Government of the District of Columbia
Office of the Chief Financial Officer
Office of Tax and Revenue

Vincent C. Gray *Mayor*
Natwar M. Gandhi *Chief Financial Officer*
Stephen Cordi *Deputy Chief Financial Officer*

2012 DC-1436

District of Columbia MeF Test Package for Individual Income Tax Return for TY2012 Part II

November 2012

TEST 9

400-00-7314
BALANCE DUE
SINGLE
NON-CUSTODIAL PARENT

FORMS:
D-40
SCH U
SCH N

EVEN

Government of the District of Columbia

2012 D-40 Individual Income Tax Return

1 2 0 4 0 0 1 1 0 0 0 0

Print in CAPITAL letters using black ink. Leave lines blank that do not apply.

STAPLE OTHER DOCUMENTS IN UPPER LEFT IN BACK

STAPLE W-2s AND ANY OTHER WITHHOLDING STATEMENTS HERE

Personal information

Fill in ◯ if: Filing an **amended return**. *See page.*

Fill in ◯ if: Filing for a deceased taxpayer *See page.*

OFFICIAL USE ONLY
Vendor ID#0000

Your social security number (SSN)	Spouse's/registered domestic partner's SSN	Your daytime telephone number
400007314		

Your first name	M.I.	Last name
BALANCE		DUE

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

Home address (number, street and apartment number if applicable)
777 YOU PAY WAY

City	State	Zip Code +4
MARIETTA	GA	30303

Filing status

1 *Fill in only one:* ● Single, ◯ Married filing jointly, ◯ Married filing separately, ◯ Dependent claimed by someone else

◯ Married filing separately on same return *Enter combined amounts for Lines 4–42. See instructions, page.*

◯ Registered domestic partners filing jointly or ◯ filing separately on same return

◯ Head of household *Enter qualifying dependent and/or non-dependent information on Schedule S.*

2 *Fill in if you are:* ◯ Part-year resident in DC from ____ (month) to ____ (month); number of months in DC ____ *See page.*

● Complete your federal return first – Enter your dependents' information on DC Schedule S ●

Income Information

Round cents to nearest dollar. If zero, leave the line blank.

a	Wages, salaries, unemployment compensation and/or tips, *see instructions, page.*		a	10200 00
b	Business income or loss, *see instructions, page.*	Fill in if loss ◯	b	00
c	Capital gain (or loss).	Fill in if loss ◯	c	00
d	Rental real estate, royalties, partnerships, etc.	Fill in if loss ◯	d	00

Computation of DC Gross and Adjusted Gross Income

3	Federal adjusted gross income. 1040, Line 37; 1040A, Line 21; 1040EZ, Line 4; 1040NR, Line 36 plus Sch NEC, Line 13; 1040NR-EZ, Line 10	Fill in if loss ◯	3	22200 00

Additions to DC Income

4	Franchise tax deducted on federal forms, *see instructions.*		4	00
5	Other additions from DC Schedule I, Calculation A, Line 8.		5	00
6	Add Lines 3, 4 and 5.	Fill in if loss ◯	6	00

Subtractions from DC Income

7	Part year residents, enter income received during period of nonresidence, *see page.*	7	00
8	Taxable refunds, credits or offsets of state and local income tax.	8	00
9	Taxable amount of social security and tier 1 railroad retirement Forms 1040, Line 20b or 1040A, Line 14b.	9	00
10	Income reported and taxed this year on a DC franchise or fiduciary return. Attach Schedule S pg 2 with EIN information.	10	00
11	DC and federal government pension and annuity limited exclusion, *see page.* Fill in ◯ if you are 62 or older ◯ if your spouse/domestic partner is 62 or older	11	00
12	DC and federal government survivor benefits, *see page.*	12	00
13	Other subtractions from DC Schedule I, Calculation B, Line 16.	13	00
14	Total subtractions from DC income, *Lines 7-13.*	14	00
15	DC adjusted gross income, *Line 6 minus Line 14.* Fill in if loss ◯	15	22200 00

Enter your last name. DUE

Enter your SSN. 400007314

1 2 0 4 0 0 1 2 0 0 0 0

16	Deduction type. *Take the same type as you took on your federal return. Fill in which type:* ● Standard or ○ Itemized *See page for amount to enter on Line 17.*		
17	DC deduction amount. *Do not copy from federal return. For amount to enter, see page.*	17	4000 00
17a	RESERVED 00		
18	Number of exemptions. *If more than 1 (more than 2 if filing jointly), or if you or your spouse/domestic partner are over 65 or blind, attach a completed Calculation G, Schedule S.*	18	1
19	Exemption amount. *Multiply $1,675 by number on line 18. Part-year DC residents see Calculation E, page.*	19	1675 00
20	Add Lines 17 and 19.	20	5675 00
21	DC taxable income. *Subtract Line 20 from Line 15. Enter result.* Fill in if loss ○	21	16525 00

DC tax, credits and payments

22	Tax. *If Line 21 is $100,000 or less, use tax tables on pages. If more, use Calculation I, page.* Fill in ○ if filing separately on same return. *Complete Calculation J on Schedule S.*	22	792 00
23	Credit for child and dependent care expenses .00 X .32 Enter result > *From Line 9 of fed. Form 2441; from Line 5, DC Form D-2441, if part-year DC resident.*	23	00
24	Non-refundable credits from DC Schedule U, Part 1a, Line 6. *Attach Schedule U.*	24	00
25	DC Low Income Credit. *See table on page. Take either this credit or Line 28 credit – not both.*	25	00
25a	Enter the number of exemptions claimed on your federal return. 25a		
26	Total non-refundable credits. *Add Lines 23, 24 and 25.*	26	0 00
27	Total tax. *Subtract Line 26 from Line 22. If Line 22 is less than Line 26 leave Line 27 blank.*	27	792 00
28	DC Earned Income Tax Credit. Enter your federal EIC. .00 X .40 Enter result >	28	00
28a	Enter the number of qualified EITC children. 28a		
29	Property Tax Credit. *From your DC Schedule H; attach a copy.*	29	00
30	Refundable credits from DC Schedule U, Part 1b, Line 4. *Attach Schedule U.*	30	200 00
31	DC income tax withheld *shown on Forms W-2 and 1099. Attach these forms.*	31	592 00
32	2012 estimated income tax payments.	32	00
33	Tax paid with extension of time to file or with original return if this is an amended return.	33	00
34	Total payments and refundable credits *Add Lines 28, 29–33.*	34	792 00

Refund – *Complete if Line 34 is more than Line 27*

35	Amount you overpaid *Subtract Line 27 from Line 34*	35	00
36	Amount to be applied to your 2013 estimated tax	36	00
37	Penalty *See instructions*	37	00
38	Refund *Subtract sum of Lines 36 and 37 from Line 35*	38	00
39	Contribution amount *from Sched. U, Part II, Line 6* *Can not exceed refund amt. on Line 38* *Put additional amt. on Line 42*	39	00
40	Net refund *Subtract Line 39 from Line 38*	40	00

Amount owed – *Complete if Line 34 is equal to or less than Line 27*

41	Tax due *Subtract Line 34 from Line 27*	41	00
42	Contribution amount *from Sched. U, Part II, Line 7*	42	00
43a	Penalty	00	
43b	Interest	00	
	Enter total P & I	43	00
44	Total amount due *Add Lines 41–43*	44	00

Will the refund you requested go to an account outside the U.S.? Yes ○ No ○ *See page.*

Direct Deposit. *To have your refund deposited to your checking* ○ *OR savings* ○ *account, fill in oval and enter bank routing and account numbers. See page.*

Routing Number Account Number

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

Designee's name Phone number

Signature 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 information available to the preparer.

Your signature Date Paid preparer's signature Date

Spouse's/domestic partner's signature if filing jointly or separately on same return. Date Paid preparer's PTIN Paid preparer's phone number

Government of the District of Columbia

2012 SCHEDULE U Additional Miscellaneous Credits and Contributions

1 2 0 4 0 0 1 7 0 0 0 0

Important: *Print in CAPITAL letters using black ink. Attach to D-40.*

NOTE: *Contribution(s) will either decrease a refund or increase the tax owed by the amount of the contribution(s).*

OFFICIAL USE ONLY
Vendor ID#0000

Enter your last name: DUE

Social Security Number: 400007314

Part I Credits

a. Nonrefundable Credits

1 DC Government Employee first-time DC homebuyer credit, *see page.* 1 00
Dependents cannot claim this credit.

2 Enter state income tax credit. *List additional states on a separate sheet, attach it to this Schedule. (Enter total of all state tax credits on Line 3 below.)*

State (a) 00 (b) 00

State (c) 00 (d) 00

3 Total of Line 2 state tax credits and any additional tax credits from the attachments. Enter amount. 3 00

4 4 00

5 5 00

6 Total your nonrefundable credits, enter here and on Form D-40, Line 24. 6 00

b. Refundable Credits

1 DC Non-custodial parent EITC (see Schedule N). 1 200 00

2 2 00

3 3 00

4 Total your refundable credits, enter here and on Form D-40, Line 30. 4 200 00

Part II Contributions (The minimum contribution is $1.00.)

1 DC Statehood Delegation Fund. 1 00

2 Public Fund for Drug Prevention and Children at Risk. 2 00

3 Anacostia River Cleanup and Protection Fund. 3 00

4 4 00

5 5 00

6 If due a refund, total your contribution(s), enter here and on Form D-40, Line 39. 6 00

7 If you owe tax, total your contribution(s), enter here and on Form D-40, Line 42. 7 00

If you are not due a refund and do not owe additional tax, total your contribution(s) and enter on Form D-40, Line 42.

If you owe tax, make the payment plus any contribution(s), payable to the DC Treasurer and mail it with your return. Attach this schedule to your D-40 Return.

Government of the District of Columbia

2012 SCHEDULE N DC Non-Custodial Parent EITC Claim

Important: Print in CAPITAL letters using black ink.
Attach to Schedule U. File Schedules N and U with your D-40.

OFFICIAL USE ONLY
Vendor ID#0000

First name of non-custodial parent: BALANCE
M.I.:
Last name: DUE

Address (number, street and apartment): 777 YOU PAY WAY

City: MARIETTA
State: GA
Zip Code + 4: 30303

Social Security Number: 400007314
Date of birth (MMDDYYYY): 01011985

Even if you are not eligible to claim the Federal Earned Income Credit you may be able to claim the DC Earned Income Tax Credit.

DC Non-Custodial Parent EITC Eligibility – Please complete this checklist to determine your eligibility to file Schedule N.
You may claim the DC Non-Custodial Parent EITC only if you can answer "Yes" to the following questions.

	YES	NO
1 Is your Federal Adjusted Gross Income for 2012 less than: $35,535 ($40,545 if married or registered domestic partners filing jointly) with one qualifying child? $40,363 ($45,373 if married or registered domestic partners filing jointly) with two qualifying children? $43,352 ($48,362 if married or registered domestic partners filing jointly) with three or more qualifying children?	●	
2 Were you a DC resident taxpayer during the year?	●	
3 Were you between the ages of 18 and 30 as of December 31, 2012?	●	
4 Are you a parent of a minor child(ren) with whom you do not reside?	●	
5 Are you under a court order requiring you to make child support payments?	●	
6 Was the effective date of the child support payment order on or before 6/30/2012?	●	
7 Did you make child support payment(s) through a government sponsored support collection unit?	●	
8 Did you pay all of the court ordered child support due for 2012 by December 31, 2012?	●	

If you answered "Yes" to the above questions, you may claim the DC Non-Custodial Parent EITC.
Complete Schedule N and attach it, and Schedule U, to your D-40.

1 2 0 4 0 0 1 6 0 0 0 0

Qualifying Child Information

	First Name	M.I.	Last Name
1. Child's name, #1	SON		DUE
Child's name, #2			
Child's name, #3			

If you have more than three qualifying children, you only need to list three to get the maximum credit.

	#1	#2	#3
2. Child's SSN	400007399		
3. Child's date of birth	01012010		

	First Name	M.I.	Last Name
4. Custodian's name	WINGLE		MOM

5. Custodian's address

Number, street and apartment number: 999 N CAPITOL NE

City	State	Zip Code + 4
WASHINGTON	DC	20001

6. Custodian's SSN: 400-00-7398

7. Location of the court that ordered support payments for:
#1 DC
#2
#3

8. Case or Docket number for:
#1 0000001111
#2
#3

9. Name of government agency to which you make payments for:
#1 OAG
#2
#3

10. Address of the government agency for:
#1 444 4TH ST
#2
#3

11. Amount of court ordered payment
#1 $ 300 00 per month
#2 $ 00 per month
#3 $ 00 per month

	#1 (MMDDYYYY)	#2 (MMDDYYYY)	#3 (MMDDYYYY)
12. Date payments were ordered to start	01012011		

	#1	#2	#3
13. Total payments made during 2012	$ 3600 00	$ 00	$ 00

14. Computation: Using the amount on Line 3 of Form D-40, find the correct Earned Income Credit (EIC) amount from the EIC table in the Federal 1040 tax return booklet. Multiply that amount by .40 to determine the DC Non-Custodial Parent EITC amount to claim on Schedule U, Part 1b, Line 1. If you are a part-year filer see page of the D-40 booklet for instructions on prorating the credit to be claimed.

TEST 10

400-00-7315
FOREIGN ADDRESS
400-00-7316
JANE ADDRESS
MFS ON THE SAME RETURN

FORMS:
D-40
SCH S
SCH U

LINE 42 CONTRIBUTION

BALANCE DUE

Government of the District of Columbia

2012 D-40 Individual Income Tax Return

1 2 0 4 0 0 1 1 0 0 0 0

Print in CAPITAL letters using black ink. Leave lines blank that do not apply.

STAPLE OTHER DOCUMENTS IN UPPER LEFT IN BACK

STAPLE W-2s AND ANY OTHER WITHHOLDING STATEMENTS HERE

Personal information

Fill in ◯ if: Filing an **amended return**. *See page.*

Fill in ◯ if: Filing for a deceased taxpayer *See page.*

OFFICIAL USE ONLY
Vendor ID#0000

Your social security number (SSN)	Spouse's/registered domestic partner's SSN	Your daytime telephone number
400007315	400007316	

Your first name	M.I.	Last name
FOREIGN		ADDRESS

Spouse's/registered domestic partner's first name	M.I.	Last name
JANE		ADDRESS

Home address (number, street and apartment number if applicable)
123 FRONT STREET

City	State	Zip Code +4	
ROME	IT	06579	

Filing status

◯ Single ◯ Married filing jointly ◯ Married filing separately ◯ Dependent claimed by someone else

1 *Fill in only one:*
- ● Married filing separately on same return *Enter combined amounts for Lines 4–42. See instructions, page.*
- ◯ Registered domestic partners filing jointly or ◯ filing separately on same return
- ◯ Head of household *Enter qualifying dependent and/or non-dependent information on Schedule S.*

2 *Fill in if you are:* ◯ Part-year resident in DC from ____ (month) to ____ (month); number of months in DC ____ *See page.*

● Complete your federal return first – Enter your dependents' information on DC Schedule S ●

Income Information

Round cents to nearest dollar. If zero, leave the line blank.

a	Wages, salaries, unemployment compensation and/or tips, *see instructions, page.*		a	59700 00
b	Business income or loss, *see instructions, page.*	Fill in if loss ◯	b	00
c	Capital gain (or loss).	Fill in if loss ◯	c	00
d	Rental real estate, royalties, partnerships, etc.	Fill in if loss ◯	d	00

Computation of DC Gross and Adjusted Gross Income

3	Federal adjusted gross income. 1040, Line 37; 1040A, Line 21; 1040EZ, Line 4; 1040NR, Line 36 plus Sch NEC, Line 13; 1040NR-EZ, Line 10	Fill in if loss ◯	3	68667 00

Additions to DC Income

4	Franchise tax deducted on federal forms, *see instructions.*		4	00
5	Other additions from DC Schedule I, Calculation A, Line 8.		5	00
6	Add Lines 3, 4 and 5.	Fill in if loss ◯	6	68667 00

Subtractions from DC Income

7	Part year residents, enter income received during period of nonresidence, *see page.*	7	10000 00
8	Taxable refunds, credits or offsets of state and local income tax.	8	00
9	Taxable amount of social security and tier 1 railroad retirement Forms 1040, Line 20b or 1040A, Line 14b.	9	00
10	Income reported and taxed this year on a DC franchise or fiduciary return. Attach Schedule S pg 2 with EIN information.	10	00
11	DC and federal government pension and annuity limited exclusion, *see page.* Fill in ◯ if you are 62 or older ◯ if your spouse/domestic partner is 62 or older	11	00
12	DC and federal government survivor benefits, *see page.*	12	00
13	Other subtractions from DC Schedule I, Calculation B, Line 16.	13	00
14	Total subtractions from DC income, *Lines 7-13.*	14	10000 00
15	DC adjusted gross income, *Line 6 minus Line 14.* Fill in if loss ◯	15	58667 00

Enter your last name. ADDRESS

Enter your SSN. 400007315

1 2 0 4 0 0 1 2 0 0 0 0

16 Deduction type. *Take the same type as you took on your federal return. Fill in which type:* ○ Standard or ● Itemized *See page for amount to enter on Line 17.*

17 DC deduction amount. *Do not copy from federal return. For amount to enter, see page.* 17 9000 00

17a RESERVED .00

18 Number of exemptions. *If more than 1 (more than 2 if filing jointly), or if you or your spouse/domestic partner are over 65 or blind, attach a completed Calculation G, Schedule S.* 18

19 Exemption amount. *Multiply $1,675 by number on line 18. Part-year DC residents see Calculation E, page.* 19 00

20 Add Lines 17 and 19. 20 00

21 DC taxable income. *Subtract Line 20 from Line 15. Enter result.* Fill in if loss ○ 21 00

DC tax, credits and payments

22 Tax. *If Line 21 is $100,000 or less, use tax tables on pages. If more, use Calculation I, page.* Fill in ● if filing separately on same return. *Complete Calculation J on Schedule S.* 22 2379 00

23 Credit for child and dependent care expenses .00 X .32 Enter result > 23 00
From Line 9 of fed. Form 2441; from Line 5, DC Form D-2441, if part-year DC resident.

24 Non-refundable credits from DC Schedule U, Part 1a, Line 6. *Attach Schedule U.* 24 00

25 DC Low Income Credit. *See table on page. Take either this credit or Line 28 credit – not both.* 25 00

25a Enter the number of exemptions claimed on your federal return. 25a

26 Total non-refundable credits. *Add Lines 23, 24 and 25.* 26 00

27 Total tax. *Subtract Line 26 from Line 22. If Line 22 is less than Line 26 leave Line 27 blank.* 27 2379 00

28 DC Earned Income Tax Credit. Enter your federal EIC. .00 X .40 Enter result > 28 00

28a Enter the number of qualified EITC children. 28a

29 Property Tax Credit. *From your DC Schedule H; attach a copy.* 29 00

30 Refundable credits from DC Schedule U, Part 1b, Line 4. *Attach Schedule U.* 30 00

31 DC income tax withheld *shown on Forms W-2 and 1099. Attach these forms.* 31 00

32 2012 estimated income tax payments. 32 00

33 Tax paid with extension of time to file or with original return if this is an amended return. 33 00

34 Total payments and refundable credits *Add Lines 28, 29–33.* 34 0 00

Refund – *Complete if Line 34 is more than Line 27*

35 Amount you overpaid *Subtract Line 27 from Line 34* 35 00

36 Amount to be applied to your 2013 estimated tax 36 00

37 Penalty *See instructions* 37 00

38 Refund *Subtract sum of Lines 36 and 37 from Line 35* 38 00

39 Contribution amount *from Sched. U, Part II, Line 6* *Can not exceed refund amt. on Line 38* *Put additional amt. on Line 42* 39 00

40 Net refund *Subtract Line 39 from Line 38* 40 00

Amount owed – *Complete if Line 34 is equal to or less than Line 27*

41 Tax due *Subtract Line 34 from Line 27* 41 2379 00

42 Contribution amount *from Sched. U, Part II, Line 7* 42 121 00

43a Penalty 00

43b Interest 00

Enter total P & I 43 00

44 Total amount due *Add Lines 41–43* 44 2500 00

Will the refund you requested go to an account outside the U.S.? Yes ○ No ○ *See page.*

Direct Deposit. *To have your refund deposited to your checking* ○ *OR savings* ○ *account, fill in oval and enter bank routing and account numbers. See page.*

Routing Number Account Number

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

Designee's name Phone number

Signature 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 information available to the preparer.

Your signature Date Paid preparer's signature Date

Spouse's/domestic partner's signature if filing jointly or separately on same return Date Paid preparer's PTIN Paid preparer's phone number

Government of the District of Columbia

2012 SCHEDULE S Supplemental Information and Dependents

Unless instructed otherwise –
If you fill in any part of this schedule, attach it to your D-40.
Print in CAPITAL letters using black ink.

1 2 0 4 0 0 1 3 0 0 0 0

OFFICIAL USE ONLY
Vendor ID#0000

Enter your last name: ADDRESS

Enter your social security number: 400007315

Dependents

If you have more than 8 dependents, list them on an attachment.

First name | M.I. | Last Name

Social security number | Relationship | Date of Birth (MMDDYYYY)

First name | M.I. | Last Name

Social security number | Relationship | Date of Birth (MMDDYYYY)

First name | M.I. | Last Name

Social security number | Relationship | Date of Birth (MMDDYYYY)

First name | M.I. | Last Name

Social security number | Relationship | Date of Birth (MMDDYYYY)

First name | M.I. | Last Name

Social security number | Relationship | Date of Birth (MMDDYYYY)

First name | M.I. | Last Name

Social security number | Relationship | Date of Birth (MMDDYYYY)

First name | M.I. | Last Name

Social security number | Relationship | Date of Birth (MMDDYYYY)

First name | M.I. | Last Name

Social security number | Relationship | Date of Birth (MMDDYYYY)

Head of household filers

Do not enter your information

SSN of qualifying non-dependent person | Date of Birth of qualifying non-dependent person (MMDDYYYY)

First name of qualifying non-dependent person | M.I. | Last Name

Last name and SSN ADDRESS 400007315

1 2 0 4 0 0 1 4 0 0 0 0

Calculation G Number of exemptions.

Do not attach Schedule S to your D-40 if you only filled in Lines a, f and i and have not filled in any other section of Schedule S.

a	Enter 1 for yourself and	a
b	Enter 1 if you are filing as a head of household and	b
c	Enter 1 if you are age 65 or over and	c
d	Enter 1 if you are blind	d
e	Enter number of dependents	e
f	Enter 1 for your spouse or registered domestic partner if filing jointly or filing separately on same return	f
g	Enter 1 if you are married filing jointly or married filing separately on same return and your spouse/partner is 65 or over	g
h	Enter 1 if you are married filing jointly or married filing separately on same return and your spouse/partner is blind	h
i	Total number of exemptions *Add Lines a–h, enter here and on D-40, Line 18.*	i

Calculation J Tax computation for married or registered domestic partners filing separately on the same DC return.

Enter separate amounts in each column. Combine amounts on line k.

			You		Your spouse/domestic partner	
a	Federal adjusted gross income. *If you and your spouse filed a joint federal return, enter each person's portion of federal adjusted gross income. Registered domestic partners should enter the federal AGI reported on their separate federal returns.*	a	40000	00	28667	00
b	Total additions to federal adjusted gross income. *Enter each person's portion of additions entered on D-40, Lines 4 and 5.*	b		00		00
c	Add Lines a and b.	c	40000	00	28667	00
d	Total subtractions from federal adjusted gross income. *Enter each person's portion of subtractions entered on D-40, Line 14.*	d	10000	00		00
e	DC adjusted gross income. *Subtract Line d from Line c.*	e	30000	00	28667	00
f	Deduction amount. *Enter each person's portion of the amount entered on D-40, Line 17. (You may allocate this amount as you wish.)*	f	5000	00	4000	00
g	Exemption amount. *Enter each person's portion of exemption amount entered on D-40, Line 19.*	g	1675	00	1675	00
h	Add Lines f and g.	h	6675	00	5675	00
i	Taxable income. *Subtract Line h from Line e.* Fill in if loss	i	23325	00	22992	00
j	Tax. *If Line i is $100,000 or less, use tax tables on pages. If more than $100,000, use Calculation I, page.*	j	1200	00	1179	00
k	*Add the amounts on Line j, enter here and on D-40, Line 22.*	k	2379	00	*Total tax*	

EINs associated with Income **reported and taxed** on Franchise and Fiduciary Returns for the amount listed **on D-40, Line 10.**

a	b	c
d	e	f
g	h	i

Government of the District of Columbia

2012 SCHEDULE U Additional Miscellaneous Credits and Contributions

1 2 0 4 0 0 1 7 0 0 0 0

Important: *Print in CAPITAL letters using black ink. Attach to D-40.*

NOTE: *Contribution(s) will either decrease a refund or increase the tax owed by the amount of the contribution(s).*

OFFICIAL USE ONLY
Vendor ID#0000

Enter your last name: ADDRESS

Social Security Number: 400007315

Part I Credits

a. Nonrefundable Credits

1 DC Government Employee first-time DC homebuyer credit, *see page.* 1 $ 00
Dependents cannot claim this credit.

2 Enter state income tax credit. *List additional states on a separate sheet, attach it to this Schedule. (Enter total of all state tax credits on Line 3 below.)*

State (a) $ 00 (b) $ 00

State (c) $ 00 (d) $ 00

3 Total of Line 2 state tax credits and any additional tax credits from the attachments. Enter amount. 3 $ 00

4 4 $ 00

5 5 $ 00

6 Total your nonrefundable credits, enter here and on Form D-40, Line 24. 6 $ 00

b. Refundable Credits

1 DC Non-custodial parent EITC (see Schedule N). 1 $ 00

2 2 $ 00

3 3 $ 00

4 Total your refundable credits, enter here and on Form D-40, Line 30. 4 $ 00

Part II Contributions (The minimum contribution is $1.00.)

1 DC Statehood Delegation Fund. 1 $ 00

2 Public Fund for Drug Prevention and Children at Risk. 2 $ 00

3 Anacostia River Cleanup and Protection Fund. 3 $ 121 00

4 4 $ 00

5 5 $ 00

6 If due a refund, total your contribution(s), enter here and on Form D-40, Line 39. 6 $ 00

7 If you owe tax, total your contribution(s), enter here and on Form D-40, Line 42. 7 $ 121 00

If you are not due a refund and do not owe additional tax, total your contribution(s) and enter on Form D-40, Line 42.

If you owe tax, make the payment plus any contribution(s), payable to the DC Treasurer and mail it with your return. Attach this schedule to your D-40 Return.

TEST 11

400-00-7317
DOMESTIC PRIMARY
400-00-7318
PARTNER SECONDARY
REGISTERED DOMESTIC PARTNERS FILING JOINTLY

FORMS:
D-40

ZERO

Government of the District of Columbia

2012 D-40 Individual Income Tax Return

1 2 0 4 0 0 1 1 0 0 0 0

Print in CAPITAL letters using black ink. Leave lines blank that do not apply.

STAPLE OTHER DOCUMENTS IN UPPER LEFT IN BACK

STAPLE W-2s AND ANY OTHER WITHHOLDING STATEMENTS HERE

Personal information

Fill in ◯ if: Filing an **amended return**. *See page.*
Fill in ◯ if: Filing for a deceased taxpayer *See page.*

OFFICIAL USE ONLY
Vendor ID#0000

Your social security number (SSN)	Spouse's/registered domestic partner's SSN	Your daytime telephone number
400007317	400007318	

Your first name	M.I.	Last name
DOMESTIC		PRIMARY

Spouse's/registered domestic partner's first name	M.I.	Last name
PARTNER		SECONDARY

Home address (number, street and apartment number if applicable)
3000 DOMESTIC WAY

City	State	Zip Code +4
WASHINGTON	DC	20607

Filing status

◯ Single, ◯ Married filing jointly, ◯ Married filing separately, ◯ Dependent claimed by someone else

1 *Fill in only one:*
- ◯ Married filing separately on same return *Enter combined amounts for Lines 4–42. See instructions, page.*
- ● Registered domestic partners filing jointly or ◯ filing separately on same return
- ◯ Head of household *Enter qualifying dependent and/or non-dependent information on Schedule S.*

2 *Fill in if you are:* ◯ Part-year resident in DC from ____ (month) to ____ (month); number of months in DC ____ *See page.*

● Complete your federal return first – Enter your dependents' information on DC Schedule S ●

Income Information

Round cents to nearest dollar. If zero, leave the line blank.

a	Wages, salaries, unemployment compensation and/or tips, *see instructions, page.*		a	00
b	Business income or loss, *see instructions, page.*	Fill in if loss ◯	b	00
c	Capital gain (or loss).	Fill in if loss ◯	c	00
d	Rental real estate, royalties, partnerships, etc.	Fill in if loss ◯	d	00

Computation of DC Gross and Adjusted Gross Income

3	Federal adjusted gross income. 1040, Line 37; 1040A, Line 21; 1040EZ, Line 4; 1040NR, Line 36 plus Sch NEC, Line 13; 1040NR-EZ, Line 10	Fill in if loss ◯	3	5000 00

Additions to DC Income

4	Franchise tax deducted on federal forms, *see instructions.*	4	00
5	Other additions from DC Schedule I, Calculation A, Line 8.	5	00
6	Add Lines 3, 4 and 5. Fill in if loss ◯	6	5000 00

Subtractions from DC Income

7	Part year residents, enter income received during period of nonresidence, *see page.*	7	00
8	Taxable refunds, credits or offsets of state and local income tax.	8	00
9	Taxable amount of social security and tier 1 railroad retirement Forms 1040, Line 20b or 1040A, Line 14b.	9	00
10	Income reported and taxed this year on a DC franchise or fiduciary return. Attach Schedule S pg 2 with EIN information.	10	00
11	DC and federal government pension and annuity limited exclusion, *see page.* Fill in ◯ if you are 62 or older ◯ if your spouse/domestic partner is 62 or older	11	00
12	DC and federal government survivor benefits, *see page.*	12	00
13	Other subtractions from DC Schedule I, Calculation B, Line 16.	13	00
14	Total subtractions from DC income, *Lines 7-13.*	14	0 00
15	DC adjusted gross income, *Line 6 minus Line 14.* Fill in if loss ◯	15	5000 00

Enter your last name. PRIMARY

Enter your SSN. 400007317

16 Deduction type. *Take the same type as you took on your federal return. Fill in which type:* ● Standard or ○ Itemized *See page for amount to enter on Line 17.*

17 DC deduction amount. *Do not copy from federal return. For amount to enter, see page.* 17 4000 00

17a RESERVED .00

18 Number of exemptions. *If more than 1 (more than 2 if filing jointly), or if you or your spouse/domestic partner are over 65 or blind, attach a completed Calculation G, Schedule S.* 18 2

19 Exemption amount. *Multiply $1,675 by number on line 18. Part-year DC residents see Calculation E, page.* 19 3350 00

20 Add Lines 17 and 19. 20 7350 00

21 DC taxable income. *Subtract Line 20 from Line 15. Enter result.* Fill in if loss ● 21 2350 00

DC tax, credits and payments

22 Tax. *If Line 21 is $100,000 or less, use tax tables on pages. If more, use Calculation I, page.* Fill in ○ if filing separately on same return. *Complete Calculation J on Schedule S.* 22 0 00

23 Credit for child and dependent care expenses .00 X .32 Enter result > 23 00
From Line 9 of fed. Form 2441; from Line 5, DC Form D-2441, if part-year DC resident.

24 Non-refundable credits from DC Schedule U, Part 1a, Line 6. *Attach Schedule U.* 24 00

25 DC Low Income Credit. *See table on page. Take either this credit or Line 28 credit – not both.* 25 00

25a Enter the number of exemptions claimed on your federal return. 25a

26 Total non-refundable credits. *Add Lines 23, 24 and 25.* 26 0 00

27 Total tax. *Subtract Line 26 from Line 22. If Line 22 is less than Line 26 leave Line 27 blank.* 27 0 00

28 DC Earned Income Tax Credit. Enter your federal EIC. .00 X .40 Enter result > 28 00

28a Enter the number of qualified EITC children. 28a

29 Property Tax Credit. *From your DC Schedule H; attach a copy.* 29 00

30 Refundable credits from DC Schedule U, Part 1b, Line 4. *Attach Schedule U.* 30 00

31 DC income tax withheld *shown on Forms W-2 and 1099. Attach these forms.* 31 00

32 2012 estimated income tax payments. 32 00

33 Tax paid with extension of time to file or with original return if this is an amended return. 33 00

34 Total payments and refundable credits *Add Lines 28, 29–33.* 34 0 00

Refund – *Complete if Line 34 is more than Line 27*

35 Amount you overpaid *Subtract Line 27 from Line 34* 35 00

36 Amount to be applied to your 2013 estimated tax 36 00

37 Penalty *See instructions* 37 00

38 Refund *Subtract sum of Lines 36 and 37 from Line 35* 38 00

39 Contribution amount *from Sched. U, Part II, Line 6* *Can not exceed refund amt. on Line 38* *Put additional amt. on Line 42* 39 00

40 Net refund *Subtract Line 39 from Line 38* 40 00

Amount owed – *Complete if Line 34 is equal to or less than Line 27*

41 Tax due *Subtract Line 34 from Line 27* 41 00

42 Contribution amount *from Sched. U, Part II, Line 7* 42 00

43a Penalty 00

43b Interest 00

Enter total P & I 43 00

44 Total amount due *Add Lines 41–43* 44 00

Will the refund you requested go to an account outside the U.S.? Yes ○ No ○ *See page.*

Direct Deposit. *To have your refund deposited to your checking* ○ *OR savings* ○ *account, fill in oval and enter bank routing and account numbers. See page.*

Routing Number Account Number

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

Designee's name Phone number

Signature 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 information available to the preparer.

Your signature Date Paid preparer's signature Date

Spouse's/domestic partner's signature if filing jointly or separately on same return Date Paid preparer's PTIN Paid preparer's phone number

TEST 12

400-00-7303
ALL DEFICITS
SINGLE

FORMS:
D-40

ZERO

Government of the District of Columbia

2012 D-40 Individual Income Tax Return

1 2 0 4 0 0 1 1 0 0 0 0

Print in CAPITAL letters using black ink. Leave lines blank that do not apply.

STAPLE OTHER DOCUMENTS IN UPPER LEFT IN BACK

STAPLE W-2s AND ANY OTHER WITHHOLDING STATEMENTS HERE

Personal information

Fill in ( ) if: Filing an **amended return**. *See page.*
Fill in ( ) if: Filing for a deceased taxpayer *See page.*

OFFICIAL USE ONLY
Vendor ID#0000

Your social security number (SSN)	Spouse's/registered domestic partner's SSN	Your daytime telephone number
400007303		

Your first name	M.I.	Last name
ALL		DEFICITS

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

Home address (number, street and apartment number if applicable)
999 LOAN DR NE

City	State	Zip Code +4
WASHINGTON	DC	20013

Filing status

1 *Fill in only one:*
- (●) Single
- ( ) Married filing jointly
- ( ) Married filing separately
- ( ) Dependent claimed by someone else
- ( ) Married filing separately on same return *Enter combined amounts for Lines 4–42. See instructions, page.*
- ( ) Registered domestic partners filing jointly or ( ) filing separately on same return
- ( ) Head of household *Enter qualifying dependent and/or non-dependent information on Schedule S.*

2 *Fill in if you are:* ( ) Part-year resident in DC from ____ (month) to ____ (month); number of months in DC ____ *See page.*

● Complete your federal return first – Enter your dependents' information on DC Schedule S ●

Income Information

Round cents to nearest dollar. If zero, leave the line blank.

a	Wages, salaries, unemployment compensation and/or tips, *see instructions, page.*		a	00
b	Business income or loss, *see instructions, page.*	Fill in if loss ( )	b	00
c	Capital gain (or loss).	Fill in if loss ( )	c	00
d	Rental real estate, royalties, partnerships, etc.	Fill in if loss ( )	d	00

Computation of DC Gross and Adjusted Gross Income

3	Federal adjusted gross income. 1040, Line 37; 1040A, Line 21; 1040EZ, Line 4; 1040NR, Line 36 plus Sch NEC, Line 13; 1040NR-EZ, Line 10	Fill in if loss (●)	3	10000 00

Additions to DC Income

4	Franchise tax deducted on federal forms, *see instructions.*	4	00
5	Other additions from DC Schedule I, Calculation A, Line 8.	5	00
6	Add Lines 3, 4 and 5. Fill in if loss (●)	6	10000 00

Subtractions from DC Income

7	Part year residents, enter income received during period of nonresidence, *see page.*	7	00
8	Taxable refunds, credits or offsets of state and local income tax.	8	00
9	Taxable amount of social security and tier 1 railroad retirement Forms 1040, Line 20b or 1040A, Line 14b.	9	00
10	Income reported and taxed this year on a DC franchise or fiduciary return. Attach Schedule S pg 2 with EIN information.	10	00
11	DC and federal government pension and annuity limited exclusion, *see page.* Fill in ( ) if you are 62 or older ( ) if your spouse/domestic partner is 62 or older	11	00
12	DC and federal government survivor benefits, *see page.*	12	00
13	Other subtractions from DC Schedule I, Calculation B, Line 16.	13	00
14	Total subtractions from DC income, *Lines 7-13.*	14	00
15	DC adjusted gross income, *Line 6 minus Line 14.* Fill in if loss (●)	15	10000 00

Enter your last name. DEFICITS

Enter your SSN. 400007303

16	Deduction type. *Take the same type as you took on your federal return. Fill in which type:* ● Standard or ○ Itemized *See page for amount to enter on Line 17.*		
17	DC deduction amount. *Do not copy from federal return. For amount to enter, see page.*	17	4000 00
17a	RESERVED .00		
18	Number of exemptions. *If more than 1 (more than 2 if filing jointly), or if you or your spouse/domestic partner are over 65 or blind, attach a completed Calculation G, Schedule S.*	18	1
19	Exemption amount. *Multiply $1,675 by number on line 18. Part-year DC residents see Calculation E, page.*	19	1675 00
20	Add Lines 17 and 19.	20	5675 00
21	DC taxable income. *Subtract Line 20 from Line 15. Enter result.* Fill in if loss ●	21	15675 00

DC tax, credits and payments

22	Tax. *If Line 21 is $100,000 or less, use tax tables on pages. If more, use Calculation I, page.* Fill in ○ if filing separately on same return. *Complete Calculation J on Schedule S.*	22	00
23	Credit for child and dependent care expenses .00 X .32 Enter result > *From Line 9 of fed. Form 2441; from Line 5, DC Form D-2441, if part-year DC resident.*	23	00
24	Non-refundable credits from DC Schedule U, Part 1a, Line 6. *Attach Schedule U.*	24	00
25	DC Low Income Credit. *See table on page. Take either this credit or Line 28 credit – not both.*	25	00
25a	Enter the number of exemptions claimed on your federal return. 25a		
26	Total non-refundable credits. *Add Lines 23, 24 and 25.*	26	00
27	Total tax. *Subtract Line 26 from Line 22. If Line 22 is less than Line 26 leave Line 27 blank.*	27	00
28	DC Earned Income Tax Credit. Enter your federal EIC. .00 X .40 Enter result >	28	00
28a	Enter the number of qualified EITC children. 28a		
29	Property Tax Credit. *From your DC Schedule H; attach a copy.*	29	00
30	Refundable credits from DC Schedule U, Part 1b, Line 4. *Attach Schedule U.*	30	00
31	DC income tax withheld *shown on Forms W-2 and 1099. Attach these forms.*	31	00
32	2012 estimated income tax payments.	32	00
33	Tax paid with extension of time to file or with original return if this is an amended return.	33	00
34	Total payments and refundable credits *Add Lines 28, 29–33.*	34	00

Refund – *Complete if Line 34 is more than Line 27.*

35 Amount you overpaid *Subtract Line 27 from Line 34*	35	00
36 Amount to be applied to your 2013 estimated tax	36	00
37 Penalty *See instructions*	37	00
38 Refund *Subtract sum of Lines 36 and 37 from Line 35*	38	00
39 Contribution amount *from Sched. U, Part II, Line 6* *Can not exceed refund amt. on Line 38* *Put additional amt. on Line 42*	39	00
40 Net refund *Subtract Line 39 from Line 38*	40	00

Amount owed – *Complete if Line 34 is equal to or less than Line 27.*

41 Tax due *Subtract Line 34 from Line 27*	41	00
42 Contribution amount *from Sched. U, Part II, Line 7*	42	00
43a Penalty	00	
43b Interest	00	
Enter total P & I	43	00
44 Total amount due *Add Lines 41–43*	44	00

Will the refund you requested go to an account outside the U.S.? Yes ○ No ○ *See page.*

Direct Deposit. *To have your refund deposited to your* ***checking*** ○ ***OR savings*** ○ *account, fill in oval and enter bank routing and account numbers. See page.*

Routing Number Account Number

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

Designee's name Phone number

Signature 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 information available to the preparer.

Your signature Date Paid preparer's signature Date

Spouse's/domestic partner's signature if filing jointly or separately on same return Date Paid preparer's PTIN Paid preparer's phone number

TEST 13

400-00-7380
ESTIMATED PAYER
400-00-7381
SPOUSE PAYER

FORMS:
D-40ES

ZERO

Government of the District of Columbia

2013 D-40ES Estimated Payment for Individual Income Tax

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

1 3 0 4 0 0 3 1 0 0 0 2

OFFICIAL USE ONLY
Vendor ID#0002

Quarterly payment (dollars only): 0 00

Your social security number (SSN): 400007380

Spouse's/partner's SSN: 400007381

Your first name, middle initial, last name. (Leave a space between names and initial.)
ESTIMATED PAYER

Your spouse's/registered domestic partner's first name, middle initial, last name. (Leave a space between names and initial.)
SPOUSE PAYER

Address (number, street and apartment number if applicable)
888 EASTERN AVE NW

City: WASHINGTON

State: DC

Zip Code + 4: 20045

Voucher number:

Due date:

DCE0071

2013 D-40ES
Estimated Payment for Individual Income Tax

TEST 14

400-00-7382
ESTIMATED WITH-PAYMENT

FORMS:
D40ES

DIRECT DEBIT
CHASE
RTN 012345672
DAN 7894561232
SAVING

Government of the District of Columbia

2013 D-40ES Estimated Payment for Individual Income Tax

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

1 3 0 4 0 0 3 1 0 0 0 2

Quarterly payment (dollars only): 550 00

OFFICIAL USE ONLY
Vendor ID#0002

Your social security number (SSN): 400007382

Spouse's/partner's SSN:

Your first name, middle initial, last name. (Leave a space between names and initial.): ESTIMATED WITH-PAYMENT

Your spouse's/registered domestic partner's first name, middle initial, last name. (Leave a space between names and initial.):

Address (number, street and apartment number if applicable): 1101 4TH ST SW

City: WASHINGTON

State: DC

Zip Code + 4: 20024

Voucher number:

Due date:

DCE0071

2013 D-40ES
Estimated Payment for Individual Income Tax

TEST 15

400-00-7383
LARGE ESTIMATED-PAYMENT

FORMS:
D40ES

NO PAYMENT INFORMATION

Government of the District of Columbia

2013 D-40ES Estimated Payment for Individual Income Tax

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

1 3 0 4 0 0 3 1 0 0 0 2

Quarterly payment (dollars only) 1234567890 00

OFFICIAL USE ONLY
Vendor ID#0002

Your social security number (SSN): 400007383

Spouse's/partner's SSN:

Your first name, middle initial, last name. (Leave a space between names and initial.)
LARGE ESTIMATED-PAYMENT

Your spouse's/registered domestic partner's first name, middle initial, last name. (Leave a space between names and initial.)

Address (number, street and apartment number if applicable)
1101 3RD ST SW

City: WASHINGTON

State: DC

Zip Code + 4: 20024

Voucher number:

Due date:

DCE0071

2013 D-40ES
Estimated Payment for Individual Income Tax

TEST 16

400-00-7390
EXTENSION NO-PAYMENT

FORMS:
FR127

ZERO

Government of the District of Columbia

2012 FR-127 Extension of Time to File a DC Income Tax Return

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

1 2 1 2 7 0 1 1 0 0 0 2

Official Use Only Vendor ID# 0002

Your social security number	Spouse's/domestic partner's social security number	Your daytime telephone number
400007390		

Your first name	M.I.	Last name
EXTENSION		NO-PAYMENT

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

Home address (number, street and apartment)

3102 32ND STREET NW

City	State	Zip Code + 4	
WASHINGTON	DC	20002	

Amount submitted with this form 0 .00

Revised 08/12

TEST 17

400-00-7391
LATE FILER
400-00-7392
LATE FILER-SPOUSE

FORMS:
FR127

DIRECT DEBIT
CHASE
RTN 012345672
DAN 7894561232
SAVING

Government of the District of Columbia

2012 FR-127 Extension of Time to File a DC Income Tax Return

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

1 2 1 2 7 0 1 1 0 0 0 2

Official Use Only Vendor ID# 0002

Your social security number	Spouse's/domestic partner's social security number	Your daytime telephone number
400007391	400007392	2024426100

Your first name	M.I.	Last name
LATE		FILER

Spouse's/domestic partner's first name	M.I.	Last name
LATE		FILER-SPOUSE

Home address (number, street and apartment)

666 7TH ST SW

City	State	Zip Code +4	
WASHINGTON	DC	20023	

Amount submitted with this form 1000 00

TEST 18

400-00-7393
NEEDMONEY FILER

FROMS:
FR127

NO PAYMENT INFORMATION

Government of the District of Columbia

2012 FR-127 Extension of Time to File a DC Income Tax Return

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

1 2 1 2 7 0 1 1 0 0 0 2

Official Use Only Vendor ID# 0002

Your social security number	Spouse's/domestic partner's social security number	Your daytime telephone number
400007393		2024426300

Your first name	M.I.	Last name
NEEDMONEY		FILER

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

Home address (number, street and apartment)

1000 1/2 HALF ST SW

City	State	Zip Code +4	
WASHINGTON	DC	20001	

Amount submitted with this form $ 1234567890 .00

Revised 08/12