

Print in CAPITAL letters using black ink.

STAPLE OTHER DOCUMENTS IN UPPER LEFT IN BACK

STAPLE W-2s AND ANY OTHER WITHHOLDING STATEMENTS HERE

Filing status: ☒ Single, ☐ Married filing jointly, ☐ Registered domestic partners filing jointly, ☐ or Dependent claimed by someone else ☐ Fill in if Amended Return

Your social security number (SSN) \_\_\_\_\_ Spouse's/registered domestic partner's SSN \_\_\_\_\_ Your daytime telephone number \_\_\_\_\_

\_\_\_\_\_  
 Your first name \_\_\_\_\_ M.I. \_\_\_\_\_ Last name \_\_\_\_\_

\_\_\_\_\_  
 Spouse's/registered domestic partner's first name \_\_\_\_\_ M.I. \_\_\_\_\_ Last name \_\_\_\_\_

\_\_\_\_\_  
 Home address (number, street and apartment number if applicable) \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code +4 \_\_\_\_\_

1	Total wages, salaries, tips, unemployment compensation, etc.		\$						.00
2	Taxable interest and ordinary dividends. (If more than \$1500, file form D-40.)		\$						.00
3	DC adjusted gross income. Add Lines 1 and 2.		\$						.00
4	Standard deduction plus exemption. If single, enter \$5675. If filing jointly, enter \$7350, or if claimed as a dependent on another's tax return, enter \$4000 plus net disaster loss claimed on federal return, \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00 See p. 6. Include in Line 4 total.		\$						.00
5	DC taxable income. Line 3 minus Line 4. If Line 4 is equal to or more than Line 3, make no entry. If more than \$100,000 file form D-40.		\$						.00
6	Tax. Use the tax tables on pages 47-56 to find the tax on the Line 5 amount.		\$						.00
7	DC Low Income Credit. Use Calc. LIC/EITC on page 11, to see if LIC or EITC is a greater benefit.		\$						.00
7a	Enter number of exemptions claimed on your federal return	7a							
8	Net tax. Subtract Line 7 from Line 6. If Line 7 is equal to or more than Line 6, make no entry.		\$						.00
9a	Contribution to Public Fund for Drug Prevention and Children at Risk.	9a	\$						.00
9b	Contribution to DC Statehood Delegation Fund.	9b	\$						.00
9c	Contribution to Anacostia River Cleanup and Protection Fund.	9c	\$						.00
9d	RESERVED	9d	\$						.00
10	Tax and/or contribution(s). Add Lines 8, 9a, 9b, 9c and 9d.		\$						.00
11	Total DC income tax withheld, shown on Forms W-2 and 1099 – attach these forms.	11	\$						.00
12	Tax paid with extension of time to file or with original return if this is an amended return.	12	\$						.00
13	DC Earned Income Tax Credit. Enter your federal earned income credit See Calculation LIC/EITC on page 11. (Leave blank if you took Line 7 credit.)		\$						.00 x.40 =
13a	Enter number of qualified EITC children	13a							
14	Total tax payments and credits. Add lines 11–13.	14	\$						.00
15	Refund. If Line 14 is the larger, subtract Line 10 from Line 14.	15	\$						.00
16	Amount owed. If Line 10 is the larger, subtract Line 14 from Line 10. See payment options on page 8.	16	\$						.00
17	Penalty \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00 Interest \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00 See page 9. Enter results	17	\$						.00
18	TOTAL AMOUNT DUE. Add lines 16 and 17.	18	\$						.00
19	TOTAL REFUND. Subtract Line 17 (results) from Line 15 and enter here.	19	\$						.00
Will the refund you requested go to an account outside the US? <input type="radio"/> Yes <input checked="" type="radio"/> No See p. 8.									

[illegible]

Third party designee *To authorize another person to discuss this return with the OTR, fill in here* ☐ *and enter the name and phone number of that person. See page 5.*

Designee's name  Phone number

<b>Signature</b> Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid preparer is based on the information available to the preparer.									
Your signature			Date		Paid preparer's signature			Date	
Spouse's/domestic partner's signature if filing jointly			Date		Paid preparer's FEIN, SSN or PTIN			Paid preparer's telephone number	