Government of the District of Columbia

2015 SCHEDULE S Supplemental Information and Dependents

Unless instructed otherwise -
If you fill in any part of this schedule, attach it to your D-40.

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

SOFTWARE DEVELOPER USE ONLY

VENDOR ID# 1234

Enter your last name.
ABCDEFGHIJKLABCDEFGH

Enter your social security number
123456789

Dependents

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

First name: ABCDEFGHIJKLABC
M.I.: A
Last name: ABCDEFGHIJKLABCDEFGH
Social security number: 123456789
Relationship: ABCDEFGHIJKLABCDEFGH
Date of Birth (MMDDYYYY): 00000000

First name: ABCDEFGHIJKLABC
M.I.: A
Last name: ABCDEFGHIJKLABCDEFGH
Social security number: 123456789
Relationship: ABCDEFGHIJKLABCDEFGH
Date of Birth (MMDDYYYY): 00000000

First name: ABCDEFGHIJKLABC
M.I.: A
Last name: ABCDEFGHIJKLABCDEFGH
Social security number: 123456789
Relationship: ABCDEFGHIJKLABCDEFGH
Date of Birth (MMDDYYYY): 00000000

First name: ABCDEFGHIJKLABC
M.I.: A
Last name: ABCDEFGHIJKLABCDEFGH
Social security number: 123456789
Relationship: ABCDEFGHIJKLABCDEFGH
Date of Birth (MMDDYYYY): 00000000

First name: ABCDEFGHIJKLABC
M.I.: A
Last name: ABCDEFGHIJKLABCDEFGH
Social security number: 123456789
Relationship: ABCDEFGHIJKLABCDEFGH
Date of Birth (MMDDYYYY): 00000000

First name: ABCDEFGHIJKLABC
M.I.: A
Last name: ABCDEFGHIJKLABCDEFGH
Social security number: 123456789
Relationship: ABCDEFGHIJKLABCDEFGH
Date of Birth (MMDDYYYY): 00000000

First name: ABCDEFGHIJKLABC
M.I.: A
Last name: ABCDEFGHIJKLABCDEFGH
Social security number: 123456789
Relationship: ABCDEFGHIJKLABCDEFGH
Date of Birth (MMDDYYYY): 00000000

First name: ABCDEFGHIJKLABC
M.I.: A
Last name: ABCDEFGHIJKLABCDEFGH
Social security number: 123456789
Relationship: ABCDEFGHIJKLABCDEFGH
Date of Birth (MMDDYYYY): 00000000

Head of household filers

Do not enter your information

SSN of qualifying non-dependent person: 123456789

Date of Birth of qualifying non-dependent person (MMDDYYYY): 00000000

First name of qualifying non-dependent person: ABCDEFGHIJKLABC

M.I.: A

Last name: ABCDEFGHIJKLABCDEFGH

Your last name ABCDEFGHIJLKABCDEFGH
Your SSN 123456789

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

Calculation G Number of exemptions

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

a	Enter 1 for yourself and	a 00
b	Enter 1 if you are filing as a head of household and	b 00
c	Enter 1 if you are 65 or over and	c 00
d	Enter 1 if you are blind	d 00
e	Enter number of dependents	e 00
f	Enter 1 for your spouse or registered domestic partner filing jointly or filing separately on same return	f 00
g	Enter 1 if married or registered domestic partner filing jointly or filing separately on same return and your spouse or registered domestic partner is 65 or over	g 00
h	Enter 1 if married or registered domestic partner filing jointly or filing separately on same return and your spouse or registered domestic partner is blind	h 00
i	Total number of exemptions *Add Lines a - h and enter on D-40, Line 17.*	i 00

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

Enter separate amounts in each column. Do not combine amounts until Line k.

			You	Your spouse/registered 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	123456789.00	123456789.00
b	Total additions to federal adjusted gross income *Enter each person's portion of additions entered on D-40, Lines 4 and 5.*	b	123456789.00	123456789.00
c	Add Lines a and b.	c	123456789.00	123456789.00
d	Total subtractions from federal adjusted gross income *Enter each person's portion of subtractions entered on D-40, Line 13.*	d	123456789.00	123456789.00
e	DC adjusted gross income *Subtract Line d from Line c.*	e	123456789.00	123456789.00
f	Deduction amount *Enter each person's portion of deductions entered on D-40, Line 16.* *(You may allocate this amount any way you like.)*	f	123456789.00	123456789.00
g	Exemption amount *Enter each person's portion of the exemption amount entered on D-40, Line 18.*	g	123456789.00	123456789.00
h	Add Lines f and g.	h	123456789.00	123456789.00
i	Taxable income *Subtract Line h from Line e.* Mark if minus	X i	123456789.00	X 123456789.00
j	Tax *If Line i is $100,000 or less, use tax tables. If more than $100,000, use Calculation I.*	j	123456789.00	123456789.00
K	*Add the amounts on Line j, enter here and on D-40, Line 21*	k	$ 123456789.00	Total tax

EIN's associated with income **reported and taxed** on Franchise and Fiduciary Returns for the amount listed **on D-40, Line 10.**

a	123456789	b	123456789	c	123456789
d	123456789	e	123456789	f	123456789
g	123456789	h	123456789	i	123456789