

Revised 10/09



D-40 Individual Income Tax Return





File order 1

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

ACK	<u>Per</u>	sonal information Fill in if: Filing an Amended Return. See page 3. Fill in if: Filing for a deceased taxpayer See page 12.	OFFICIAL USE ONLY	
FT IN B	You	social security number (SSN) Spouse's/registered domestic partner's SSN Your data	aytime telephone number	
STAPLE OTHER DOCUMENTS IN UPPER LEFT IN BACK	You	r first name M.I. Last name		
TS IN U	Spor	use's/registered domestic partner's first name M.I. Last name		
CUMEN	Hom	ne address (number, street and apartment number if applicable)		
ER DO				
E OTH				
STAPL	City	State	Zip Code +4	
	F:::			
Г	<u>Filir</u>	ng status Single Married filing jointly Married filing separately Fill in only one: Married filing separately on same return Enter combined amounts for	Dependent claimed by someone else	
	1	Fill in only one: Married filing separately on same return Enter combined amounts for Registered domestic partners filing jointly filing separately on		
HER		Head of household Enter qualifying dependent and/or non-depender		
ENTS	2	Fill in if you are: Part-year resident in DC from (month) to	onth); number of months in DC See page .	12.
R WITHHOLDING STATEMENTS HERE	Inco	 Complete your federal return first – Enter your dependents' information Round cents to nearest dollar.		
DING	а	Wages, salaries, unemployment compensation and/or tips, a \$.00	
1 1 1 1 1	b	see instructions, page 13. Business income or loss, see instructions, page 13. Fill in if loss b	.00	
± ≪ ≈	С	Capital gain or loss.	.00	
OTHE	d	Rental real estate, royalties, partnerships, etc. Fill in if loss O d S	.00	
	Con	nputation of DC Gross and Adjusted Gross Income		
APLE W-2s AND ANY	3	Federal adjusted gross income. 1040 Line 37; 1040A Line 21; 1040EZ, Line 4; Fill in if loss	3 \$	00
E W-2		1040NR Line 35 plus line 86; 1040NR-EZ Line 10 Additions to DC Income		
TAPL	4	Franchise tax deducted on federal forms, 1120 and 1120S, see page 14.	4 \$	00
0)	5	Other additions from DC Schedule I, Calculation A, Line 8.	5 \$	00
	6	Add Lines 3, 4 and 5.	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 <u>limited</u> exclusion, see page 15. Fill in 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, <i>Lines 7-13</i> .	14 \$	00
	15	DC adjusted gross income, Line 6 minus Line 14.	15 \$	00

Enter year bast name. Finite year bast name. Finite year year year year year year year yea	D-40 PAGE 2		
15 DC adjusted gross income. Enter adjusted gross income from Line 15 on the previous page. 16 Deduction type. Take the same type as you to the one of purifered intern. Fill is which type: Standard, See age, 15 or more the enter to the 7.1. Attach DC Sandale S. 17 Deduction amount. An enter the enter to the 7.1. Attach DC Sandale S. 18 Position amount. As enter the group from feeder intern. Fill is which type: Standard in amount. As every from feeder intern. Far amount in extent sees; see range 14. 18 Number of exemptions. It more that I all the same that the same is the same transplant of the same transplant in the Standard on Repair in Enter and the same transplant in the Standard on Repair in Enter and Standard on Repair in	Enter your last name.		
16 Deduction type. Take the same type as you not on your festival returns it follows which types. Standard, Seeing to 16 would help the part of 17 Standard Schools Standard, Seeing the Standard Standa	Enter your SSN.	0 9 0 4 0 0 1 2 0 0 0 2	
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17 OC deduction amount. Do not copy from infector interim. For amount to entry, see page 1d. 18 Number of estable that \$\$ 100 See pp. 16. Richael in Line 17 ams. 18 Number of estable that \$\$ 100 See pp. 16. Richael in Line 17 ams. 18 Number of estable that \$\$ 100 See pp. 16. Richael in Line 17 ams. 18 Number of estable that \$\$ 100 See pp. 16. Richael in Line 17 ams. 18 Number of estable that \$\$ 100 See pp. 16. Richael in Line 17 ams. 19 Exemption amount. Intellige \$\$ 1,675 by number on line 18. Part year BC residents are Calculation 5, Debaution 5. 20 000 20 000 21 Taxable income. Subtract line 20 from line 15. Fotor result. Fill intities 21 000 21 Taxable income. Subtract line 20 from line 15. Fotor result. Fill intities 21 000 22 Tax. If line 2 is 100,000 or less, use tax bolies on pages 45-54. If more, use Calculation 1, page 13. 23 Credit for child and dependent care expenses 00 X, 32 Enter result. 23 Credit for child and dependent care expenses 00 X, 32 Enter result. 24 Non-refundable credits from DC Schedule U, Part 1 pl. line 6. Attach Schedule U. 24 000 25 Total non-refundable credits from DC Schedule U, Part 1 pl. line 6. Attach Schedule U. 24 000 26 Total non-refundable credits from DC Schedule U, Part 1 pl. line 6. Attach Schedule U. 27 000 28 DC Earned Income Tax Credit. Enter your federal EIC. 00 X, 40 Enter result. 28 000 28 Centred Income Tax Credit. Enter your federal EIC. 00 X, 40 Enter result. 28 000 29 Property Tax Credit. From your DC Schedule K attach a copy. 29 000 30 Refundable credits from DC Schedule V, Statish and Line 26 Issue from 27 Blank. 29 Property Tax Credit. From your DC Schedule K attach a copy. 29 000 30 Refundable credits. And David Calculation Line 26 Issue from 27 Blank. 30 000 31 Tax paid with extension of time to file or with original return if this is an amended return. 31 000 32 2009 estimated income tax payments. 33 1000 34 Total payments and refundable credits. And Lines 28, 29-32. Amount to be applied. 36 000 41 Total payments and r	16 Deduction type. Take the same type as you took on your federal return. Fill in which ty Standard, See page 15 for amount to enter on Line 17.		
## change sets debaction and, if claimed on interest return, enter real estate taxes \$ 0.00 and present protections for \$ 0.00 seep gp. 16. Include in Jim 17 and 1. 18 Number of excemptions. If mode than 1 (poor hash 2 if stop goodly, or if you or pean control of control of the present of the pre		co 14	00
Received for the distaster loss \$ 0.0 Seep gs. 18. Include in lane 17 and 1.			00
sponsestionmentin pairtine are ower 65 or blind, attach a completed Calculation 6, Schedule 8. 19 Exemption amount. Mushoy \$1,675 by number on live 18. Part-year DC residents see Calculation H, page 13. 20 00 20 Add Lines 17 and 19. 21 Taxable income. Suchest Line 20 from Line 15. Enter result. Fill in live. 21 00 22 Tax. B Line 21 is \$100,000 or less, use tax tables on pages 45:54. If more, use Calculation 1, page 13. 23 Tax. B Line 21 is \$100,000 or less, use tax tables on pages 45:54. If more, use Calculation 1, page 13. 25 Tax. B Line 21 is \$100,000 or less, use tax tables on pages 45:54. If more, use Calculation 1 in Schedule 2. 26 Tax. B Line 21 is \$100,000 or less, use tax tables on pages 45:54. If more, use Calculation 1 in Schedule 2. 27 Total fill on lift filling separately on same return. Complete Calculation 1 in Schedule 2. 28 Torellit for foll and dependent care expenses. 90 X 32 Enter result > 23 00 70 Total on Income 10 Calculation 1 in Schedule 2. 29 Total non-refundable credits. Add Lines 23, 24 and 25. 20 Total non-refundable credits from DC Schedule U, Part 1a, line 6. Attach Schedule Line 2. 29 Total tax. Subtract Line 26 from Line 22, 11 Line 22 is less than Line 26 leave line 27 blank. 20 Total tax. Subtract Line 26 from Line 22, 11 Line 22 is less than Line 26 leave line 27 blank. 20 Total tax. Subtract Line 26 from Line 22, 11 Line 22 is less than Line 26 leave line 27 blank. 20 Total tax. Subtract Line 26 from Line 22, 11 Line 22 is less than Line 26 leave line 27 blank. 20 Property Tax Credit. From your DC Schedule 4, attach a copy. 20 Calculation Lines 10 Line 26 Lines Lines 10 Lines 27. 20 Calculation Lines 10 Lines 27. 21 Lines 27 Lines 28 L		ot.	
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35 Amount you overpaid. 36 Amount to be applied. 37 Contribution amount. 38 Ado Lines 36 and 37. 38 Add Lines 36 and 37. 38 Add Lines 36 and 37. 39 Refund. Subtract Line 38 39 O0 43 Total amount due. 43 Total amount due. 43 Total amount due. 44 Add Lines 40-42. Will this refund go to an account outside of the U.S.? See p. 5 Direct Deposit. To have your refund deposited to your checking OR savings account, fill in oval and enter the name and phone number of that person. See instructions, page 18. Routing Number Signature Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid preparer is based on information available to the preparer. Date OU 41 Contribution amount 41 \$ 00 00 00 41 \$ 00 00 00 00 00 00 00 00 00 00 00 00 0	34 Total payments and refundable credits Add Lines 28, 29–33.	34.\$.00
36 Amount to be applied. 36 Amount to be applied. 36 OO 41 Contribution amount to your 2010 estimated tax. OO 41 Contribution amount from Sched. U, Part II, Line 6. 37 Contribution amount. 37 S OO 42 Penalty \$ Interest \$ 38 Add Lines 36 and 37. 38 OO (See page 4) Enter total P & I 42 OO 39 Refund. Subtract Line 38 39 OO 43 Total amount due. Add Lines 40-42. Will this refund go to an account outside of the U.S.? See p. 5 Direct Deposit. To have your refund deposited to your checking OR savings account, fill in oval and enter bank routing and account numbers. See page 18. Routing Number Account Number Third party designee To authorize another person to discuss this return with OTR, fill in here and enter the name and phone number of that person. See instructions, page 18. Designee's name Phone number Signature Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid preparer is based on information available to the preparer. Paid preparer's signature Date Paid preparer's signature Date	Refund — Complete if Line 34 is more than Line 27.	mount owed — Complete if Line 34 is equal to or less than Line 27.	
36 Amount to be applied. to your 2010 estimated tax. 37 Contribution amount. from Sched. U, Part II, Line 7. 38 Add Lines 36 and 37. 38 00 (See page 4) Enter total P & I 42 000 39 Refund. Subtract Line 38 39 00 43 Total amount due. Add Lines 40-42. Will this refund go to an account outside of the U.S.? See p. 5 Direct Deposit. To have your refund deposited to your checking OR savings account, fill in oval and enter bank routing and account numbers. See page 18. Routing Number Account Number Third party designee To authorize another person to discuss this return with OTR, fill in here and enter the name and phone number of that person. See instructions, page 18. Designee's name Phone number Signature Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid preparer is based on information available to the preparer. Paid preparer's signature Date Paid preparer's signature Date Doubt 1			00
37 Contribution amount. from Sched. U, Part II, Line 6. 38 Add Lines 36 and 37. 38 00 (See page 4) Enter total P & I 42 000 39 Refund. Subtract Line 38 from Line 35. Will this refund go to an account outside of the U.S.? See p. 5 Direct Deposit. To have your refund deposited to your checking OR savings account, fill in oval and enter bank routing and account numbers. See page 18. Routing Number Account Number Third party designee To authorize another person to discuss this return with OTR, fill in here and enter the name and phone number of that person. See instructions, page 18. Designee's name Signature Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid preparer is based on information available to the preparer. Paid preparer's signature Date Date	36 Amount to be applied. 36 \$ 00 41	Contribution amount 41 \$	00
38 Add Lines 36 and 37. 38 00 (See page 4) Enter total P & I 42 000 39 Refund. Subtract Line 38 39 00 43 Total amount due. Add Lines 40–42. Will this refund go to an account outside of the U.S.? See p. 5 Direct Deposit. To have your refund deposited to your checking OR savings account, fill in oval and enter bank routing and account numbers. See page 18. Routing Number Account Number Third party designee To authorize another person to discuss this return with OTR, fill in here and enter the name and phone number of that person. See instructions, page 18. Designee's name Phone number Signature Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid preparer is based on information available to the preparer. Date Paid preparer's signature Date Date Date Date	37 Contribution amount. 37 \$ 00 42	Penalty \$	
39 Refund. Subtract Line 38 39 00 43 Total amount due. Add Lines 40–42. Will this refund go to an account outside of the U.S.? See p. 5 Direct Deposit. To have your refund deposited to your checking OR savings account, fill in oval and enter bank routing and account numbers. See page 18. Routing Number Account Number Third party designee To authorize another person to discuss this return with OTR, fill in here and enter the name and phone number of that person. See instructions, page 18. Designee's name Phone number Signature Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid preparer is based on information available to the preparer. Paid preparer's signature Date	38 Add Lines 36 and 37. 38 \$ 00		00
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Direct Deposit. To have your refund deposited to your checking OR savings account, fill in oval and enter bank routing and account numbers. See page 18. Routing Number Account Number Third party designee To authorize another person to discuss this return with OTR, fill in here and enter the name and phone number of that person. See instructions, page 18. Designee's name Phone number Signature Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid preparer is based on information available to the preparer. Your signature Date Paid preparer's signature Date	from Line 35.		
Routing Number Account Number Third party designee To authorize another person to discuss this return with OTR, fill in here and enter the name and phone number of that person. See instructions, page 18. Designee's name Phone number Signature Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid preparer is based on information available to the preparer. Paid preparer's signature Date Date		nt. fill in oval and enter bank routing and account numbers. See page 18.	
Designee's name Phone number Phone number Signature Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid preparer is based on information available to the preparer. Paid preparer's signature Date Date			
Signature Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid preparer is based on information available to the preparer. Your signature Date Paid preparer's signature Date	Third party designee To authorize another person to discuss this return with OTR, fill in here	and enter the name and phone number of that person. See instructions,	page 18.
Your signature Date Paid preparer's signature Date	Designee's name	Phone number	
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			he preparer.
	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	



2009 SCHEDULE S Supplemental Information and Dependents



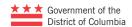
Unless instructed otherwise – If you fill in <u>any part</u> of this schedule, attach it to your D-40. Print in CAPITAL letters using black ink.

Enter your last name.		Ent	er your social security number.	
Dependents If you have more than 8 depe	endents, list them on a	an attac	hment.	
First name		M.I.	Last Name	
Social security number	Relationship			Date of Birth (MMDDYYYY)
Social Sociality Hamber	Relationship			Sate of Birar (IIIIIBB1111)
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	
That hand		IVI.II.	Last Name	
Social security number	Relationship			Date of Birth (MMDDYYYY)
First name		M.I.	Last Name	
Casial assurity pumbar	Deletionship			Data of Rivib (MMDDVVVV)
Social security number	Relationship			Date of Birth (MMDDYYYY)
First name		M.I.	Last Name	
That hame		IVI.II.	Last Name	
Social security number	Relationship			Date of Birth (MMDDYYYY)
	ying non-dependent persor	n	Date of Birth of qualifying non-depe	endent 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 ar a Enter 1 for yourself and	nd have not filled i	in any other sec	tion of S	chedule	· S.	а	
b Enter 1 if you are filing as a head of household and						b	
c Enter 1 if you are age 65 or over and						С	
d Enter 1 if you are blind						d	
e Enter number of dependents						е	
f Enter 1 for your spouse or registered domestic partner if filing joint	tly or filing separ	ately on same	return			f	
g $$ Enter 1 if you are married filing jointly or married filing separately	on same return a	and your spou	se/partn	er is 6	5 or over	g	
h Enter 1 if you are married filing jointly or married filing separately	on same return a	and your spou	se/partn	er is bl	ind	h	
i Total number of exemptions Add Lines a-h, enter here and on D-40,	Line 18.					i	
Calculation J Tax computation for married or registered domestic	partners filing	-	the sai			,.	
Enter separate amounts in each column. Combine amounts on line k.		You		Your s	spouse/dome	stic pai	
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 \$		00				C
b Total additions to federal adjusted gross income. Enter each person's portion of additions entered on D-40, Lines 4 and 5.	b \$		00				0
c Add Lines a and b.	c \$		00				C
d Total subtractions from federal adjusted gross income. Enter each person's portion of subtractions entered on D-40, Line 14.	d \$		00				0
e DC adjusted gross income. Subtract Line d from Line c.	e \$		00				C
f Deduction amount. Enter each person's portion of the amount entered on D-40, Line 17. (You may allocate this amount as you wish.)	f \$		00				C
g Exemption amount. Enter each person's portion of exemption amount entered on D-40, Line 19	g S		00				C
h Add Lines f and g.	h \$		00				C
i Taxable income. Subtract Line h from Line e. Fill in if loss) i ș		00				C
j Tax. 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	j ş		00				C
k Add the amounts on Line j, enter here and on D-40, Line 22.		k Ş			() () Tota	al tax



2009 SCHEDULE H Homeowner and Renter Property Tax Credit

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

Personal information Your social security number (SSN)	Fill in if you a	re: 62 or	older	Blind or					
	r III III II you u		daytime teleph						
Your first name	M.I.	Last name	иауште тегерп	one numb	er				
Spouse's/registered domestic partner's SSN	Fill in if spouse	e/registered dor	mestic partner	is:	62 or olde	r O	Blind or	disabled	
Spouse's/registered domestic partner's first name	e M.I.	Last name							
Mailing address (number, street and apartment)									
City				State	Zip Code	e +4			
Address of DC property (number, street and apar	rtment) for which you	are claiming the	credit if differen	t from abov	е				
Type of property for which you are claiming the c	redit. Fill in only one	: House	Apartme	ent	Rooming h	nouse			
Section A <u>Credit claim based on ren</u> Total household gross income. From	•	over \$20,000, d							.00
2 Rent paid on the property in 2009. If 15% of the rent paid amount is n	\$ nore than the line 1	l amount do not		0 x.15 > dit.	2 \$.00
B Property tax credit. Use the calculation of	n page 35.				3 \$.00
4 Rent supplements received in 2009	by you or your la	andlord on yo	ur behalf.		4 \$.00
5 Property tax credit. Subtract Line 4 from	Line 3, D-40 filers er	nter here and on L	ine 29 of D-40.		5 \$.00
5 Landlord's name									
andlord's address (number and street)								Apartment	number
								, paremone	
		L	andlord's telep	hone num	ber				
City				State	Zip Code	e +4			
Section B <u>Credit claim based on rea</u>	al property tax p	aid				d cents to amount is		est dollar. ave the line	e <i>blank</i> .
7 Total household gross income from			do not claim the	e credit.	7 \$				00
B DC real property tax paid by you or					8 \$				00
Property tax credit Use the calculation					9 \$.00
LO Enter information from your real propert		nent. If a section	n is blank on yo	our proper	ty tax bill, l	eave it bla	ank here.		
Square number	Suffix number		Lot num						

2009 SCHEDULE H WORKSHEET

Last name and SSN	

a Wages, salaries, tips, bonuses, commissions, fees and any compensation for personal services. b Dividends and interest. c Lottery winnings. d Trade or business income or loss. e Taxable and nontaxable pensions and annuities. e Taxable and nontaxable pensions and annuities. f Capital gain (loss). g Alimony received. h Net rental and royalty income. i Social security and/or railroad retirement. j Unemployment insurance and workers' compensation. k Support money and public assistance grants. l Interest on U.S. obligations. m Disability income exclusion (from DC Form D-2440, Line 10). n Nontaxable portion of military compensation. o Fellowship and scholarship awards and grants. o P Life insurance proceeds. q Veteran's pension and disability payments. r GI Bill benefits. s Income subject to unincorporated business franchise tax. t Cash distributions from a business or investment. u Other. v Total gross income. Add Lines a—u for each column. 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.	\$
any compensation for personal services. b Dividends and interest. c Lottery winnings. c Trade or business income or loss. e Taxable and nontaxable pensions and annuities. e Taxable and nontaxable pensions and annuities. f Capital gain (loss). g Alimony received. h Net rental and royalty income. i Social security and/or railroad retirement. j Unemployment insurance and workers' compensation. k Support money and public assistance grants. l Interest on U.S. obligations. m Disability income exclusion (from DC Form D-2440, Line 10). n Nontaxable portion of military compensation. o Fellowship and scholarship awards and grants. o P Life insurance proceeds. q Veteran's pension and disability payments. r GI Bill benefits. s Income subject to unincorporated business franchise tax. t Cash distributions from a business or investment. u Other. v Total gross income. Add Lines a–u for each column. 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.	
C Lottery winnings. d Trade or business income or loss. e Taxable and nontaxable pensions and annuities. e Taxable and nontaxable pensions and annuities. e Taxable and nontaxable pensions and annuities. f Capital gain (loss). g Alimony received. g h Net rental and royalty income. i Social security and/or railroad retirement. j Unemployment insurance and workers' compensation. j K Support money and public assistance grants. l Interest on U.S. obligations. l Interest on U.S. obligations. l Poisability income exclusion (from DC Form D-2440, Line 10). n Nontaxable portion of military compensation. o Fellowship and scholarship awards and grants. o P Life insurance proceeds. q Veteran's pension and disability payments. r GI Bill benefits. s Income subject to unincorporated business franchise tax. t Cash distributions from a business or investment. t U Other. 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.	
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V Total gross income. Add Lines a–u for each column. 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 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.	
enter here and on correct Line (1 or 7) on page 1 of Schedule H.	
List names and social security numbers of other household members.	
List names and social security numbers of other household members.	
#1	
#2	

#4 ___

2009 SCHEDULE	H PAGE 3													
Last name and SSN		0	9	9	9	8	0	1	2	0	0	0	I IIII 2	

If you are blind or disabled, you must have this certificate	e completed to	claim	the Property	Tax Credi	t. File	it witi	h your	Sche	dule F	<i>l</i> .				
Physician's certification of blindness or disability if a physician's certification of blindness or disability has not needed. Fill in if submitted .	ity. been submitte	ed prev	riously and th	e claimar	nt's co	nditio	n is uı	nchan	ged, a	dditior	ıal cer	tificatio	ons a	re
Claimant's first name	1	M.I. L	ast name											
Claimant's social security number														
I certify that the above-named claimant (fill in all to is blind;	that apply):													
has a physical or mental impairment that is expec		ntinuou	ısly for 12 m	onths 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)										Suit	e num	ber		
City				State		Zip Co	ode +4	4						
Physician's signature		Date		Where Li	censed				License	Numb	er			
D.C. 111														
Definitions														
Blind Central visual acuity that does not exceed 20/200 i with correcting lenses, or visual acuity that is greate but is accompanied by a limitation in the field of v the widest diameter of the visual field subtends an a than 20 degrees.	er than 20/20 vision such tl	00, hat												
Disabled														
Unable to engage in any gainful activity due to a medable physical or mental impairment which can be for 12 months or more.														
Signature Under penalties of law, I declare that I have Declaration of paid preparer is based on the				of my kno	wledge	, it is t	rue ar	nd corr	ect.					
	Date		Paid preparer's	signature	:					[Date			
			, ,, ,,	<u> </u>										
	Paid pr	reparer's	Federal ID, S	SN or PTII	٧	Pa	aid pre	eparer'	s telepl	none nu	ımber			







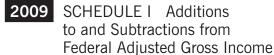
Important: Print in CAPITAL letters using black ink. Attach to D-40. **NOTE:** Contribution(s) will either decrease a refund or increase the tax owed by the amount of the contribution(s).

Enter your last name	S	Social Secu	rity Number	
Part I Credits a. Nonrefundable Credits				
1. DC Government Empl	oyee first-time DC homebuyer credit, see page 18.	1.		00
2. Enter state income ta	x credit. List additional states on a separate sheet, attach it state returns filed. (Enter total of <u>all</u> state tax credi			
State (a)	оо (ь) \$	00		
State (c) \$	-00 (d) \$	00		
3. Total of Line 2 state t Enter amount.	ax credits and any additional tax credits from an attachr	ment.		00
4.		4.		00
5.		5.		00
6. Total your nonrefunda	ble credits, enter here and on Form D-40, Line 24.	6.		00
b. Refundable Credits				
1. DC Non-custodial par	ent EITC (see Schedule N).	1.		00
2.		2.		00
3.		3.		00
4. Total your refundable	credits, enter here and on Form D-40, Line 30.	4.		-00
Part II Contributions (The minim	mum contribution is \$1.00.)			
1. DC Statehood Delega	tion Fund.	1.		-00
2. Public Fund for Drug	Prevention and Children at Risk.	2.		-00
3. Anacostia River Clea	nup and Protection Fund.	3.		00
4.		4.		00
5.		5.		.00
6. If due a refund, total ye	our contribution(s), enter here and on Form D-40, Line 37.	. 6.		.00
7. If you owe tax, total y	our 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.





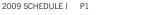


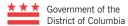
Make entries using black ink. Attach to your D-40.

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Las	st name Social Security Number		OFFICIAL USE ON	LY
Cal	Iculation A Additions to federal adjusted gross income. Fill in only those that apply.		Dollars only, do not e	enter cents
1.	. Part-year DC resident – enter the portion of adjustments (from Line 36, Form 1040 or Line 20, Form 1040A) that relate to the time you <u>resided outside</u> DC. For Lines 2 – 7 below include only the amounts related to the time you <u>resided in DC.</u>	1 \$		00
2.	Income distributions eligible for income averaging on your federal tax return from federal Form 4972, Lines 6 and 8 Add Lines 6 and 8 and enter here.	2 \$.00
3.	. 30% or 50% federal bonus depreciation and/or extra IRC §179 expenses claimed on federal return	3 \$.00
4.	. Any part of a discrimination award subject to income averaging.	4 \$.00
5.	. Deductions for S Corporations from Schedule K-I, Form 1120 S.	5 \$		00
6.	. Other (see instructions on other side)	6 \$.00
7.	RESERVED	7 \$.00
8.	. Total additions Add entries on Lines 1–7. Enter the total here and on D-40, Line 5.	8 \$.00
Ca	alculation B Subtractions from federal adjusted gross income. Fill in only those that apply			
1	. Taxable interest from US Treasury bonds and other obligations. (See other side.)	1 \$.00
2.	. Disability income exclusion from DC Form D-2440, Line 10. (See other side.)	2 \$.00
3.	. Interest and dividend income of a child from federal Form 8814*.	3 \$.00
4.	. Awards, other than front and back pay, received due to unlawful employment discrimination.	4 \$.00
5.	. Excess of DC allowable depreciation over federal allowable depreciation. See page 15 $^{\prime\prime}l$	Vote." 5 \$.00
6.	. Long-term care insurance premiums paid in 2009, \$500 annual limit per person.	6 \$		00
7.	. Amount paid (or carried over) to DC College Savings plan in 2009 (maximum \$4000 person, \$8,000 for joint filers if each is an account owner). Part-year residents see page 15.			00
8.	. Exclusion of up to \$10,000 for DC residents (certified by the Social Security Adm. as disabled) with adjusted annual household income of less than \$100,000. See page	8 \$.00
9.	Expenditures by DC teachers for necessary classroom teaching materials, \$500 annual limit per person. See page 15.	9 \$		00
10	. Expenditures by DC teachers for certain tuition and fees, $$1500$ annual limit per pers See page 15.	on. 10		.00
11.	. Loan repayment awards received by health-care professionals from DC government. See page 15.	11		.00
12.	. Health-care insurance premiums paid by an employer for an employee's registered domestic partner. Make no entry if the premium was claimed on your federal return, see page 15.	12		.00
13.	. DC Poverty Lawyer Loan Assistance. (See other side.)	13		00
14.	. Other (see instructions on other side)	14		00
15	RESERVED	15		00
16.	. Total subtractions. Add entries on Lines 1–15. Enter the total here and on D-40, Line 13.	16		00

^{*}Note: Since income reported on Federal Form 8814, Parents' Election to Report Child's Interest and Dividends, and included in the parents' federal return income is subtracted above on Line 3 of Calculation B, the child must file a separate DC return reporting this income.









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

First name of non-custodial parent	M.I. Last name
Address (number, street and apartment)	
City	State Zip Code + 4
Social Security Number Date of b	birth (MMDDYYYY)
Even if you are not eligible to claim the Federal Earned In	Income Credit you may be able to claim the DC Earned Income Tax Credit.
DC Non-Custodial Parent EITC Eligibility – Please comple You may claim the DC Non-Custodial Parent EITC only if	lete this checklist to determine your eligibility to file Schedule N. f you can answer "Yes" to the following questions.
	YES NO
1. Is your Federal Adjusted Gross Income for 2009 less th \$35,463 (\$40,463 if married or registered domestic \$40,295 (\$45,295 if married or registered domestic \$43,279 (\$48,279 if married or registered domestic qualifying children?	c partners filing jointly) <u>with one</u> qualifying child? c partners filing jointly) <u>with two</u> qualifying children?
2. Were you a DC resident taxpayer during the year?	
3. Were you between the ages of 18 and 30 as of December 18 and 30 as o	nber 31, 2009?
4. Are you a parent of a minor child(ren) with whom you of	do not reside?
5. Are you under a court order requiring you to make child	d support payments?
6. Was the effective date of the child support payment orc	rder on or before 6/30/2009?
7. Did you make child support payment(s) through a gove	ernment sponsored support collection unit?
8. Did you pay all of the court ordered child support due f	for 2009 by December 31, 2009?
If you answered "Yes" to the above questions, you may cla Fill out Schedule N and attach it, and Schedule U, to your	



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 #1	#2 #3
3. Child's date of birth #1	#2 #3
First Name 4. Custodian's name	M.I. Last Name
Number, street and apartment number	er
5. Custodian's address	
City	State Zip Code + 4
6. Custodian's SSN	
7. Location of the #1 court that ordered	#3
support payments for: #2	
8. Case or Docket number for: 9. Name of government agency to which you make payments for:	
#1	#1
#2	#2
#3	#3
10. Address of #1	
the government agency for: #2	
#3	
11. Amount of court ordered #1 \$ 00 per mont	h #3 \$.00 per month
payment #2 \$ 00 per mont	h
12. Date payments were #1 (MMDDYYYY)	#2 (MMDDYYYY) #3 (MMDDYYYY)
ordered to start	
#1 #2 #3	
13. Total payments made during 2009 \$	00 \$ 00

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.

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