

**2006** D-2440 Disability  
Income Exclusion



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

OFFICIAL USE ONLY

Name as shown on Form D-40

Your social security number

**Personal information**

Date of your birth (MMDDYY)

Date you retired (MMDDYY)

Name of your employer

Payor, if other than employer

Date of spouse's birth (MMDDYY)

Date spouse retired (MMDDYY)

Name of spouse's employer

Payor, if other than employer

Have you filed a physician's certification for this disability in previous years? ☐ Yes ☐ No

If yes, you do not have to file another certification. If *no*, you must file the physician's certification provided below.

**Income** If married, use both columns.

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

	You	Your spouse
1 Total amount of disability payments received in 2006	1 \$ .00	\$ .00
2 Multiply \$100 by the number of weeks you claimed disability payments in 2006. If you received pay for part of a week, see instructions on the back.	2 \$ .00	\$ .00
3 Enter Line 1 or Line 2 amount, whichever is less.	3 \$ .00	\$ .00
4 Add the amounts for you and your spouse from Line 3.	Total income 4 \$ .00	

**Limitation on exclusion**

5 Federal adjusted gross income from Form D-40, Line 3.	5 \$ .00
6 Taxable social security income from Form D-40, Line 10.	6 \$ .00
7 Subtract Line 6 from Line 5.	7 \$ .00
8 Amount used to reduce disability income.	- 1 5 0 0 0.00
9 Subtract Line 8 from Line 7. If the result is zero or a negative amount, leave this line blank.	9 \$ .00
10 Disability income exclusion Subtract Line 9 from Line 4. Enter in D-40 Schedule I, Calculation B, Line 2 (see Form D-40 instructions). The exclusion may not exceed \$5200.	10 \$ .00

**2006** Physician's Certification of Permanent and Total Disability

Name of disabled

Social security number

I certify that the above taxpayer was permanently and totally disabled on the date the taxpayer retired. (Enter the date retired.)

Physician's first name, middle initial, last name

Physician's address (number and street)

Suite number

City

State

Zip Code + 4

Physician's phone number

Physician's signature

Date

Attach to Form D-40. See instructions on back.

### What is the purpose of Form D-2440?

Form D-2440 is used to determine the amount of disability income you may exclude from the federal adjusted gross income you report on DC Form D-40. Enter the amount from Line 10 of this form on Line 2 of Calculation B of Schedule I. This schedule is in the Form D-40 instruction booklet. The maximum exclusion is \$5,200.

### Who may file a Form D-2440?

You must meet **all** of the following requirements:

- You are not filing a Form D-40EZ;
- If you are married, you are filing a joint return;
- You received disability checks during 2006;
- You were under the age of 65 on December 31, 2006;
- You retired on disability and were permanently and totally disabled when you retired;
- On January 1, 2006, you had not reached the age required to retire under your employer's retirement program; and
- You have not notified the Office of Tax and Revenue that you have chosen to treat the disability income as a pension.

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### Personal information

If you are filing a joint return, please provide all information requested for you and your spouse, even if your spouse is not disabled and is not claiming a disability exclusion.

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### Income and Limitation on Exclusion

#### Line 1 Total amount of disability payments received in 2006

Enter the total amount of disability payments you received in 2006. Do not include any lump-sum payment for accrued annual leave that you received when you retired on disability. (The annual leave payment should be included in your gross income for the tax year in which you received it). Payments from a retirement plan or profit-sharing plan that does not have a provision for disability retirement do not qualify for the exclusion.

#### Line 2

If you received disability payments for part of a week, use the calculation below to determine the exclusion for that portion:

Divide \$100 by the number of days in a week you normally worked before you retired and multiply the result by the number of days you were paid for the partial week.

Example: \$100 divided by 5 days (number of days in typical work week) = \$20. \$20 x 3 (number of days you were paid for partial week) = \$60. Add this amount to the total amount you were paid for the full weeks.

#### Line 8 Amount used to reduce disability income

\$15,000 is the amount DC uses to reduce the disability income you can exclude.

#### Line 10 Disability income exclusion

This is the amount you may use to reduce your DC taxable income. \$5,200 is the maximum amount you may exclude.

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### Physician's certification

To claim an exclusion, your physician must certify that you are, according to the definition below, permanently disabled. If both you and your spouse are claiming the exclusion, each must file a certification. You do not have to file another certification if you have filed one in a previous year. Attach the certification(s) to your Form D-40.

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## Instructions for the Physician

### Date taxpayer retired

Please certify that the taxpayer quit active employment because of his or her permanent disability and retired on the date that he or she became disabled.

### Definition of permanent and total disability

Permanent and total disability means that the taxpayer is unable to engage in any substantial gainful activity because of a physical or mental condition **and** this condition has lasted continuously for at least a year, will last continuously for at least a year, or is fatal.