the Treasury
Internal Revenue Service

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

Form with fields: Payroll System (check one) [RG] [CT] [UM], Name of Employing Agency, Agency Number, Social Security Number, Employee Name, Home Address, Address Continued, City, State, Zip Code.

Section 2 - Federal Withholding Form W-4

The federal worksheet is available online at http://www.irs.gov/pub/irs-pdf/fw4.pdf

Form with fields: 3 [Single] [Married] [Married, but withhold at higher Single rate], 4 If your last name differs from that shown on your social security card, check here. 5 Total number of allowances you are claiming, 6 Additional amount, if any, you want withheld from each paycheck, 7 I claim exemption from withholding for 2016...

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

Form with fields: 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] [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. Employee's signature (Form is not valid unless you sign it.) Date

Employer's name and address (including zip code) (For employer use only) Central Payroll Bureau P.O. Box 2396 Annapolis, MD 21404 Federal Employer identification number 52-6002033 (For State of Maryland - CPB use only)

Important: The information you supply must be complete. This form will replace in total any certificate you previously submitted. Web Site - http://compnet.comp.state.md.us/cpb