Your first earne ML Last earne Here address (outbur and street) Apartment number Second ascurity number Second ascurity number Oty State Zp code +4 1 Tax filling status <i>Fill in only one:</i> Single Married/domestic partners filling jointly Married filling separately 2 Total number of withholding allowances from worksheet below Amarried/domestic partners filling separately on same return 3 Additional amount, if any, you want withheld from each paycheck If claiming exemption from withholding, each paycheck 4 If claiming exemption from withholding exemption, are you a full-time student, Ye_ No Signature Udeer penalties of law, localer text line worksheet below Automing withholding exemption, are you a full-time student, Ye_ No Signature Udeer penalties of law, localer text line worksheet below Automing withholding exemption, are you a full-time student, Ye_ No Signature Udeer penalties of law, localer text line worksheet Dete No No Signature Udeer penalties of law, localer text line worksheet Dete No No Signature Udeer penalties of law, localer text line worksheet Dete </th <th></th> <th>Government of the District of Columbia Year D-4 Employee Withholding Allowance Certificate</th> <th></th> <th></th>		Government of the District of Columbia Year D-4 Employee Withholding Allowance Certificate		
City State Zp:code +4 1 Tax filing status Fill in only one: Single Married/domestic partners filing jointly Married filing separately 2 Total number of withholding allowances from worksheet below 3 Additional amount if any; you wan withheld from each paycheck 4 4 If claiming exemption from withholding, read below and, if qualified, write* EXEMPT* in this box. Iam exempt because: last year I did not owe any DC income tax and a anght to a full refund of all DC income tax withheld from me; and this year of eace to ove any DC income tax and exect a full refund of all DC income tax withheld from me; and this year of the other any DC income tax and exect a full refund of all DC income tax withheld from me; and this year of the other any DC income tax and exect a full refund of all DC income tax withheld from me; and this year of the other any DC income tax and spece ta full refund of all DC income tax withheld from me; and this year of the other any DC income tax and spece ta full refund of all DC income tax withheld from me; and this year of the other any DC income tax and spece ta full refund of all DC income tax withheld from me; and this year of the other any DC income tax and spece ta full refund of all DC income tax withheld from me; and this year of the other any DC income tax and Reveme. 941 Not Signature Under penalties of tax, I declare that I have completed this certificate and, to the test of my knowledge, it is correct. Employer Keep this certificate with year records. It 0 or more exemption, are voor a DC and DC income tax and Reveme. 941 Not Decother dothyeant tax and Reveme. 941 Not	Your	ur first name M.I. Last name		
City State Zp:code +4 1 Tax filing status Fill in only one: Single Married/domestic partners filing jointly Married filing separately 2 Total number of withholding allowances from worksheet below 3 Additional amount if any; you wan withheld from each paycheck 4 4 If claiming exemption from withholding, read below and, if qualified, write* EXEMPT* in this box. Iam exempt because: last year I did not owe any DC income tax and a anght to a full refund of all DC income tax withheld from me; and this year of eace to ove any DC income tax and exect a full refund of all DC income tax withheld from me; and this year of the other any DC income tax and exect a full refund of all DC income tax withheld from me; and this year of the other any DC income tax and exect a full refund of all DC income tax withheld from me; and this year of the other any DC income tax and spece ta full refund of all DC income tax withheld from me; and this year of the other any DC income tax and spece ta full refund of all DC income tax withheld from me; and this year of the other any DC income tax and spece ta full refund of all DC income tax withheld from me; and this year of the other any DC income tax and spece ta full refund of all DC income tax withheld from me; and this year of the other any DC income tax and Reveme. 941 Not Signature Under penalties of tax, I declare that I have completed this certificate and, to the test of my knowledge, it is correct. Employer Keep this certificate with year records. It 0 or more exemption, are voor a DC and DC income tax and Reveme. 941 Not Decother dothyeant tax and Reveme. 941 Not	Ham		An outmont number	
City State Zip code +4 1 Tax filing status <i>Fill in only one:</i> Single Married/domestic partners filing jointly Married Hing separately 2 Total number of withholding allowances from worksheet below 3 Additional amount, if any, you want withheld from each paycheck 3 3 Additional amount, if any, you want withheld from each paycheck 3 4 If claiming exemption from withholding, read below and, if qualified, write "EXEMPT" in this box. 1 I an exempt because: last year I did not owe any DC income tax and had a right to a full retund of all DC income tax withheld from me; and this year not expect to owe any DC income tax and execut full retund of all DC income tax withheld from me; and this year not expect to owe any DC income tax and execut full retund of all DC income tax withheld from me; and this year not expect to owe any DC income tax and execut full retund of all DC income tax withheld from me; and this year not expect to owe any DC income tax and execut full retund of all DC income tax withheld from me; and this year not expect to owe any DC income tax and Revenue, Status on federal For first in this certificate unith year records. If D or more exemptions are claimed or if you suspect this certificate contains fake information please send a copy to: Office of fax and Revenue, S41 North Capitol SL, NE, Washington, DC 200024259 Mt to: Compliance Administration # Detach and give the top portion to your enclose. # Detach and give the top portion to your enclose. # Detach and give the top portion to your enclose. # Detach and give the top portion to your enclose. # Detach and give the top portion to your enclose. # Detach an	поппе		Apartment number	
1 Tax filing status Fill in only one: Single Married/domestic partners filing jointly Married 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. 4 If claiming exemption from withholding, read below and, if qualified, write "EXEMPT" in this box. 5 If claiming withholding exemption, are you a full-time student. 7 Ye. 8 No 8 Signature 9 Under penalties of law, I declare that I have completed this certificate and, to the best of my knowledge, it is correct. 8 Employer Keep this certificate with your records. 8 Fill of this certificate with your records. 9 Dete 9			Social security number	
1 Tax filing status Fill in only one: Single Married/domestic partners filing jointly Married 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. 4 If claiming exemption from withholding, read below and, if qualified, write "EXEMPT" in this box. 5 If claiming withholding exemption, are you a full-time student. 7 Ye. 8 No 8 Signature 9 Under penalties of law, I declare that I have completed this certificate and, to the best of my knowledge, it is correct. 8 Employer Keep this certificate with your records. 8 Fill of this certificate with your records. 9 Dete 9				
Head of household Married/domestic partners filing separately on same return 2 Total number of withholding allowances from worksheet below	City	y State Zip code +4		
Head of household Married/domestic partners filing separately on same return 2 Total number of withholding allowances from worksheet below	1	Tax filing status Fill in only one: Single Married/domestic partners filing jointly Ma	arried filing separately	
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 1 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 yea not expect to owe any DC income tax and expect a full refund of all DC income tax withheld from me; and qualify for exempt status on federal Form If claiming withholding exemption, are you a full-time student. Ye. No Signature Under penalties of law, I declare that I have completed this certificate and, to the best of my knowledge, it is correct. 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 20002-4299 Attr: Compliance Administration # Deta 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 20002-4299 Attr: Compliance Administration # Deta Employee Withholding Allowance Worksheet Section A Number of withholding allowances a Enter 1 for yourself and b Enter 1 for yourself and b Enter 1 if you are 65 or over and d Enter 1 if you are blind e Enter 1 if you are blind e Enter 1 if you are blind i Enter 1 if you are blind i Enter 1 if avoures Add Lines a through 1 and enter on Line 2 of the certificate. If you want to claim additional withholding allowances, complete section a Hedditional withholding allowances j Enter estimate of your itemized domestic partners filing jointly and your spouse/registered domestic partner is blind i Number of allow			eparately on same return	า
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 I qualify for exempt status on federal For If claiming withholding exemption, are you a full-time student. Ye. No Signature Under penalties of law, I declare that I have completed this certificate and, to the best of my knowledge, it is correct. 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 200024259 Attn: Compliance Administration # Detach and give the top portion to your employer. Keep the bottom portion for your records. D-4 Employer Withholding allowances a Enter 1 for yourself and b Enter 1 if you are foing as a head of household and c Enter 1 if you are foing as a head of household and c Enter 1 if you are blind e Enter 1 for your spouse/registered domestic partner if filing jointly g Enter 1 if married/registered domestic partner if filing jointly g Enter 1 if married/registered domestic partners filing jointly and your spouse/registered domestic partner is 65 or over and h Enter 1 if married/registered domestic partners filing somethy and your spouse/registered domestic partner is blind 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. Section B Additional withholding allowances on Line 2 of the certificate. If you want to claim additional withholding allowances. Add Lines a through h and enter on Line 2 of the certificate. If you want to claim additional withholding allowances. Add Lines a through h and enter on Line 2 of the certificate. If you want to claim additional withholding allowances of your itemized deductions k Enter S2,000 if married/register	2			
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 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 For If claiming withholding exemption, are you a full-time student. Ye. No Signature Under penalties of law, I declare that I have completed this certificate and, to the best of my knowledge, it is correct. 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 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 Section A Number of withholding allowances a Enter 1 for yourself and b Enter 1 if you are filing as a head of household and c Enter 1 if you are for over and d Enter 1 if you are for over and d Enter 1 for your spouse/registered domestic partner if filing jointly g Enter 1 for your spouse/registered domestic partners filing jointly and your spouse/registered domestic partner is 65 or over and h Enter 1 if married/registered domestic partners filing jointly and your spouse/registered domestic partner is blind 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. j Enter estimate of your itemized deductions k Enter S2,000 if married/registered domestic partners filing separately; all others enter \$4,000 k Enter \$2,000 if married/registered domestic partners filing separately; all others enter \$4,000 k Enter \$2,000 if married/registered domestic partners filing separately; all others enter \$4,000 k in Subtract k from j m Multiply \$1,675 by the number of allowances on Line i n Divide I by m. Roun	3	Additional amount, if any, you want withheld from each paycheck 💦 🖇		
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 if claiming withholding exemption, are you a full-time student. Ye. 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 Employee S signature A declare that I have completed this certificate and, to the best of my knowledge, it is correct. Employee Keep this certificate with your records. If 10 or more exemptions are claimed or if you suspect this certificate contains fails information please send a copy to: Office 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 Section A Number of withholding allowances a Enter 1 for yourself and b Enter 1 if you are filing as a head of household and c Enter 1 if you are blind e Enter 1 if you are blind b Enter 1 if you are blind c Enter 1 for your spouse/registered domestic partner if filing jointly and your spouse/registered domestic partner is 65 or over and h Enter 1 if married/registered domestic partners filing jointly and your spouse/registered domestic partner is blind 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 i Enter stimate of your itemized deductions k Enter S2,000 if married/registered domestic partners filing separately; all others enter S4,000 k Enter S2,000 if married/registered domestic partners filing separately; all others enter S4,000 k Enter S2,000 if married/registered domestic partners filing separately; all others enter S4,000 k Enter S2,000 if married/registered domestic partners filing separately; all others enter S4,000 k Enter S2,000 if married/registered domestic partners filing separately; all others enter	4	If claiming exemption from withholding, read below and, if qualified, write "EXEMPT" in this box.		
If claiming withholding exemption, are you a full-time student. Ye. No Signature Under penalties of law, I declare that I have completed this certificate and, to the best of my knowledge, it is correct. Employer's signature Date Employer's feep 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 nortion to your employer. Keep the bottom portion for your records. If obserment of the Oction of Vithholding allowances D-4 Employee Withholding Allowance Worksheet Section A Number of withholding allowances Enter 1 if you are filing as a head of household and c Enter 1 if you are foling as a head of household and Enter 1 if you are foling as a head of household and c Enter 1 if you are foling as a head of household and Enter 1 if you are foling as a head of household and f Enter 1 if you are foling exercise partners filing jointly Enter 1 if married/registered domestic partners filing jointly and your spouse/registered domestic partner is 65 or over and h Enter 1 if married/registered domestic partners filing jointly and your spouse/registered domestic partner is blind 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,				
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 200024259 Attn: Compliance Administration # Detach and give the top portion to your employer. Keep the bottom portion for your records. ** Government of the Octumbia D-4 Employee Withholding Allowance Worksheet Section A Number of withholding allowances a Enter 1 for yourself and b b Enter 1 if you are filing as a head of household and c c Enter 1 for your spouse/registered domestic partner if filing jointly g g Enter 1 for your spouse/registered domestic partner if filing jointly and your spouse/registered domestic partner is 65 or over and h h Enter 1 if married/registered domestic partners filing jointly and your spouse/registered domestic partner is blind i i Number of allowances. j j j Enter 1 if married/registered domestic partners filing jointly and your spouse/registered domestic partner is blind i i Number of allowances. Add Lines a through h and enter on Line 2 of the certificate. If you want to claim additional withho			for exempt status on federa	al Form
Employee's signature Date Employee's signature Date Fraployer 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. # Detach and give the top portion to your employer. Keep the bottom portion for your records. # Detach and give the top portion to your employer. Keep the bottom portion for your records. # Detach and give the top portion to your employer. Keep the bottom portion for your records. # Detach and give the top portion to your employer. Keep the bottom portion for your records. # Detach and give the top portion to your employer. Keep the bottom portion for your records. # Detach and give the top portion to your employer. Keep the bottom portion for your records. # Detach and give the top portion to your employer. Keep the bottom portion for your records. # Enter 1 fry you are filing allowances # Enter 1 if you are blind # Enter 1 if married/registered domestic partners filing jointly and your spouse/registered domestic partner is 65 or over and h Enter 1 if married/registered domestic partners filing jointly and your spouse/registered domestic partner is blind allowances, complete section B below. Section B Additional withholding all	Sig		th in a sum of	
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 200024259 Attr: Compliance Administration # Detach and give the top portion to your employer. Keep the bottom portion for your records. *** Covernment of the Detect and give the top portion to your employer. Keep the bottom portion for your records. *** Covernment of the Detect and give the top portion to your employer. Keep the bottom portion for your records. *** Covernment of the Detect and give the top portion to your employer. Keep the bottom portion for your records. *** Covernment of the Detect and give the top portion to your employer. Keep the bottom portion for your records. *** Covernment of the Detect and give the top portion to your employer. Keep the bottom portion for your records. *** Covernment of the Detect and give the top portion to your employer. Keep the bottom portion for your records. *** *** Covernment of the Detect and give the top portion to your employer. Keep the bottom portion for your records. *** <td>0</td> <td></td> <td>it is correct.</td> <td></td>	0		it is correct.	
please send a copy to: Office of Tax and Revenue, 941 North Capitol St., NE, Washington, DC 20002-4259 Attri: Compliance Administration	Emplo	ployee's signature Date		
please send a copy to: Office of Tax and Revenue, 941 North Capitol St., NE, Washington, DC 20002-4259 Attri: Compliance Administration				
a Enter 1 for yourself and b Enter 1 if you are filing as a head of household and c Enter 1 if you are 65 or over and d Enter 1 if you are blind e Enter 1 or your spouse/registered domestic partner if filing jointly g Enter 1 if married/registered domestic partners filing jointly and your spouse/registered domestic partner is 65 or over and h Enter 1 if married/registered domestic partners filing jointly and your spouse/registered domestic partner is blind 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. section B Additional withholding allowances j Enter \$2,000 if married/registered domestic partners filing separately; all others enter \$4,000 k k Enter \$2,000 if married/registered domestic partners filing separately; all others enter \$4,000 k i Subtract k from j i m Multiply \$1,675 by the number of allowances on Line i i n Divide I by m. Round to the nearest whole number. i	picu			
 b 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 Benter 1 if married/registered domestic partners filing jointly and your spouse/registered domestic partner is 65 or over Enter 1 if married/registered domestic partners filing jointly and your spouse/registered domestic partner is blind Enter 1 if married/registered domestic partners filing jointly and your spouse/registered domestic partner is blind Inter 1 if married/registered domestic partners filing jointly and your spouse/registered domestic partner is blind Inter 1 if married/registered domestic partners filing jointly and your spouse/registered domestic partner is blind Inter 1 if married/registered domestic partners filing jointly and your spouse/registered domestic partner is blind Inter 1 if married/registered domestic partners filing jointly and your spouse/registered domestic partner is blind Inter 1 if married/registered domestic partners filing jointly and your spouse/registered domestic partner is blind Inter 1 if married/registered domestic partners filing jointly and your spouse/registered domestic partner is blind Inter 2,000 if married/registered domestic partners filing separately; all others enter \$4,000 k Enter 52,000 if married/registered domestic partners filing separately; all others enter \$4,000 k Inter 30,000 if married/registered domestic partners filing separately; all others enter \$4,000 k Inter 40,000 if married/registered domestic partners filing separately; all others enter \$4,000 k Inter 50,000 if married/registered domestic partners filing separately; all others enter \$4,000	***	 ♯ Detach and give the top portion to your employer. Keep the bottom portion for your r ▲ Government of the D-4 Employee Withholding Allowance Worksheet 		
 c Enter 1 if you are 65 or over and d Enter 1 if you are blind e Enter number of dependents f Enter 1 for your spouse/registered domestic partner if filing jointly g Enter 1 if married/registered domestic partners filing jointly and your spouse/registered domestic partner is 65 or over and h Enter 1 if married/registered domestic partners filing jointly and your spouse/registered domestic partner is blind 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. Section B Additional withholding allowances j Enter estimate of your itemized deductions j Enter \$2,000 if married/registered domestic partners filing separately; all others enter \$4,000 k Enter \$2,000 if married/registered domestic partners filing separately; all others enter \$4,000 k Utiply \$1,675 by the number of allowances on Line i m Multiply \$1,675 by the number of allowances on Line i n Divide I by m. Round to the nearest whole number. 	**	# Detach and give the top portion to your employer. Keep the bottom portion for your a Government of the District of Columbia D-4 Employee Withholding Allowance Worksheet		
 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 and Enter 1 if married/registered domestic partners filing jointly and your spouse/registered domestic partner is blind Enter 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 of the certificate. If you want to claim additional withholding allowances, complete section B below. Sector B Additional withholding allowances j Enter estimate of your itemized deductions is filing separately; all others enter \$4,000 if married/registered domestic partners filing separately; all others enter \$4,000 if married/registered domestic partners filing separately; all others enter \$4,000 if married/registered domestic partners filing separately; all others enter \$4,000 if married/registered domestic partners filing separately; all others enter \$4,000 if married/registered domestic partners filing separately; all others enter \$4,000 if married/registered domestic partners filing separately; all others enter \$4,000 if married/registered domestic partners filing separately; all others enter \$4,000 if married/registered domestic partners filing separately; all others enter \$4,000 if married/registered domestic partners filing is parately; all others enter \$4,000 if married/registered domestic partners filing separately; all others enter \$4,000 if married/registered domestic partners filing separately; all others enter \$4,000 if married/registered domestic partners filing separately; all others enter \$4,000 if married/registered domestic partners filing separately; all others enter \$4,000 if married/registered domestic partners filing separately; all others enter	Sect	# Detach and give the top portion to your employer. Keep the bottom portion for your Government of the District of Columbia D-4 Employee Withholding Allowance Worksheet ction A Number of withholding allowances		
 Enter number of dependents Enter 1 for your spouse/registered domestic partner if filing jointly and your spouse/registered domestic partner is 65 or over and Enter 1 if married/registered domestic partners filing jointly and your spouse/registered domestic partner is blind Enter 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 of the certificate. If you want to claim additional withholding allowances, complete section B below. Exeter 1 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 k from j Multiply \$1,675 by the number of allowances on Line i Multiply \$1,675 by the number of allowances on Line i Multiply \$1,675 by the number of allowances on Line i 	Sect	# Detach and give the top portion to your employer. Keep the bottom portion for		
 Finter 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 and Enter 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 of the certificate. If you want to claim additional withholding allowances, complete section B below. Enter S2,000 if married/registered domestic partners filing separately; all others enter \$4,000 Subtract k from j Multiply \$1,675 by the number of allowances on Line i Divide I by m. Round to the nearest whole number. 	Sect a E b E	# Detach and give the top portion to your employer. Keep the bottom portion for your registrict of Columbia D-4 Employee Withholding Allowance Worksheet ction A Number of withholding allowances Enter 1 for yourself and Enter 1 if you are filing as a head of household and		
 g Enter 1 if married/registered domestic partners filing jointly and your spouse/registered domestic partner is 65 or over and h Enter 1 if married/registered domestic partners filing jointly and your spouse/registered domestic partner is blind 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. Section B Additional withholding allowances j Enter estimate of your itemized deductions k Enter \$2,000 if married/registered domestic partners filing separately; all others enter \$4,000 k Subtract k from j m Multiply \$1,675 by the number of allowances on Line i m Divide I by m. Round to the nearest whole number. 	Sect a E b E c E	# Detach and give the top portion to your employer. Keep the bottom portion for your of government of the District of Columbia D-4 Employee Withholding Allowance Worksheet ction 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		
h Enter 1 if married/registered domestic partners filing jointly and your spouse/registered domestic partner is blind i Number of allowances Add Lines a through h and enter on Line 2 of the certificate. If you want to claim additional with-bling allowances, complete section B below. Sector B Additional withholding allowances j g 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 I m Multiply \$1,675 by the number of allowances on Line i m n Divide I by m. Round to the nearest whole number. Subtract k	Sect a E b E c E d E	# Detach and give the top portion to your employer. Keep the bottom portion for your point of the District of Columbia D-4 Employee Withholding Allowance Worksheet ction 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		
 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. 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 k from j Multiply \$1,675 by the number of allowances on Line i Divide I by m. Round to the nearest whole number. 	Sect a E b E c E d E e E	# Detach and give the top portion to your employer. Keep the bottom portion for your of post-of Columbia D-4 Employee Withholding Allowance Worksheet ction 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 dependents		
allowances, complete section B below. 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 i m Multiply \$1,675 by the number of allowances on Line i m n Divide I by m. Round to the nearest whole number. Subtract whole number.	Sect a E b E c E d E e E f E	 # Detach and give the top portion to your employer. Keep the bottom portion for your and the District of Columbia D-4 Employee Withholding Allowance Worksheet Ction 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 for your spouse/registered domestic partner if filing jointly 	records.	
Section B Additional withholding allowancesjEnter estimate of your itemized deductionsjkEnter \$2,000 if married/registered domestic partners filing separately; all others enter \$4,000klSubtract k from jlmMultiply \$1,675 by the number of allowances on Line imnDivide I by m. Round to the nearest whole number.t	Sect a E b E c E d E f E g E	 # Detach and give the top portion to your employer. Keep the bottom portion for your and a construction of the District of Columbia D-4 Employee Withholding Allowance Worksheet Ction 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/registered domestic partner if filing jointly Enter 1 if married/registered domestic partners filing jointly and your spouse/registered domestic partner is 	s 65 or over and	
jEnter estimate of your itemized deductionsjkEnter \$2,000 if married/registered domestic partners filing separately; all others enter \$4,000k1Subtract k from jImMultiply \$1,675 by the number of allowances on Line imnDivide I by m. Round to the nearest whole number.	Sect a E b E c E d E f E g E h E i N	# Detach and give the top portion to your employer. Keep the bottom portion for your of the District of Columbia D-4 Employee Withholding Allowance Worksheet ction 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/registered domestic partner if filing jointly Enter 1 if married/registered domestic partners filing jointly and your spouse/registered domestic partner if Enter 1 if married/registered domestic partners filing jointly and your spouse/registered domestic partner if	s 65 or over and s blind	
kEnter \$2,000 if married/registered domestic partners filing separately; all others enter \$4,000kISubtract k from jImMultiply \$1,675 by the number of allowances on Line imnDivide I by m. Round to the nearest whole number.	Sect a E b E c E d E f E g E h E i N a	# Detach and give the top portion to your employer. Keep the bottom portion for your a D-4 Employee Withholding Allowance Worksheet Covernment of the District of Columbia D-4 Employee Withholding Allowance Worksheet Ction 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/registered domestic partner if filing jointly Enter 1 if married/registered domestic partners filing jointly and your spouse/registered domestic partner is Enter 1 if married/registered domestic partners filing jointly and your spouse/registered domestic partner is Enter 1 if married/registered domestic partners filing jointly and your spouse/registered domestic partner is Number of allowances Add Lines a through h and enter on Line 2 of the certificate. If you want to claim add allowances, complete section B below.	s 65 or over and s blind	
I Subtract k from j I m Multiply \$1,675 by the number of allowances on Line i m n Divide I by m. Round to the nearest whole number. m	Sect a E b E c E d E f E g E h E i N a Sect	# Detach and give the top portion to your employer. Keep the bottom portion for your a Government of the District of Columbia D-4 Employee Withholding Allowance Worksheet Detach and give the top portion to your employer. Keep the bottom portion for your a D-4 Employee Withholding Allowance Worksheet Detach and give the top portion to your employer. Keep the bottom portion for your a Detach and give the top portion to your employer. Keep the bottom portion for your a D-4 Employee Withholding Allowance Worksheet Detach and give the top portion to your employer. Keep the bottom portion for your a Detach and give the top portion to your employer. Keep the bottom portion for your a Detach and give the top portion to your employer. Keep the bottom portion for your a Detach and give the top portion to your employer. Keep the bottom portion for your a Detach and give the top portion to your employer. Keep the bottom portion for your a Detach and give the top portion to your employer. Keep the bottom portion for your a Detach and give the top portion to your employer. Keep the bottom portion for your a	s 65 or over and s blind	
m Multiply \$1,675 by the number of allowances on Line i m n Divide I by m. Round to the nearest whole number.	Sect a E b E c E d E f E f E f E h E i N a Sect j E	# Detach and give the top portion to your employer. Keep the bottom portion for your of Government of the District of Columbia D-4 Employee Withholding Allowance Worksheet Detach and give the top portion to your employer. Keep the bottom portion for your of D-4 Employee Withholding Allowance Worksheet Detach and power 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 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 Number of allowances Add Lines a through h and enter on Line 2 of the certificate. If you want to claim add allowances, complete section B below. ction B Additional withholding allowances Enter estimate of your itemized deductions	s 65 or over and s blind litional withholding	
n Divide I by m. Round to the nearest whole number.	Sect a E b E c E f E f E f E f E h E i N a Sect j E k E	# Detach and give the top portion to your employer. Keep the bottom portion for your of Government of the District of Columbia D-4 Employee Withholding Allowance Worksheet Ction 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 1 if or your spouse/registered domestic partner if filing jointly Enter 1 if married/registered domestic partners filing jointly and your spouse/registered domestic partner i Enter 1 if married/registered domestic partners filing jointly and your spouse/registered domestic partner is Number of allowances Add Lines a through h and enter on Line 2 of the certificate. If you want to claim add allowances, complete section B below. Ction 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	s 65 or over and s blind litional withholding	
	Sect a E b E c E d E f E f E g E h E i N a sect j E k E l S	# Detach and give the top portion to your employer. Keep the bottom portion for your a Government of the District of Columbia D-4 Employee Withholding Allowance Worksheet Detach and give the top portion to your employer. Keep the bottom portion for your a D-4 Employee Withholding Allowance Worksheet Detach and give the top portion to your employer. Keep the bottom portion for your a Detach and give the top portion to your employer. Keep the bottom portion for your a D-4 Employee Withholding Allowance Worksheet Detach and give the top portion to your employer. Keep the bottom portion for your a Detach and give the top portion to your employer. Keep the bottom portion for your a Detach and give the top portion to your employer. Keep the bottom portion for your a Detach and give the top portion to your employer. Keep the bottom portion for your a Detach and give the top portion to your employer. Keep the bottom portion for your a Detach and give the top portion to your employer. Keep the bottom portion for your a Detach and give the top portion to your employer. The portion to your employee to portion to your secreption to your secreption to your secreption to your secreption to your and Detach and of household and Enter 1 if married/registered domestic partners filing jointly and your spouse/registered domestic partner is Number of allowances. Add Lines a through h and enter on Line 2 of the certificate. If you want to claim add allowances, complete section B below. Ction B Additional withholding allowances Enter setimate of your itemized deductions Enter \$2,000 if married/registered domestic partners filing separately; all others enter \$4,000 Subtract k from j	s 65 or over and s blind litional withholding	
o Add Lines n and i and enter on Line 2 above.	Sect a E b E c E d E f E f E f E f E h E i N a c c f E f k E f k E f k E f sect f f f f f f f f f f f f f f f f f f f	# Detach and give the top portion to your employer. Keep the bottom portion for your a Government of the District of Columbia D-4 Employee Withholding Allowance Worksheet ction 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/registered domestic partner if filing jointly Enter 1 if married/registered domestic partners filing jointly and your spouse/registered domestic partner is Enter 1 if married/registered domestic partners filing jointly and your spouse/registered domestic partner is Number of allowances Add Lines a through h and enter on Line 2 of the certificate. If you want to claim add allowances, complete section B below. ction 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 k from j Multiply \$1,675 by the number of allowances on Line i	s 65 or over and s blind litional withholding	

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.