Government of the	
District of Columbia	

2015 D-40B SUB Nonresident Request for Refund



Personal information Your first name	M.I. Last name	S	OFTWARE DEVELOPER USE	ONLY
ABCDEFGHIJKLABC	A ABCDEFGHIJKLABC		/ENDOR ID# 12	
Your social security number	Your date of birth (MMDDYYYY)	Your daytime phone i		.54
123456789	123456789	1234567890	Idilibei	
	123130,03			
Current mailing address (numbe	er, street and suite/apartment number	if applicable)		
12345ABCDEFGHIJK	LABCDEFGH			
ABCDEFGHIJKLABCD	EFGHIJKLABCDEF			
City	State	Zipcode + 4		
ABCDEFGHIJKLABCD Country or U.S. Commonwealth	EFGH AB	123456789		
ABCDEFGHIJKLABCD	EECUT TET A			
	d attach your withholding statements.			
Neview categories 1 - 2 below and	a attach your withhoung statements.			
1 Commuter/Domiciliary State Ex	emption: I declare that during the taxab	le year shown above I either commute	ed on a daily basis from	my place
	rict of Columbia (DC) or I was a domicili	_ -		
within DC was from wages and	salaries, which are subject to taxation by	(enter the 2 letter state abbreviation	for your domiciliary or le	egal state
of residency) I did not maintair	a place of abode in DC for a total of mo	re than 183 days. (see instructions).	DC tax was erroneously	withheld
from salary and wages paid to n	ne by my employer.			AI
	your non-resident military spouse was in	the armed services during 2015, and	you are not a DC reside	
the state of domicile declared o	n DD Form 2058.			AI
2				
3 List the type and location of a	any DC real property you own.			
Type of property ABCDEFGHIJKLAB	CDEECH			
		City	State	Zipcode
12345ABCDEFGHI	nite/apartment number if applicable)	ABCDEFGHIJKLAE		12345678
12343ABCDH 01110	O REPORT OIL	ABCDEFGITORIAL	SCDEFGII AD	12545070
Type of property				
ABCDEFGHIJKLAB	CDEFGH			
Address (number, street and	suite/apartment number if applicable)	City	State	Zipcode
12345ABCDEFGHI	JKLABCDEFGH	ABCDEFGHIJKLAE	CDEFGH AB	12345678
Refund request		Ro	und cents to the n	earest dollar
			the amount is zero, l	
	Attach copies of your withholding statements			3456789. 0
2 2015 DC estimated in				3456789. 0
3 Refund request Add Ii			3 \$12	3456789. 0
		See instructions.		
	ation on the tax refund card and progr		.dc.gov/refundprepaidca	rds
	Direct Deposit X Refund		3	
	our refund deposited in your bank, fill in	n type of account Xchecking	X savings and enter	tne
routing number and account n Routing Number XXX	UMBER BEIOW.	Account Number	xxxxxxxx	XXXXXX
Signature Under penalties of the	ne law, I declare that I have examined this	request and any attached statements, at	nu, to the best of my know	vieuge, they are cor
Your Signature Your Signature	Date	Prena	rer's signature (If other t	han taxpaver)
	Date	Пора	r's PTIN 1234567	

65 66 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85