

Year _____

D-4 Employee Withholding Allowance Certificate

Your first name _____ M.I. _____ Last name _____

Home address (number and street) _____ Apartment number _____

_____ Social security number _____

City _____ State _____ Zip code +4 _____

1 Tax filing status *Fill in only one:* Single Married/domestic partners filing jointly Married filing separately
 Head of household Married/domestic partners filing separately on same return

2 Total number of withholding allowances from worksheet below _____

3 Additional amount, if any, you want withheld from each paycheck _____

4 If claiming exemption from withholding, read below and, if qualified, 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 withholding exemption, are you a full-time student. Yes No

Signature _____ Under penalties of law, I declare that I have completed this certificate and, to the best of my knowledge, it is correct.

Employee's signature _____ Date _____

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, 941 North Capitol St., NE, Washington, DC 20002-4259 Attn: Compliance Administration
 # Detach and give the top portion to your employer. Keep the bottom portion for your records.

D-4 Employee Withholding Allowance Worksheet

Section A Number of withholding allowances

a Enter 1 for yourself and _____ a

b Enter 1 if you are filing as a head of household and _____ b

c Enter 1 if you are 65 or over and _____ c

d Enter 1 if you are blind _____ d

e Enter number of dependents _____ e

f Enter 1 for your spouse/registered domestic partner if filing jointly _____ f

g Enter 1 if married/registered domestic partners filing jointly and your spouse/registered domestic partner is 65 or over and _____ g

h Enter 1 if married/registered domestic partners filing jointly and your spouse/registered domestic partner is blind _____ h

i Number of allowances Add Lines a through h and enter on Line 2 of the certificate. If you want to claim additional withholding allowances, complete section B below. _____ i

Section B Additional withholding allowances

j Enter estimate of your itemized deductions _____ j

k Enter \$2,000 if married/registered domestic partners filing separately; all others enter \$4,000 _____ k

l Subtract k from j _____ l

m Multiply \$1,675 by the number of allowances on Line i _____ m

n Divide l by m. Round to the nearest whole number. _____ n

o Add Lines n and i and enter on Line 2 above. _____ o