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Year

D-4 Employee Withholding Allowance Certificate

	first name M.I. Last name				
Hom	e address (number and street) Apartment	numb	er		
	Social secu	rity nı	umber		
City	State Zip code				
1	Tax filing status Fill in only one: Single Married filing jointly Married filing separatel Married filing separately Married filing separately	-			househol
2	Total number of withholding allowances from worksheet below				
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 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 If claiming exemption, are you a full-time student? Yes No			-	
Sig	nature Under penalties of law, I declare that I have examined this return and to the best of my knowledge it is correct.				
-	loyee's signature Date				
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Sec a l	Government of the District of Columbia D-4 Employee Withholding Allowance Worksheet tion A Number of withholding allowances Enter 1 for yourself and				a b
Sec a l	Government of the District of Columbia D-4 Employee Withholding Allowance Worksheet tion A Number of withholding allowances Enter 1 for yourself and Enter 1 if you are filing as a head of household and		·		
Sec a l b l	Government of the District of Columbia D-4 Employee Withholding Allowance Worksheet tion A Number of withholding allowances 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		istratio	on 	b
Sec a l b l c l d l	Government of the District of Columbia D-4 Employee Withholding Allowance Worksheet tion A Number of withholding allowances Enter 1 for yourself and Enter 1 if you are filing as a head of household and		istratio	on 	b c
Sec a l b l c l d l	Government of the District of Columbia D-4 Employee Withholding Allowance Worksheet tion A Number of withholding allowances 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 of yourself and			on 	b c d
Sec a l b l c l d l f l	Government of the District of Columbia D-4 Employee Withholding Allowance Worksheet tion A Number of withholding allowances 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 for your spouse if filing jointly				b c d e f
Sec a l b l c l d l f l g l	Government of the District of Columbia D-4 Employee Withholding Allowance Worksheet tion A Number of withholding allowances 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 of yourself and				b c d e
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Sec a b c d f g h i	Government of the District of Columbia D-4 Employee Withholding Allowance Worksheet tion A Number of withholding allowances 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 or your spouse if filing jointly Enter 1 for your spouse if filing jointly Enter 1 if married filing jointly and your spouse is 65 or over and Enter 1 if married filing jointly and your spouse is blind Number of allowances Add Lines a through h and enter on Line 2. If you would like to claim additional allowances,				b c d e f g h
Sec a b c d f g h c Sec	Government of the District of Columbia D-4 Employee Withholding Allowance Worksheet tion A Number of withholding allowances 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 if filing jointly Enter 1 if married filing jointly and your spouse is 65 or over and Enter 1 if married filing jointly and your spouse is blind Number of allowances Add Lines a through h and enter on Line 2. If you would like to claim additional allowances, complete section B below.	j			b c d e f g h
Secca b c d f g h Secc j	Government of the District of Columbia D-4 Employee Withholding Allowance Worksheet tion A Number of withholding allowances 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 1 or your spouse if filing jointly Enter 1 if married filing jointly and your spouse is 65 or over and Enter 1 if married filing jointly and your spouse is blind Number of allowances Add Lines a through h and enter on Line 2. If you would like to claim additional allowances, complete section B below.	j k			b c d e f g h
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Secca b c d f g h Secc j k I :	Government of the District of Columbia D-4 Employee Withholding Allowance Worksheet tion A Number of withholding allowances Enter 1 for yourself and 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 if filing jointly Enter 1 if married filing jointly and your spouse is 65 or over and Enter 1 if married filing jointly and your spouse is blind Number of allowances Add Lines a through h and enter on Line 2. If you would like to claim additional allowances, complete section B below. tion B Additional withholding allowances Enter estimate of your itemized deductions Enter \$1,000 if married filing separately; all others enter \$2,000 Enter \$2,000				b c d e f g h
Sec a b c d f g h f Sec j k l	Government of the District of Columbia D-4 Employee Withholding Allowance Worksheet tion A Number of withholding allowances 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 65 or over and Enter 1 if you are blind Enter number of dependents Enter 1 if married filing jointly Enter 1 if married filing jointly and your spouse is 65 or over and Enter 1 if married filing jointly and your spouse is blind Number of allowances. Add Lines a through h and enter on Line 2. If you would like to claim additional allowances, complete section B below. tion B Additional withholding allowances Enter \$1,000 if married filing separately; all others enter \$2,000 Subtract k from j	j			b c d e f g h

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

Who must file a Form D-4?

Every new employee who resides in DC and who is required to have taxes withheld, must fill out Form D-4 and file it with his/her employer. If you are not liable for DC taxes because you are a nonresident 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 an amended certificate. You may file a new withholding allowance certificate any time if 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 taxes at the end of the year.

Should I deduct an additional amount 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.