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

STAPLE OTHER DOCUMENTS IN UPPER LEFT IN BACK

Personal information

Fill in ☐ if: Filing an **Amended Return**. See page 3.
Fill in ☐ if: Filing for a deceased taxpayer. See page 12.

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Your social security number (SSN)

Spouse's/registered domestic partner's SSN

Your daytime telephone number

Your first name

M.I.

Last name

Spouse's/registered domestic partner's first name

M.I.

Last name

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

City

State

Zip Code +4

Filing status

☐ Single ☐ Married filing jointly ☐ Married filing separately ☐ Dependent claimed by someone else

1 Fill in only one: ☐ Married filing separately on same return Enter combined amounts for Lines 4–42. See instructions, page 13.

☐ Registered domestic partners filing jointly ☐ filing separately on same return

☐ Head of household Enter qualifying dependent and/or non-dependent information on Schedule S.

2 Fill in if you are: ☐ Part-year resident in DC from (month) to (month); number of months in DC See page 12.

● Complete your federal return first – Enter your dependents' information on DC Schedule S ●

Income Information

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

a Wages, salaries, unemployment compensation and/or tips, see instructions, page 13.

a \$.00

b Business income or loss, see instructions, page 13. Fill in if loss ☐

b \$.00

c Capital gain or loss. Fill in if loss ☐

c \$.00

d Rental real estate, royalties, partnerships, etc. Fill in if loss ☐

d \$.00

Computation of DC Gross and Adjusted Gross Income

3 Federal adjusted gross income. 1040 Line 37; 1040A Line 21; 1040EZ, Line 4; Fill in if loss ☐ 3 \$ 00
1040NR Line 35 plus line 86; 1040NR-EZ Line 10

Additions to DC Income

4 Franchise tax deducted on federal forms, 1120 and 1120S, see page 14. 4 \$ 00

5 Other additions from DC Schedule I, Calculation A, Line 8. 5 \$ 00

6 Add Lines 3, 4 and 5. Fill in if loss ☐ 6 \$ 00

Subtractions from DC Income

7 Income received during period of nonresidence, see page 14. 7 \$ 00

8 Taxable refunds, credits or offsets of state and local income tax. 8 \$ 00

9 Taxable amount of social security and tier 1 railroad retirement Forms 1040, Line 20b or 1040A, Line 14b. 9 \$ 00

10 Income reported and taxed this year on a DC franchise or fiduciary return. 10 \$ 00

11 DC and federal government pension and annuity limited exclusion, see page 15. Fill in ☐ if you are 62 or older ☐ if your spouse/domestic partner is 62 or older 11 \$ 00

12 DC and federal government survivor benefits, see page 14. 12 \$ 00

13 Other subtractions from DC Schedule I, Calculation B, Line 16. 13 \$ 00

14 Total subtractions from DC income, Lines 7-13. 14 \$ 00

15 DC adjusted gross income, Line 6 minus Line 14. Fill in if loss ☐ 15 \$ 00

STAPLE W-2s AND ANY OTHER WITHHOLDING STATEMENTS HERE



Your signature										Date		Paid preparer's signature										Date	
Spouse's/domestic partner's signature if filing jointly or separately on same return										Date		Paid preparer's Federal ID, SSN or PTIN										Paid preparer's phone number	



Unless instructed otherwise –
If you fill in any part of this schedule, attach it to your D-40.
Print in CAPITAL letters using black ink.

Enter your last name.

Enter your social security number.

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

First name	M.I.	Last Name
Social security number	Relationship	Date of Birth (MMDDYYYY)
First name	M.I.	Last Name
Social security number	Relationship	Date of Birth (MMDDYYYY)
First name	M.I.	Last Name
Social security number	Relationship	Date of Birth (MMDDYYYY)
First name	M.I.	Last Name
Social security number	Relationship	Date of Birth (MMDDYYYY)
First name	M.I.	Last Name
Social security number	Relationship	Date of Birth (MMDDYYYY)
First name	M.I.	Last Name
Social security number	Relationship	Date of Birth (MMDDYYYY)
First name	M.I.	Last Name
Social security number	Relationship	Date of Birth (MMDDYYYY)
First name	M.I.	Last Name
Social security number	Relationship	Date of Birth (MMDDYYYY)

Head of household filers

SSN of qualifying non-dependent person

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

Do not enter your information

First name of qualifying non-dependent person

M.I.

Last Name

Last name and SSN

**Calculation G Number of exemptions.**

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

a	Enter 1 for yourself and	a	<input type="text"/>
b	Enter 1 if you are filing as a head of household and	b	<input type="text"/>
c	Enter 1 if you are age 65 or over and	c	<input type="text"/>
d	Enter 1 if you are blind	d	<input type="text"/>
e	Enter number of dependents	e	<input type="text"/>
f	Enter 1 for your spouse or registered domestic partner if filing jointly or filing separately on same return	f	<input type="text"/>
g	Enter 1 if you are married filing jointly or married filing separately on same return and your spouse/partner is 65 or over	g	<input type="text"/>
h	Enter 1 if you are married filing jointly or married filing separately on same return and your spouse/partner is blind	h	<input type="text"/>
i	Total number of exemptions Add Lines a–h, enter here and on D-40, Line 18.	i	<input type="text"/>

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

Enter separate amounts in each column. Combine amounts on line k.

		You	Your spouse/domestic partner
a	Federal adjusted gross income. <i>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.</i>	a \$ <input type="text"/> 00	\$ <input type="text"/> 00
b	Total additions to federal adjusted gross income. <i>Enter each person's portion of additions entered on D-40, Lines 4 and 5.</i>	b \$ <input type="text"/> 00	\$ <input type="text"/> 00
c	Add Lines a and b.	c \$ <input type="text"/> 00	\$ <input type="text"/> 00
d	Total subtractions from federal adjusted gross income. <i>Enter each person's portion of subtractions entered on D-40, Line 14.</i>	d \$ <input type="text"/> 00	\$ <input type="text"/> 00
e	DC adjusted gross income. Subtract Line d from Line c.	e \$ <input type="text"/> 00	\$ <input type="text"/> 00
f	Deduction amount. <i>Enter each person's portion of the amount entered on D-40, Line 17. (You may allocate this amount as you wish.)</i>	f \$ <input type="text"/> 00	\$ <input type="text"/> 00
g	Exemption amount. <i>Enter each person's portion of exemption amount entered on D-40, Line 19.</i>	g \$ <input type="text"/> 00	\$ <input type="text"/> 00
h	Add Lines f and g.	h \$ <input type="text"/> 00	\$ <input type="text"/> 00
i	Taxable income. Subtract Line h from Line e. Fill in if loss <input type="radio"/>	i \$ <input type="text"/> 00 <input type="radio"/>	\$ <input type="text"/> 00
j	Tax. <i>If Line i is \$100,000 or less, use tax tables on pages 48-57. If more than \$100,000, use Calculation I, page 16</i>	j \$ <input type="text"/> 00	\$ <input type="text"/> 00
k	Add the amounts on Line j, enter here and on D-40, Line 22.	k \$ <input type="text"/>	00 Total tax



Important: Read eligibility requirements before completing.
Print in CAPITAL letters using black ink.

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Personal information

Your social security number (SSN)

Fill in if you are: ☐ 62 or older ☐ Blind or disabled

SSN grid

Your daytime telephone number

Telephone number grid

Your first name

M.I.

Last name

Name grid

Spouse's/registered domestic partner's SSN

Fill in if spouse/registered domestic partner is: ☐ 62 or older ☐ Blind or disabled

Spouse SSN grid

Spouse's/registered domestic partner's first name

M.I.

Last name

Spouse name grid

Mailing address (number, street and apartment)

Mailing address grid

City

State

Zip Code +4

City, State, Zip grid

Address of DC property (number, street and apartment) for which you are claiming the credit if different from above

DC property address grid

Type of property for which you are claiming the credit. Fill in only one: ☐ House ☐ Apartment ☐ Rooming house

◆ Complete Section A or Section B, whichever applies. ◆

Do not claim this credit for a property owned by a government, a house of worship or a non-profit organization.

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

Section A Credit claim based on rent paid

1 Total household gross income. From Line w on back. If over \$20,000, do not claim this credit.

1 \$.00

2 Rent paid on the property in 2009. \$.00 x .15 >

2 \$.00

If 15% of the rent paid amount is more than the line 1 amount do not claim the credit.

3 Property tax credit. Use the calculation on page 35.

3 \$.00

4 Rent supplements received in 2009 by you or your landlord on your behalf.

4 \$.00

5 Property tax credit. Subtract Line 4 from Line 3, D-40 filers enter here and on Line 29 of D-40.

5 \$.00

6 Landlord's name

Landlord name grid

Landlord's address (number and street)

Apartment number

Landlord address grid

Landlord's telephone number

Landlord telephone grid

City

State

Zip Code +4

City, State, Zip grid

Section B Credit claim based on real property tax paid

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

7 Total household gross income from Line w on back. If over \$20,000, do not claim the credit.

7 \$.00

8 DC real property tax paid by you on the property in 2009.

8 \$.00

9 Property tax credit Use the calculation on page 35.

9 \$.00

10 Enter information from your real property tax bill or assessment. If a section is blank on your property tax bill, leave it blank here.

Square number

Square number grid

Suffix number

Suffix number grid

Lot number

Lot number grid

2009 SCHEDULE H WORKSHEET

Last name and SSN

Total Household Gross Income — Report the total income of every member of your household, including income not subject to DC tax.

This income does not include gifts from nongovernmental sources, food stamps or food and other relief in-kind supplied by a governmental agency.

	You	Your spouse/dom. partner	Other household members
	\$	\$	\$
a Wages, salaries, tips, bonuses, commissions, fees and any compensation for personal services.	a		
b Dividends and interest.	b		
c Lottery winnings.	c		
d Trade or business income or loss.	d		
e Taxable and nontaxable pensions and annuities.	e		
f Capital gain (loss).	f		
g Alimony received.	g		
h Net rental and royalty income.	h		
i Social security and/or railroad retirement.	i		
j Unemployment insurance and workers' compensation.	j		
k Support money and public assistance grants.	k		
l Interest on U.S. obligations.	l		
m Disability income exclusion (from DC Form D-2440, Line 10).	m		
n Nontaxable portion of military compensation.	n		
o Fellowship and scholarship awards and grants.	o		
p Life insurance proceeds.	p		
q Veteran's pension and disability payments.	q		
r GI Bill benefits.	r		
s Income subject to unincorporated business franchise tax.	s		
t Cash distributions from a business or investment.	t		
u Other.	u		
v Total gross income. Add Lines a–u for each column.	v		
w Total household gross income. Add amounts entered on Line v, enter here and on correct Line (1 or 7) on page 1 of Schedule H.	w \$		

List names and social security numbers of other household members.

#1 _____

#2 _____

#3 _____

#4 _____



Last name and SSN

If you are blind or disabled, you must have this certificate completed to claim the Property Tax Credit. File it with your Schedule H.

Physician's certification of blindness or disability.

If a physician's certification of blindness or disability has been submitted previously and the claimant's condition is unchanged, additional certifications are not needed. Fill in if submitted ☐.

Claimant's first name

M.I.

Last name

Claimant's social security number

I certify that the above-named claimant (fill in all that apply):

- ☐ is blind;
- ☐ has a physical or mental impairment that is expected to last continuously for 12 months or more;
- ☐ was physically or mentally impaired on January 1, 2009.

Physician's first name

M.I.

Last name

Physician's address (number and street)

Suite number

City

State

Zip Code +4

Physician's signature

Date

Where Licensed

License Number

Definitions

Blind

Central visual acuity that does not exceed 20/200 in the better eye with correcting lenses, or visual acuity that is greater than 20/200, but is accompanied by a limitation in the field of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees.

Disabled

Unable to engage in any gainful activity due to a medically determinable physical or mental impairment which can be expected to last for 12 months or more.

Signature

Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is true and correct.
Declaration of paid preparer is based on the information available to the preparer.

Your signature

Date

Paid preparer's signature

Date

Paid preparer's Federal ID, SSN or PTIN

Paid preparer's telephone number

**SCHEDULE U Additional
Miscellaneous Credits and
Contributions**



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Important: Print in CAPITAL letters using black ink. Attach to D-40.

NOTE: Contribution(s) will either decrease a refund or increase the tax owed by the amount of the contribution(s).

Enter your last name

Social Security Number

Part I Credits

a. Nonrefundable Credits

1. DC Government Employee first-time DC homebuyer credit, see page 18. 1. \$.00
2. Enter state income tax credit. List additional states on a separate sheet, attach it and a copy of all state returns filed. (Enter total of all state tax credits on Line 3 below.)

State (a) \$.00 (b) \$.00

State (c) \$.00 (d) \$.00

3. Total of Line 2 state tax credits and any additional tax credits from an attachment. Enter amount. 3. \$.00
4. RESERVED 4. \$.00
5. RESERVED 5. \$.00
6. Total your nonrefundable credits, enter here and on Form D-40, Line 24. 6. \$.00

b. Refundable Credits

1. DC Non-custodial parent EITC (see Schedule N). 1. \$.00
2. RESERVED 2. \$.00
3. RESERVED 3. \$.00
4. Total your refundable credits, enter here and on Form D-40, Line 30. 4. \$.00

Part II Contributions (The minimum contribution is \$1.00.)

1. DC Statehood Delegation Fund. 1. \$.00
2. Public Fund for Drug Prevention and Children at Risk. 2. \$.00
3. Anacostia River Cleanup and Protection Fund. 3. \$.00
4. RESERVED 4. \$.00
5. RESERVED 5. \$.00
6. If due a refund, total your contribution(s), enter here and on Form D-40, Line 37. 6. \$.00
7. If you owe tax, total your contribution(s), enter here and on Form D-40, Line 41. 7. \$.00

If you are not due a refund and do not owe additional tax, total your contribution(s) and enter on Form D-40, Line 41.

If you owe tax, make the payment plus any contribution(s), payable to the DC Treasurer and mail it with your return. Attach this schedule to your D-40 Return.



Important: Print in CAPITAL letters using black ink.
Attach to Schedule U. File Schedules N and U with your D-40.

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First name of non-custodial parent	M.I.	Last name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address (number, street and apartment)		
<input type="text"/>		
City	State	Zip Code + 4
<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number	Date of birth (MMDDYYYY)	
<input type="text"/>	<input type="text"/>	

Even if you are not eligible to claim the Federal Earned Income Credit you may be able to claim the DC Earned Income Tax Credit.

DC Non-Custodial Parent EITC Eligibility – Please complete this checklist to determine your eligibility to file Schedule N.

You may claim the DC Non-Custodial Parent EITC only if you can answer “Yes” to the following questions.

	YES	NO
1. Is your Federal Adjusted Gross Income for 2009 less than: \$35,463 (\$40,463 if married or registered domestic partners filing jointly) <u>with one</u> qualifying child? \$40,295 (\$45,295 if married or registered domestic partners filing jointly) <u>with two</u> qualifying children? \$43,279 (\$48,279 if married or registered domestic partners filing jointly) <u>with three or more</u> qualifying children?	<input type="radio"/>	<input type="radio"/>
2. Were you a DC resident taxpayer during the year?	<input type="radio"/>	<input type="radio"/>
3. Were you between the ages of 18 and 30 as of December 31, 2009?	<input type="radio"/>	<input type="radio"/>
4. Are you a parent of a minor child(ren) with whom you do not reside?	<input type="radio"/>	<input type="radio"/>
5. Are you under a court order requiring you to make child support payments?	<input type="radio"/>	<input type="radio"/>
6. Was the effective date of the child support payment order on or before 6/30/2009?	<input type="radio"/>	<input type="radio"/>
7. Did you make child support payment(s) through a government sponsored support collection unit?	<input type="radio"/>	<input type="radio"/>
8. Did you pay all of the court ordered child support due for 2009 by December 31, 2009?	<input type="radio"/>	<input type="radio"/>

If you answered “Yes” to the above questions, you may claim the DC Non-Custodial Parent EITC.
Fill out Schedule N and attach it, and Schedule U, to your D-40.

**Qualifying Child Information**

First Name M.I. Last Name

1. Child's name, #1

Child's name, #2

Child's name, #3

If you have more than three qualifying children, you only need to list three to get the maximum credit.

2. Child's SSN #1 #2 #3

3. Child's date of birth #1 #2 #3

4. Custodian's name First Name M.I. Last Name

5. Custodian's address Number, street and apartment number City State Zip Code + 4

6. Custodian's SSN

7. Location of the court that ordered support payments for: #1 #3 #2

8. Case or Docket number for: 9. Name of government agency to which you make payments for: #1 #2 #3 #1 #2 #3

10. Address of the government agency for: #1 #2 #3

11. Amount of court ordered payment #1 \$.00 per month #3 \$.00 per month #2 \$.00 per month

12. Date payments were ordered to start #1 (MMDDYYYY) #2 (MMDDYYYY) #3 (MMDDYYYY)

13. Total payments made during 2009 \$.00 \$.00 \$.00 #1 #2 #3

14. Computation: Using the amount on Line 3 of Form D-40, find the correct Earned Income Credit (EIC) amount from the EIC table in the Federal 1040 tax return booklet. Multiply that amount by .40 to determine the DC Non-Custodial Parent EITC amount to claim on Schedule U, Part 1b, Line 1. If you are a part-year filer see page 13 of the D-40 booklet for instructions on prorating the credit to be claimed.