Government of the District of Columbia

# 2013 D-40EZ SUB Income Tax Return for Single and Joint Filers with No Dependents

1 3 0 4 0 0 5 1 0 0 0 1

Print in CAPITAL letters using black ink.

**Personal information**

Filing Status: Mark if X Single, X Married filing jointly, X Registered domestic partners filing jointly, or Dependent claimed by someone else

Mark if: X Amended return

Your telephone number 1234567890

Your social security number (SSN) 123456789 and Date of Birth (MMDDYYYY) 00000000

Spouse's/registered domestic partner's SSN 123456789 and Date of Birth (MMDDYYYY) 00000000

Your first name ABCDEFGHIJKLABC M.I. A Last name ABCDEFGHIJKLABCDEFGH

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

SOFTWARE DEVELOPER USE ONLY

VENDOR ID # 1234

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

12345ABCDEFGHIJKLABCDEFGH

ABCDEFGHIJKLABCDEFGHIJKLABCDEFGHIJK

City ABCDEFGHIJKLABCDEFGH State AB Zip code + 4 123456789

STAPLE OTHER REQUESTED DOCUMENTS IN UPPER LEFT IN BACK

STAPLE W-2s AND ANY OTHER WITHHOLDING STATEMENTS HERE

| | | | |
|---|---|---|---|
| 1 | Total wages, salaries, tips, unemployment compensation, etc. | 1 | $ 123456.00 |
| 2 | Taxable interest and ordinary dividends *(If more than $1500, you must file Form D-40.)* | 2 | $ 123456.00 |
| 3 | DC adjusted gross income *Add Lines 1 and 2.* | 3 | $ 123456.00 |
| 4 | Standard deduction plus exemption amount *If single, enter $5775. If married filing jointly, enter $7450, or if claimed as a dependent on another's tax return, enter $4100* | 4 | $ 123456.00 |
| 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.* | 5 | $ 123456.00 |
| 6 | Tax *Use tax tables to find the tax on the Line 5 amount.* | 6 | $ 12345.00 |
| 7 | DC Low Income Credit *Use Calc. LIC/EITC (instructions) to see if LIC **or** EITC is a greater benefit.* | 7 | $ 12345.00 |
| 7a | Enter number of exemptions claimed on your federal return. | 7a | 01 |
| 8 | Net tax *Subtract Line 7 from Line 6. If Line 7 is equal to or more than Line 6, make no entry.* | 8 | $ 12345.00 |
| 9a | Contribution to Public Fund for Drug Prevention and Children at Risk | 9a | $ 12345.00 |
| 9b | Contribution to the DC Statehood Delegation Fund | 9b | $ 12345.00 |
| 9c | Contribution to Anacostia River Cleanup and Protection Fund | 9c | $ 12345.00 |
| 9d | RESERVED | 9d | $ 12345.00 |
| 10 | Tax and/or contribution(s) *Add Lines 8, 9a, 9b, 9c and 9d.* | 10 | $ 12345.00 |
| 11 | Total DC income tax withheld, shown on Forms W-2 and 1099 - attach these forms | 11 | $ 12345.00 |
| 12 | Tax paid with extension of time to file or with original return if this is an amended return | 12 | $ 12345.00 |
| 13 | DC Earned Income Tax Credit Enter your federal Earned Income Credit 1234.00 x .40 = *See Calculation LIC/EITC (instructions). (Leave blank if you took DC Low Income Credit on line 7)* | 13 | $ 12345.00 |
| 13a | Enter the number of qualified EITC children | 13a | 04 |
| 14 | Total tax payments and credits *Add lines 11 - 13.* | 14 | $ 12345.00 |
| 15 | Refund. *If Line 14 is the larger, subtract Line 10 from Line 14.* | 15 | $ 12345.00 |
| 16 | Amount owed. *If Line 10 is the larger, subtract Line 14 from Line 10. See payment options in instructions* | 16 | $ 12345.00 |
| 17 | Penalty $ 12345 .00 Interest $ 12345 .00 *See instructions* Enter results | 17 | $ 12345.00 |
| 18 | TOTAL AMOUNT DUE. *Add Lines 16 and 17* | 18 | $ 12345.00 |
| 19 | TOTAL REFUND *Subtract Lines 17 (results) from Line 15 and enter here.* | 19 | $ 12345.00 |

*Will this refund go to an account outside of the US?* X *Yes* X *No* *See instructions*

**Refund Options:** For information on the tax refund card and program limitations, visit our website otr.dc.gov/refundprepaidcards.

Make one refund choice: X Direct deposit X Tax refund card X Paper check

**Direct Deposit** *To have your refund deposited to your account-checking* X *or savings* X *mark X and enter bank routing and account numbers. See instructions.*

Routing Number XXXXXXXXX Account Number XXXXXXXXXXXXXXXXX

**Third Party Designee** *To authorize another person to discuss this return with the OTR, mark here* X *and enter the name and phone number of that person. See instructions.*

Designee's name _____ Phone number 1234567890

**Signature** Under penalties of law, I declare that, to the best of my knowledge, this return is correct. Declaration of paid preparer is based on all the information available to the preparer.

Your signature _____ Date _____ Preparer's signature _____ Date _____

Spouse's/domestic partner's signature if filing jointly _____ Date _____ Preparer's PTIN 123456789 PTIN telephone number 1234567890