2008 D-40EZ SUB Income Tax Return for Single and Joint Filers with No Dependents



| | Filing Status, mark if X Single, X Married fi | ling jointly, or X Registered domestic | partners | filing jointly | $\perp \perp$ |
|--------|---|--|-------------|---------------------------------------|---------------|
| our so | ocial security number (SSN) Spouse's/domestic partner's social security | number Your daytime phone number | | | |
| 123 | 123456789 | 1234567890 | | | |
| | | name | | | |
| | | CDEFGHIJKLABCDEFGH | | | |
| | | name | | | |
| | | CDEFGHIJKLABCDEFGH | | | |
| | address (number, street and apartment number if applicable) Use Schedule | S for longer, in-care-of or foreign addresses. | | | |
| 123 | 345ABCDEFGHIJKLABCDEFGH | | | | |
| ABC | CDEFGHIJKLABCDEFGHIJKLABCDEFGHIJK | | | | |
| City | | State Zipcode + 4 | | | |
| AB(| CDEFGHIJKLABCDEFGH | AB 12345678 | 9 | | |
| DC I | ncome tax Do not enter cents. Round cents to the nearest doll | ar If amount is zero make no entry ENTER | R DOLLA | RS ONLY | |
| | | | | | 00 |
| 1 | Total wages, salaries, tips, unemployment compensation | | | 12345 | |
| 2 | Taxable interest and ordinary dividends (If more than \$1500 | J, you must file Form D-40.) | 2 \$ | 12345 | . 00 |
| 3 | DC adjusted grass income Add line 1 and 2 (for | 00 000 101 7114 6/15 50 77 5 40 | 3 \$ | 10045 | 00 |
| 4 | DC adjusted gross income Add Lines 1 and 2. (If more than \$1 | | | 12345 | |
| + | Standard deduction plus exemption amount If single, enter If you can be claimed as a dependent on another's tax return, mark he | | 4 5 | 12345 | . 00 |
| | If you claimed real estate taxes and or net disaster loss on federal return | | | | |
| | \$12345.00 and or net disaster loss \$ 12345.00 See in | | | | |
| | \$\frac{\pi}{2} \frac{\pi}{2} \ | structions. Include these airts. In Line 4 total. | | | |
| 5 | DC taxable income Subtract Line 4 from Line 3. If Line 4 is equa | al to or more than Line 3, make no entry | 5 \$ | 12345 | 0.0 |
| 5 | Tax Use tax tables to find the tax on the Line 5 amount. | ar to or more than time 3, make no entry. | | 12345 | |
| 7 | DC Low Income Credit | | | 12345 | |
| | Complete Calculation A to see if this credit or the DC EITC is better for | or you. Do not claim both DC credits | , , | 12343 | . 00 |
| 8 | Net tax Subtract Line 7 from Line 6. If Line 7 is equal to or more th | | 8 \$ | 12345 | 0.0 |
| 9a | Voluntary contribution to the Public Trust for Drug Preve | | | 12345 | |
| 9b | Voluntary contribution to the DC statehood delegation fu | | | 12345 | |
| | | | 7.7 | | |
| 10 | Tax and/or voluntary contribution Add Lines 8, 9a and 9b. | | 10 S | 12345 | . 00 |
| 11 | Total DC income tax withheld From Forms W-2 and 1099 - atta | ach these forms | | 12345 | |
| 12 | Tax paid with extension of time to file or with original reti | | | 12345 | |
| 13 | DC Earned Income Tax Credit Enter your federal Earn | | | | |
| | See Calculation A. (Leave blank if you took DC Low Income Credit on | | | | |
| | Enter the number of EITC children | | 13a | XX | |
| 14 | Total payments and credits Add lines 11 - 13. | | 14 \$ | 12345 | . 00 |
| l 5 | Refund If Line 14 is larger, 15 \$ 12345.00 | 16 Amount owed If Line 10 is larger, | 16 | \$ 12345 | .00 |
| | subtract Line 10 from Line 14. | subtract Line 14 from Line 10. Ir check or money order payable to DC Treasurer. To payable to DC Treasurer. | any by or | dit card soo ir | ctruct |
| - | Make you | if check of money order payable to be measurer. To p | Jay by Cre | euit caru, see ii | istruct |
| | ct Deposit To have your refund deposited into your checking | X or savings X account, mark X for only | one acc | ount type and | 1 |
| | bank routing and account numbers below. See instructions. | Account Number VVVV | F 3F 3F 3F | ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ | 37.37 |
| | uting Number XXXXXXXX | | | XXXXXX | |
| | d Party Designee To authorize another person to discuss this | return with the OTR, check here $old X$ and ϵ | enter the | name and ph | one |
| | per of that person. See instructions. | | 100 | 4567000 | |
| | nee's name | Phone number | 123 | 4567890 | J |
| Sigr | Dature Under penalties of law, I declare that, to the best of my knowledge, this ret | turn is correct. Declaration of paid preparer is based on all the info | ormation av | ailable to the prepa | arer. |
| | | | | | |
| | Your signature Date | Paid preparer's signature | | D | ate |
| | | | | | |
| | | 123456789 | 100 | 456789 | \sim |

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