District of Columbia	D-4 Employee Withholding Allowance CertificateSAP NO.	
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 retur	'n
2 Total number of with	holding allowances from worksheet below	
3 Additional amount, if	f any, you want withheld from each paycheck \$	
4 If claiming exemption	n from withholding, read below and, if qualified, write "EXEMPT" in this box.	
	st 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 t C income tax and expect a full refund of all DC income tax withheld from me; and I qualify for exempt status on feder	
If claiming withholdir	ng exemption, are you a full-time student ? 🔷 Yes 🔷 No	
Signature Under penalties	s of law, I declare that I have completed this certificate and, to the best of my knowledge, it is correct.	
Employee's signature	Date	
please send a copy to: Office o	with your records. If 10 or more exemptions are claimed or if you suspect this certificate contains false information 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.	
please send a copy to: Office o		
Government of the District of Columbia	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	
Covernment of the District of Columbia	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	a
Government of the District of Columbia Section A Number of with a Enter 1 for yourself and	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 holding allowances	a b
Covernment of the District of Columbia Section A Number of with a Enter 1 for yourself and b Enter 1 if you are filing as	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 holding allowances s a head of household and	h
Content of the post of the pos	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 holding allowances s a head of household and	b
Covernment of the District of Columbia Section A Number of with a Enter 1 for yourself and b Enter 1 if you are filing as c Enter 1 if you are 65 or or d Enter 1 if you are blind	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 holding allowances a head of household and ever and	b c
Content of the description of th	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 holding allowances a head of household and ever and	b c d
Government of the District of Columbia Section A Number of with a Enter 1 for yourself and b Enter 1 if you are filing as c Enter 1 if you are 65 or or d Enter 1 if you are blind e Enter number of dependen f Enter 1 for your spouse/r	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 holding allowances a head of household and ever and ents	b c d
Covernment of the District of Columbia Section A Number of with a Enter 1 for yourself and b Enter 1 if you are filing as c Enter 1 if you are 65 or or d Enter 1 if you are blind e Enter number of dependen f Enter 1 for your spouse/r g Enter 1 if married/registe	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 holding allowances a head of household and ever and ents registered domestic partner if filing jointly ered domestic partners filing jointly and your spouse/registered domestic partner is 65 or over and	b c d e f
Covernment of the District of Columbia Section A Number of with a Enter 1 for yourself and b Enter 1 if you are filing as c Enter 1 if you are filing as c Enter 1 if you are blind e Enter number of dependen f Enter 1 for your spouse/r g Enter 1 if married/registe h Enter 1 if married/registe i Number of allowances Ac	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 holding allowances a head of household and wer and ents registered domestic partner if filing jointly ered domestic partners filing jointly and your spouse/registered domestic partner is 65 or over and ered domestic partners filing jointly and your spouse/registered domestic partner is blind dd Lines a through h and enter on Line 2 of the certificate. If you want to claim additional withholding	b c d e f g
Covernment of the District of Columbia Section A Number of with a Enter 1 for yourself and b Enter 1 if you are filing as c Enter 1 if you are 65 or or d Enter 1 if you are blind e Enter number of dependen f Enter 1 for your spouse/r g Enter 1 if married/registe h Enter 1 if married/registe	of Tax and Revenue, 941 North Capitol St., NE, Washington, DC 200024259 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 aholding allowances a head of household and over and ents registered domestic partner if filing jointly ered domestic partners filing jointly and your spouse/registered domestic partner is 65 or over and ered domestic partners filing jointly and your spouse/registered domestic partner is blind dd Lines a through h and enter on Line 2 of the certificate. If you want to claim additional withholding circle B below.	b c d e f g
Covernment of the District of Columbia Section A Number of with a Enter 1 for yourself and b Enter 1 if you are filing as c Enter 1 if you are 65 or or d Enter 1 if you are blind e Enter number of depender f Enter 1 for your spouse/r g Enter 1 if married/registe h Enter 1 if married/registe i Number of allowances Ac allowances, complete sect	the definition of the termination of	b c d e f g
Covernment of the District of Columbia Section A Number of with a Enter 1 for yourself and b Enter 1 if you are filing as c Enter 1 if you are filing as c Enter 1 if you are blind e Enter number of dependen f Enter 1 for your spouse/r g Enter 1 if married/registe h Enter 1 if married/registe i Number of allowances Ac allowances, complete sector Section B Additional with j Enter estimate of your iter	the determines filing jointly and your spouse/registered domestic partner is 65 or over and ered domestic partners filing jointly and your spouse/registered domestic partner is blind dd Lines a through h and enter on Line 2 of the certificate. If you want to claim additional withholding cliowances imized deductions j	b c d e f g
Covernment of the District of Columbia Covernment of the District of Columbia Cection A Number of with a Enter 1 for yourself and b Enter 1 if you are filing as c Enter 1 if you are 65 or or d Enter 1 if you are 65 or or d Enter 1 if you are blind e Enter number of depender f Enter 1 for your spouse/r g Enter 1 for your spouse/r g Enter 1 if married/registe h Enter 1 if married/registe i Number of allowances Ac allowances, complete sec Cection B Additional withI j Enter estimate of your iter k Enter \$2,000 if married/r	the definition of the termination of	b c d e f g
Content of the District of Columbia Section A Number of with a Enter 1 for yourself and b Enter 1 if you are filing as c Enter 1 if you are filing as c Enter 1 if you are blind e Enter number of depender f Enter 1 for your spouse/r g Enter 1 if married/registe h Enter 1 if married/registe i Number of allowances Ac allowances, complete sec Section B Additional withI j Enter \$2,000 if married/re k Enter \$2,000 if married/re j Subtract k from j	for Tax and Revenue, 941 North Capitol St., NE, Washington, DC 200024259 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 anholding allowances a head of household and wer and ents registered domestic partner if filing jointly ered domestic partners filing jointly and your spouse/registered domestic partner is blind dd Lines a through h and enter on Line 2 of the certificate. If you want to claim additional withholding ction B below. holding allowances immized deductions registered domestic partners filing separately; all others enter \$4,000 k	b c d e f g
Content of the District of Columbia Section A Number of with a Enter 1 for yourself and b Enter 1 if you are filing as c Enter 1 if you are filing as c Enter 1 if you are blind e Enter number of depender f Enter 1 for your spouse/r g Enter 1 if married/registe h Enter 1 if married/registe i Number of allowances Ac allowances, complete sec Section B Additional withI j Enter \$2,000 if married/re k Enter \$2,000 if married/re j Subtract k from j	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 aholding allowances as a head of household and over and ents registered domestic partner if filing jointly ered domestic partners filing jointly and your spouse/registered domestic partner is 65 or over and bolding allowances bolding allowances ered domestic partners filing jointly and your spouse/registered domestic partner is blind dd Lines a through h and enter on Line 2 of the certificate. If you want to claim additional withholding ction B below. holding allowances eregistered domestic partners filing separately; all others enter \$4,000 k umber of allowances on Line i	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 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 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.