



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

STAPLE OTHER REQUESTED DOCUMENTS IN UPPER LEFT

Personal information

Mark if X Amended return
Mark if X Filing for a deceased taxpayer

SOFTWARE DEVELOPER USE ONLY
VENDOR ID# 1234

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

Your first name ABCDEFGHIJKLMNOP M.I. A Last name ABCDEFGHIJKLMNOP

Spouse's/domestic partner's first name ABCDEFGHIJKLMNOP M.I. A Last name ABCDEFGHIJKLMNOP

Home address (number, street and apartment number if applicable)
12345ABCDEF...
12345ABCDEF...

City ABCDEFGHIJKLMNOP State AB Zipcode + 4 123456789

Filing Status

- 1 Mark only one: X Single X Married filing jointly X Married filing separately X Dependent claimed by someone else
X Married filing separately on same return Enter combined amounts for lines 4 - 42. See instructions.
X Registered domestic partners filing jointly X filing separately on same return
X Head of household Enter qualifying dependent and/or non-dependent information on Schedule S.
2 Mark if you are: X Part-year resident in DC from 00 (month) to 00 (month), # of months in DC 00 See instructions.

\*Complete your federal return first -- Enter your dependents' information on DC Schedule S\*

Income Information

- a Wages, salaries, unemployment compensation and/or tips, see instructions a \$123456789.00
b Business income or loss, see instructions Mark if loss X b \$123456789.00
c Capital gain or loss Mark if loss X c \$123456789.00
d Rental real estate, royalties, partnerships, etc. Mark if loss X d \$123456789.00

Computation of DC Gross and Adjusted Gross Income

3 Federal adjusted gross income From 1040, Line 37; 1040A, Line 21; 1040EZ, Line 4; 1040NR, Line 35 plus Line 86; 1040NR-EZ, Line 10 Mark if loss X 3 \$123456789.00

Additions to DC Income

- 4 Franchise tax deducted on federal forms, 1120 and 1120S, see instructions 4 \$123456789.00
5 Other additions from DC Schedule I, Calculation A, Line 8 5 \$123456789.00
6 Add lines 3, 4 and 5 Mark if loss X 6 \$123456789.00

Subtractions from DC Income

- 7 Income received during period of nonresidence, see instructions 7 \$123456789.00
8 Taxable refunds, credits or offsets of state and local income tax 8 \$123456789.00
9 Taxable amount of social security and tier 1 railroad retirement Forms 1040 Line 20b, or 1040A Line 14b 9 \$123456789.00
10 Income reported and taxed this year on a DC franchise or fiduciary return 10 \$123456789.00
11 DC and federal government pension and annuity limited exclusion, see instructions 11 \$123456789.00
Mark X if you are 62 or older X if your spouse/domestic partner is 62 or older
12 DC and federal government survivor benefits, see instructions 12 \$123456789.00
13 Other subtractions from DC Schedule I, Calculation B, Line 16. 13 \$123456789.00
14 Add the subtractions from DC income, Lines 7 - 13 14 \$123456789.00
15 DC adjusted gross income, Line 6 minus Line 14. Mark if loss X 15 \$123456789.00

STAPLE W-2s AND ANY OTHER WITHHOLDING STATEMENTS HERE

STAPLE CHECK OR MONEY ORDER HERE

Enter your last name  
Enter your SSN

ABCDEFGHIJKLMN  
123456789



Table with 4 columns: Line number, Description, Amount, and Total. Includes sections for Deduction type, DC tax, credits and payments, and Refund/Amount owed.

Table with 4 columns: Line number, Description, Amount, and Total. Includes sections for Refund and Amount owed.

Will this refund you requested go to an account outside of the U.S.? Yes X No X See instructions

Direct Deposit To have your refund deposited into your checking X or savings X account, mark X and enter bank routing and account numbers below, see instructions.

Routing Number 123456789 Account Number 0000000123456789

Third Party Designee To authorize another person to discuss this return with the OTR, check 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 or separately on same return: \_\_\_\_\_ Date: \_\_\_\_\_ Paid preparer's FEIN, SSN, or PTIN: 123456789 Paid preparer's phone number: 1234567890