This is a FILL-IN format. Please do not handwrite any data on this form other than your signature.

A A A	
XXX	Government of the
	District of Columbia

## Form D-4A Certificate of Nonresidence in the District of Columbia

Enter Year	
First name	M.I. Last name
Temporary DC address (number and street)	Social security number
Permanent address (number and street)	Apartment number
City	State Zip code + 4
Country or U.S. commonwealth	
Signature Under penalties of law, I certify that my permanent re	residence is not in DC and that I will not be residing in DC for 183 days or more in the tax year.
Signature	Date
	Revised 12/2016