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)	Name of Employing Agency		
☐ RG ☐ CT ☒ UM	University of Maryland College Park		
Agency Number	Social Security Number	Employee Name	
360222			
Home Address (number and street or rural route)		(apartment number, if any)	
City		State	Zip Code
WASHINGTON		DC	

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 (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)	Federal Employer identification number (EIN)
Central Payroll Bureau **P.O. Box 2396** **Annapolis, MD 21404**	

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