

Enter Year

D-4 Employee Withholding Allowance Certificate

	ocial security number			
Yo	our first name M.I. Last name			
10	M.I. Last laine			
Но	ome address (number and street)			
Cit	ity State Zip code +4			
CII	State Zip toue +4			
1	Tax filing status Fill in only one: O Single O Married/domestic partners filing jointly O Married filing	senar	rately	
_	O Head of household O Married/domestic partners filing separately on	-	_	
2				
3	Additional amount, if any, you want withheld from each paycheck			
4	Before claiming exemption from withholding, read below and, 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 don	nicile _		
	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 n	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	s on federal Form W-4.	
0:	If claiming exemption from withholding, are you a full-time student? Yes No			
	ignature Under penalties of law, I declare that the information provided on this certificate is, to the best of my knowledge, comployee's signature Date	rrect.		
Er	mployer Keep this certificate with your records. If 10 or more exemptions are claimed or if you suspect this certificate contains fa	lse info	ormation	
ple	lease send a copy to: Office of Tax and Revenue, 941 North Capitol St., NE, Washington, DC 20002-4259 Attn: Compliance Admir	nistratio	on	
- 1	Detach and give the top portion to your employer. Keep the bottom portion for your records.			
	Government of the District of Columbia D-4 Employee Withholding Allowance Worksheet			
	2.0d.lot of Columbia			
Se	ection A Number of withholding allowances			
Se	ection A Number of withholding allowances		a	
	Enter 1 for yourself and		a b	
a	Enter 1 for yourself and Enter 1 if you are filing as a head of household and			
a b c	Enter 1 if you are filing as a head of household and Enter 1 if you are 65 or over and		b	
a b c	Enter 1 for yourself and Enter 1 if you are filing as a head of household and Enter 1 if you are 65 or over and Enter 1 if you are blind		b c d	
a b c	Enter 1 for yourself and Enter 1 if you are filing as a head of household and Enter 1 if you are 65 or over and Enter 1 if you are blind Enter number of dependents		b c	
a b c d e	Enter 1 for yourself and Enter 1 if you are filing as a head of household and Enter 1 if you are 65 or over and Enter 1 if you are blind Enter number of dependents Enter 1 for your spouse/registered domestic partner if filing jointly	er and	b c d e	
a b c d e f g	Enter 1 for yourself and Enter 1 if you are filing as a head of household and Enter 1 if you are 65 or over and Enter 1 if you are blind Enter number of dependents Enter 1 for your spouse/registered domestic partner if filing jointly Enter 1 if married/registered domestic partners filing jointly and your spouse/registered domestic partner is 65 or over	er and	b c d e f	
a b c d e f g h	Enter 1 for yourself and Enter 1 if you are filing as a head of household and Enter 1 if you are 65 or over and Enter 1 if you are blind Enter number of dependents Enter 1 for your spouse/registered domestic partner if filing jointly Enter 1 if married/registered domestic partners filing jointly and your spouse/registered domestic partner is blind	er and	b c d e f g	
a b c d e f g	Enter 1 for yourself and Enter 1 if you are filing as a head of household and Enter 1 if you are 65 or over and Enter 1 if you are blind Enter number of dependents Enter 1 for your spouse/registered domestic partner if filing jointly Enter 1 if married/registered domestic partners filing jointly and your spouse/registered domestic partner is 65 or over	er and	b c d e f	
a b c d e f g h i	Enter 1 for yourself and Enter 1 if you are filing as a head of household and Enter 1 if you are 65 or over and Enter 1 if you are blind Enter number of dependents Enter 1 for your spouse/registered domestic partner if filing jointly Enter 1 if married/registered domestic partners filing jointly and your spouse/registered domestic partner is 65 or over the filing jointly and your spouse/registered domestic partner is blind Number of allowances Add Lines a through h and enter on Line 2 above. If you want to claim additional withholding	er and	b c d e f g	
a b c d e f g h i	Enter 1 for yourself and Enter 1 if you are filing as a head of household and Enter 1 if you are 65 or over and Enter 1 if you are blind Enter number of dependents Enter 1 for your spouse/registered domestic partner if filing jointly Enter 1 if married/registered domestic partners filing jointly and your spouse/registered domestic partner is 65 or over the filter 1 if married/registered domestic partners filing jointly and your spouse/registered domestic partner is blind Number of allowances Add Lines a through h and enter on Line 2 above. If you want to claim additional withholding allowances, complete section B below.	er and	b c d e f g	
a b c d e f g h i	Enter 1 for yourself and Enter 1 if you are filing as a head of household and Enter 1 if you are 65 or over and Enter 1 if you are blind Enter number of dependents Enter 1 for your spouse/registered domestic partner if filing jointly Enter 1 if married/registered domestic partners filing jointly and your spouse/registered domestic partner is 65 or over the filter of allowances. Add Lines a through h and enter on Line 2 above. If you want to claim additional withholding allowances, complete section B below.		b c d e f g	
a b c d e f g h i	Enter 1 for yourself and Enter 1 if you are filing as a head of household and Enter 1 if you are 65 or over and Enter 1 if you are blind Enter 1 if you are blind Enter number of dependents Enter 1 for your spouse/registered domestic partner if filing jointly Enter 1 if married/registered domestic partners filing jointly and your spouse/registered domestic partner is 65 or over the first own and the	j	b c d e f g	
a b c d e f g h i	Enter 1 for yourself and Enter 1 if you are filing as a head of household and Enter 1 if you are 65 or over and Enter 1 if you are blind Enter 1 if you are blind Enter number of dependents Enter 1 for your spouse/registered domestic partner if filing jointly Enter 1 if married/registered domestic partners filing jointly and your spouse/registered domestic partner is 65 or over the filter 1 if married/registered domestic partners filing jointly and your spouse/registered domestic partner is blind Number of allowances Add Lines a through h and enter on Line 2 above. If you want to claim additional withholding allowances, complete section B below. Section B Additional withholding allowances Enter estimate of your itemized deductions Enter \$2,000 if married/registered domestic partners filing separately; all others enter \$4,000 Subtract Line k from Line j	j	b c d e f g	
a b c d e f g h i	Enter 1 for yourself and Enter 1 if you are filing as a head of household and Enter 1 if you are 65 or over and Enter 1 if you are blind Enter 1 if you are blind Enter number of dependents Enter 1 for your spouse/registered domestic partner if filing jointly Enter 1 if married/registered domestic partners filing jointly and your spouse/registered domestic partner is 65 or over the filter 1 if married/registered domestic partners filing jointly and your spouse/registered domestic partner is blind Number of allowances Add Lines a through h and enter on Line 2 above. If you want to claim additional withholding allowances, complete section B below. Enter 82,000 if married/registered domestic partners filing separately; all others enter \$4,000 Subtract Line k from Line j	j k	b c d e f g	

Detach and give the top portion to your employer. Keep the bottom portion for your records.

Who must file a Form D-4?

Every new employee who resides in DC and is required to have DC income taxes withheld, must fill out Form D-4 and file it with his/her employer.

If you are not liable for DC income taxes because you are a nonresident or military spouse, you must file Form D-4A, Certificate of Nonresidence in the District of Columbia, with your employer.

When should you file?

File Form D-4 whenever you start new employment. Once filed with your employer, it will remain in effect until you file a new certificate. You may file a new withholding allowance certificate any time the number of withholding allowances you are entitled to increases. You must file a new certificate within 10 days if the number of withholding allowances you claimed decreases.

How many withholding allowances should you claim?

Use the worksheet on the front of this form to figure the number of withholding allowances you should claim. If you want less money withheld from your paycheck, you may claim additional allowances by completing Section B of the worksheet, Lines j through o. However, if you claim too many allowances, you may owe additional taxes at the end of the year.

Should I have an additional amount deducted from my paycheck?

In some instances, even if you claim zero withholding allowances, you may not have enough tax withheld. You may, upon agreement with your employer, have more tax withheld by entering on Line 3, a dollar amount of your choosing.

What to file

After completing Form D-4, detach the top portion and file it with your employer. Keep the bottom portion for your records.