

## D-4 DC Withholding Allowance Certificate

SSN

First name

M.I. Last name

Home address (number, street and suite/apartment number if applicable)

City

State

Zip code

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

**Signature** Under penalties of law, I declare that the information provided on this certificate is, to the best of my knowledge, 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, 1101 4th St., SW, Washington, DC 20024 Attn: Compliance Administration

## D-4 DC Withholding Allowance Worksheet

### Section A Number of withholding allowances

- |   |   |   |
|---|---|---|
| a | Enter 1 for yourself  | a |
| b | Enter 1 if you are filing as a head of household  | b |
| c | Enter 1 if you are 65 or over   | c |
| d | Enter 1 if you are blind  | d |
| e | Enter number of dependents  | e |
| f | Enter 1 for your spouse or registered domestic partner filing jointly or filing separately on same return or if you are a qualifying widow(er) with dependent child | f |
| g | Enter 1 if married or registered domestic partner filing jointly or filing separately on same return and your spouse or registered domestic partner is 65 or over   | g |
| h | Enter 1 if married or registered domestic partner filing jointly or filing separately on same return and your spouse or registered domestic partner is blind        | h |
| i | Number of allowances Add Lines a through h, enter here and on Line 2 above, next to "Enter total from Sec. A, Line i".  | i |

***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 |
| k | Enter \$6,500 if single, married/registered domestic partners filing separately or a dependent. Enter \$9,550 if head of household. Enter \$13,000 if married/registered domestic partner filing jointly, married filing separately on the same return, or qualifying widow(er) with dependent child. | k |
| l | Subtract Line k from Line j   | l |
| m | Divide Line l by \$4,150. Round to the nearest whole number, enter here and on Line 2 above, next to "Enter total from Sec.B, Line m".  | m |
| n | Add Lines m and i, enter here and on Line 2 above, next to "Total number of withholding allowances, Line n".  | n |