



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

STAPLE OTHER REQUESTED DOCUMENTS IN UPPER LEFT

Personal information

Your telephone number 1234567890

Mark if X Amended return

SOFTWARE DEVELOPER USE ONLY

Mark if X Filing for a deceased taxpayer

VENDOR ID# 1234

Your social security number (SSN) and Date of Birth (MMDDYYYY)

Spouse's/registered domestic partner's SSN and Date of Birth (MMDDYYYY)

123456789

12345678

123456789

12345678

Your first name

M.I.

Last name

ABCDEFGHIJKLMN

A

ABCDEFGHIJKLMN

Spouse's/domestic partner's first name

M.I.

Last name

ABCDEFGHIJKLMN

A

ABCDEFGHIJKLMN

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

123456789ABCDEFGHIJKLMN

123456789ABCDEFGHIJKLMN

City

State

Zipcode + 4

ABCDEFGHIJKLMN

AB

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 or 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 adjusted gross income lines on Federal Forms 1040, 1040A, 1040EZ, 1040NR or 1040NR-EZ. Mark if loss X 3 \$123456789.00

Additions to DC Income

- 4 Franchise tax deducted on federal forms, 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 Part year residents, enter 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 from Federal Forms 1040 or 1040A. 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 Total 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

Enter your last name
Enter your SSN

ABCDEFGHIJKLMN
123456789



16	Deduction type	Take the same type of deduction you took on your federal return. Mark which type: <input checked="" type="checkbox"/> Standard <input checked="" type="checkbox"/> Itemized See instructions for amount to enter on Line 17.		
17	DC deduction amount. Do not copy from federal form. For amount to enter, see instructions.		17	\$123456789.00
18	Number of exemptions	If more than 1 (more than 2 if filing jointly), or if you or your spouse/domestic partner are over 65 or blind, attach a completed Calculation G, Schedule S.	18	00
19	Exemption amount	Multiply \$1,725 by number on Line 18. Part-year DC residents see Cal E.	19	\$123456789.00
20	Add Lines 17 and 19.		20	\$123456789.00
21	DC Taxable income	Subtract Line 20 from Line 15. Enter result. Mark if loss <input checked="" type="checkbox"/>	21	\$123456789.00

DC tax, credits and payments

22	Tax	If Line 21 is \$100,000 or less, use tax tables. If more, use Calculation I. Mark <input checked="" type="checkbox"/> if filing separately on same return. Complete Calculation J on Schedule S.	22	\$123456789.00
23	Credit for child and dependent care expenses	\$1234.00 x .32 Enter result From Federal Form 2441; if part-year DC resident, from Line 5, DC Form D-2441.	23	\$123456789.00
24	Non-refundable credits from DC Schedule U, Part 1a, Line 7	Attach DC Schedule U	24	\$123456789.00
25	DC Low Income Credit	Use Calc. LIC/EITC to see if LIC or EITC is a greater benefit. See instructions.	25	\$123456789.00
25a	Enter the number of exemptions claimed on your federal return.	25a	00	
26	Total non-refundable credits. Add Lines 23, 24 and 25.		26	\$123456789.00
27	Total tax	Subtract Line 26 from Line 22. If Line 22 is less than Line 26, leave Line 27 blank.	27	\$123456789.00
28	DC Earned Income Tax Credit	Enter your federal EIC \$1234.00 x .40 Enter result	28	\$123456789.00
28a	Enter the number of qualified EITC children.	28a	00	
29	Property Tax Credit. From your DC Schedule H; attach a copy.		29	\$123456789.00
30	Refundable credits from DC Schedule U, Part 1b, Line 3	Attach DC Schedule U.	30	\$123456789.00
31	DC income tax withheld shown on Forms W-2 and 1099. Attach these forms.		31	\$123456789.00
32	2014 estimated income tax payments.		32	\$123456789.00
33	Tax paid with extension of time to file or with original return if this is an amended return.		33	\$123456789.00
34	Total payments and refundable credits. Add Lines 28, 29 - 33.		34	\$123456789.00

Refund Complete if Line 34 is more than Line 27.

35	Amount you overpaid	35	\$123456789.00
	<i>Subtract Line 27 from Line 34</i>		
36	Amount to be applied to your 2015 estimated tax	36	\$123456789.00
	Mark the oval if Form D-2210 is attached <input checked="" type="checkbox"/>		
37	Penalty See instructions	37	\$123456789.00
38	Refund Subtract sum of Lines 36 and 37 from Line 35	38	\$123456789.00
39	Contribution amount from Sched. U, Part II, Line 5	39	\$123456789.00
	Can not exceed refund amt. on Line 38 Put additional amt. on Line 42		
40	Net Refund	40	\$123456789.00
	<i>Subtract Line 39 from Line 38</i>		

Amount owed Complete if Line 34 is equal to or less than Line 27.

41	Tax due	41	\$123456789.00
	<i>Subtract Line 34 from Line 27</i>		
42	Contribution amount from Schedule U, Part II, Line 6	42	\$123456789.00
43a	Penalty	\$12345.00	
43b	Interest	\$12345.00	
	Enter total P & I.	43	\$123456789.00
	Mark the oval if Form D-2210 is attached <input checked="" type="checkbox"/>		
44	Underpayment Penalty	44	\$123456789.00
45	Total amount due	45	\$123456789.00
	Add Lines 41 - 44		

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

Refund Options: For information on the tax refund card and program limitations, see instructions or visit our website otr.dc.gov/refundprepaidcards.

Mark one refund choice: Direct deposit Tax refund card Paper check

Direct Deposit To have your refund deposited into your checking OR savings account, mark X and enter bank routing and account number

Routing Number 123456789

Account Number 000000012345678

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

Preparer's signature

Date

Spouse's/domestic partner's signature if filing jointly or separately on same return Date

Preparer's Tax Identification Number (PTIN) PTIN telephone number

123456789

1234567890