Government of the District of Columbia

9

2007 D-40EZ SUB Income Tax Return for Single and Joint Filers with No Dependents



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5	E					_			
10	RL	Mark	if: X Amended return Filing Status, mark if: X Single, X Married filing jointly, or	r X	Reg	istere	ed do	omestic	partners
11	UPPER		first name M.I. Last name		- T	ng joi			
12	Z		CDEFGHIJKLABC A ABCDEFGHIJKLABCDEFGH						
13	NTS		se's/domestic partner;s first name M.I. Last name						
14	JME	111	CDEFGHIJKLABC A ABCDEFGHIJKLABCDEFGH						
15	DOCUM								
16				daytime phor					
17	REQUESTED			345678	390	·			
18	EQU		address (number, street and apartment number if applicable)						
			345ABCDEFGHIJKLABCDEFGH						
19	STAPLE OTHER	AB	CDEFGHIJKLABCDEFGHIJKLABCDEFGHIJK						
20	<u>Ц</u>	City	State Zipcode + 4						
21	STAP	AB	CDEFGHIJKLABCDEFGH AB 123456	789					
22									
23		DC	Income tax Do not enter cents. Round cents to the nearest dollar. If amount is zero, make no entry.		ENTE	R D	JLLA	RS ONL	Y
24									
25		1	Total wages, salaries, tips, unemployment compensation, etc.	1	\$	12	345	5.00	
26		2	Taxable interest and ordinary dividends (If more than \$1500, you must file Form D-40.)	2		12	345	5.00	
27	الله الله								
28	HERE	3	DC adjusted gross income Add Lines 1 and 2. (If more than \$100,000 you must file Form D-40.)	3	\$	10	3⊿ r	5.00	
29	NTS	4	Standard deduction plus exemption amount If single, enter \$4,000. If married filing jointly, enter \$5,50			12	34	5.00	
30	STATEMENTS	+++	If you can be claimed as a dependent on another's tax return, mark here \mathbf{x} and enter \$2,500.		- T				
31	TATE				++	+			
32		5	DC taxable income Subtract Line 4 from Line 3. If Line 4 is equal to or more than Line 3, make no entry.	5	\$	10	2 4 5		
33	LDIA					12	345	5.00	
	무	6	Tax Use tax tables to find the tax on the Line 5 amount.	6				5.00	
34	E N	7	DC Low Income Credit	7	Ş	12	345	5.00	
35	OTHER WITHHOLDING		Complete Calculation A to see if this credit or the DC EITC is better for you. <u>Do not claim both DC credits.</u>						
36			Attach a copy of your Federal return, whichever credit you claim.						
37	ANY	8	Net tax Subtract Line 7 from Line 6. If Line 7 is equal to or more than Line 6, make no entry.	8	\$	12	345	5.00	
38	AND ANY								
39	2s	9a	Voluntary contribution to the Public Trust for Drug Prevention and Children at Risk	9a	\$	12	345	5.00	
40	ъ	9b	Voluntary contribution to the DC statehood delegation fund					5.00	
41	STAPL								
42	ŝ	10	Tax and/or voluntary contribution Add Lines 8, 9a and 9b.	10)\$	12	341	5.00	
43		11	Total DC income tax withheld From Forms W-2 and 1099 - attach these forms					5.00	
44		12	Tax paid with extension of time to file or with original return	12	, s	12	215	5.00	
45			if this is an amended return				J - -		
46		13	DC Earned Income Tax Credit Enter your federal Earned Income Credit \$1234 _x.35 =	13	2 4	10	2 4 1	5.00	
47	_	13	See Calculation A. Attach a copy of your Federal return. (Leave blank if you took DC Low Income Credit on line 7)	10	Ŷ	ТZ	343	5.00	
48									
49		14	Enter the number of EITC children	1.4		1 2	215	- 00	
	RE	14	Total payments and credits Add lines 11 - 13.		_	_		5.00	
50	RERE	15 If L i	Your refund15\$ 12345.0016Amount you owene 14 is larger subtractIf Line 10 is larger subtractIf Line 10 is larger subtract	16	\$	123	345	. 0 0	
51	ORDER		10 Construction 10 Constructio	ake your ch					
52	Y OR	Line	10 from Line 14. Line 14 from Line 10. Tre	easurer. To p	ay by	[,] credi	t card	, see instr	uctions.
53	MONEY	Dire	ct Deposit If you want your refund (Line 15) deposited directly into your bank, enter the routing numbe	er and acco	ount	numt	er be	low, see	instructions.
54	RMC	Rou	iting Number XXXXXXXXX Account Number XXX	XXXX					
55	OK OR	X	Checking X Savings (Mark the type of account)		<u> </u>				
56	CHECK	Sign	There penalties of law, I declare that, to the best of my knowledge, this return is connect. Declaration of paid preparer is based on all the information available to the preparer.						
57	LE C		Your signature Date Paid preparer's signature				D	ate	
58	STAPLE								
59			Spouse's/domestic partner's signature if filing jointly Date Paid preparer's FEIN, SSN, or F	PTIN Pa	id pre	parer's	s phor	ne number	
30			123456789		22		701		
51			Send your signed and completed original return to: Office of Tax and Revenue. See instr			456 mnle			
2	-					mpic	a		_
3			2007 D-40EZ SUB P1		++	+	++		
64					++	+			
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65						0.00 -:-			
do 2 3	4 5 6	/ 8	9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 6	o1 62 63 64 65 6	<i>э</i> б 67 68	s 69 70	/1 72 73	3 / 4 75 76 77	/8 /9 80 81 82 83 84