

2015 D-4 DC Withholding Allowance Certificate

	District of Columbia Allowance Certificate							
Soci	al security number							
First	name M.I. Last name							
Hom	e address (number and street)							
City	State 7ip and a 14							
City	State Zip code +4							
1	Tax filing status Single Married/domestic partners filing jointly Married filing separately Surviving Spouse Fill in only one: Head of household 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 n Total number of withholding allowances o							
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 Detach and give the top portion to your employer. Keep the bottom portion for your records.								
*	Government of the District of Columbia D-4 DC Withholding Allowance Worksheet	_						
Section A Number of withholding allowances								
a E	Enter 1 for yourself a							
b Enter 1 if you are filing as a head of household b								

Section A Number of Withholding allowances								
а	Enter 1 for yourself			а				
b	Enter 1 if you are filing as a head of household			b				
С	Enter 1 if you are 65 or over							
d	Enter 1 if you are blind							
е	Enter number of dependents			е				
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	ver 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 above. If you want to claim additional withholdin allowances, complete section B below.	ng		i				
Section B Additional withholding allowances								
j	Enter estimate of your itemized deductions	j						
k	Enter \$5,200 if single, married/registered domestic partners filing separately or a dependent. Enter \$6,500 if head of household. Enter \$8,350 if married/registered domestic partner filing jointly, married filing separately							
	on the same return, or surviving spouse.		(
1	Subtract Line k from Line j	1						
m	Multiply \$1,725 by the number of allowances on Line i	m						
n	vide Line I by \$1,725. Round to the nearest whole number.			n				
0	o Add Lines n and i and enter on Line 2 above.			0				