Government of the
District of Columbia

2009 D-40EZ SUB Income Tax Return
for Single and Joint Filers with No Dependents

0 9 0 4 0 0 5 1 0 0 0 1

Print in CAPITAL letters using black ink.

Filing Status: Mark if **X** Single, **X** Married filing jointly, or **X** Registered domestic partners filing jointly   Mark if: **X** Amended return

OFFICIAL USE ONLY

Your social security number (SSN)	Spouse's/domestic partner's social security number	Your daytime phone number
123456789	123456789	1234567890

Your first name: ABCDEFGHIJKLABC   M.I. A   Last name: ABCDEFGHIJKLABCDEFGH

Spouse's/domestic partner's first name: ABCDEFGHIJKLABC   M.I. A   Last name: ABCDEFGHIJKLABCDEFGH

Home address (number, street and apartment number if applicable)
12345ABCDEFGHIJKLABCDEFGH
ABCDEFGHIJKLABCDEFGHIJKLABCDEFGHIJK

City: ABCDEFGHIJKLABCDEFGH   State: AB   Zip code + 4: 123456789

1	Total wages, salaries, tips, unemployment compensation, etc.	1	$123456.00
2	Taxable interest and ordinary dividends *(If more than $1500, you must file Form D-40.)*	2	$123456.00
3	DC adjusted gross income *Add Lines 1 and 2.*	3	$123456.00
4	Standard deduction plus exemption amount *If single, enter $5675. If married filing jointly, enter $7350.*	4	$123456.00

If you can be claimed as a dependent on another's tax return, mark here **X** *and enter $4000.*

Plus real estate taxes $1234.00 *and/or net disaster loss* $1234.00 *claimed on federal return.*

See instructions. Include these amts. in Line 4 total.

5	DC taxable income *Line 3 minus Line 4. If Line 4 is equal to or more than Line 3, make no entry.* *If more than $100,000 file form D-40.*	5	$123456.00
6	Tax *Use tax tables to find the tax on the Line 5 amount.*	6	$ 12345.00
7	DC Low Income Credit *Use Calc. LIC/EITC (instructions) to see if LIC or EITC is a greater benefit.*	7	$ 12345.00
7a	Enter number of exemptions claimed on your federal return. XX		
8	Net tax *Subtract Line 7 from Line 6. If Line 7 is equal to or more than Line 6, make no entry.*	8	$ 12345.00
9a	Contribution to Public Fund for Drug Prevention and Children at Risk	9a	$ 12345.00
9b	Contribution to the DC Statehood Delegation Fund	9b	$ 12345.00
9c	Contribution to Anacostia River Cleanup and Protection Fund	9c	$ 12345.00
9d	RESERVED	9d	$ 12345.00
10	Tax and/or contribution(s) *Add Lines 8, 9a, 9b, 9c and 9d.*	10	$ 12345.00
11	Total DC income tax withheld, shown on Forms W-2 and 1099 - attach these forms	11	$ 12345.00
12	Tax paid with extension of time to file or with original return if this is an amended return	12	$ 12345.00
13	DC Earned Income Tax Credit Enter your federal Earned Income Credit 1234.00 x .40 =	13	$ 12345.00

See Calculation LIC/EITC (instructions). (Leave blank if you took DC Low Income Credit on line 7)

13a	Enter the number of qualified EITC children XX		
14	Total tax payments and credits *Add lines 11 - 13.*	14	$ 12345.00
15	Refund. *If Line 14 is the larger, subtract Line 10 from Line 14.*	15	$ 12345.00

Will this refund go to an account outside of the US? **X**   *See instructions*

16	Amount owed. *If Line 10 is the larger, subtract Line 14 from Line 10. See payment options in instructions*	16	$ 12345.00
17	Penalty $ 12345.00 Interest $ 12345.00 *See instructions* Enter results	17	$ 12345.00
18	TOTAL AMOUNT DUE. *Add Lines 16 and 17*	18	$ 12345.00

Direct Deposit
To have your refund deposited to your account-checking **X** or savings **X** mark X and enter bank routing and account numbers.
See instructions.

Routing Number XXXXXXXX   Account Number XXXXXXXXXXXXXXXXX

Third Party Designee
To authorize another person to discuss this return with the OTR, mark here **X** *and enter the name and phone number of that person. See instructions.*

Designee's name _____   Phone number 1234567890

Signature
Under penalties of law, I declare that, to the best of my knowledge, this return is correct. Declaration of paid preparer is based on all the information available to the preparer.

Your signature _____ Date ____   Paid preparer's signature _____ Date ____

Spouse's/domestic partner's signature if filing jointly _____ Date ____   Paid preparer's FEIN, SSN, or PTIN: 123456789   Paid preparer's phone number: 1234567890

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