



2020
Enter Year

D-4 Employee Withholding Allowance Certificate

Social security number

Grid for Social Security Number

Your first name

Grid for First Name

M.I. Last name

Grid for Middle Initial and Last Name

Home address (number and street)

Grid for Home Address

City

Grid for City

State

Zip code +4

Grid for State and Zip Code

- 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 Before claiming exemption from withholding, read below and, 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 and Date fields

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

Rockville Day Care Association, Inc.
622 Hungerford Drive #26
Rockville, MD 20850-1723
Fed. ID 52-0898527

| Section A Number of withholding allowances | |
|--|------------------------|
| a Enter 1 for yourself | a <input type="text"/> |
| b Enter 1 if you are filing as a head of household | b <input type="text"/> |
| c Enter 1 if you are 65 or over | c <input type="text"/> |
| d Enter 1 if you are blind | d <input type="text"/> |
| e Enter number of dependents | e <input type="text"/> |
| 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 <input type="text"/> |
| 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 <input type="text"/> |
| 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 <input type="text"/> |
| i Number of allowances Add Lines a through h, enter here and on Line 2 above, next to "Enter total from Sec. A, Line 1" | i <input type="text"/> |
| <i>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 <input type="text"/> |
| 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 <input type="text"/> |
| l Subtract Line k from Line j | l <input type="text"/> |
| 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 S" | m <input type="text"/> |
| n Add Lines m and i, enter here and on Line 2 above, next to "Total number of withholding allowances, Line n" | n <input type="text"/> |

Taxpayer Identification Number(s) (TIN)

You must have a TIN, whether it is a Federal Employer Identification Number (FEIN), Social Security Number (SSN), Individual Taxpayer Identification Number (ITIN), or Preparer Tax Identification Number (PTIN).

Who must file a Form D-4?

Every new employee who resides in DC and is required to have DC income taxes withheld, must fill out Form D-4 and file it with his/her employer.

If you are not liable for DC income taxes because you are a nonresident or military spouse, you must file Form D-4A, Certificate of Non-residence 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 a new 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 n. 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 pay-check?

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.