

2008

EMPLOYEE WITHHOLDING ALLOWANCE CERTIFICATE FOR MARYLAND STATE GOVERNMENT EMPLOYEES

Form W-4 Department of the Treasury Internal Revenue Service

RESIDING IN WASHINGTON, D.C.

Form D-4 Office of Tax and Revenue Government of the District of Columbia

Please complete form in black ink. Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

Section 1 - Employee Information

Payroll System (check one) RG [ ] CT [ ] UM [ ] Name of Employing Agency Agency Number Social Security Number Employee Name Home Address (number and street or rural route) Address Continued (apartment number, if any) City Washington State DC Zip Code

Section 2 - Federal Withholding Form W-4

The federal worksheet is available online at http://www.irs.gov/pub/irs-pdf/fw4.pdf

3 [ ] Single [ ] Married [ ] Married, but withhold at higher Single rate Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box. 4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a new card. 5 Total number of allowances you are claiming (from page 1 or page 2 of the federal worksheet) 6 Additional amount, if any, you want withheld from each paycheck 7 I claim exemption from withholding for 2008, and I certify that I meet both of the following conditions for exemption.

Section 3 - District of Columbia Withholding Form D-4

The District of Columbia worksheet is available online at http://otr.cfo.dc.gov/otr/frames.asp?doc=/otr/lib/otr/tax/forms/D-4.pdf

1 Tax filing status Fill in only one: [ ] Single [ ] Married filing jointly [ ] Married filing separately [ ] Head of household [ ] Married filing separately on same return 2 Total number of withholding allowances from DC worksheet 3 Additional amount, if any, you want withheld from each paycheck \$ 4 If you are claiming exemption from withholding, read below and 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 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, are you a full-time student? [ ] Yes [ ] No

Section 4 - Employee Signature

Under penalties of perjury/law, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature (Form is not valid unless you sign it.) Date

Employer's name and address (including zip code) (For employer use only) Central Payroll Bureau P.O. Box 2396 Annapolis, MD 21404 Federal Employer identification number 52-6002033 (For State of Maryland - CPB use only)

Important: The information you supply must be complete. This form will replace in total any certificate you previously submitted. Web Site - http://compnet.comp.state.md.us/cpb