2019 District of Columbia (DC) Individual Income Tax **Forms and Instructions**

D-40 All Individual Income Tax Filers







- You may use MyTax.DC.gov to file and pay online for Forms D-40ES (estimated tax) and FR-127 (extension of time to file).
- · Payments can be made by ACH debit, credit/debit card, check or money order (US dollars).
- Direct deposit, U.S. Bank ReliaCard™ or paper check refund options are available.

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At the time of printing all forms and line references were correct. Any language changes will be announced on the DC website, MyTax.DC.gov

GOVERNMENT OF THE DISTRICT OF COLUMBIA OFFICE OF THE CHIEF FINANCIAL OFFICER



Jeffrey S. DeWitt Chief Financial Officer

Dear Taxpayer:

On behalf of the Office of Tax and Revenue (OTR), I am pleased to welcome you to the 2019 tax season. OTR has been hard at work to improve your filing and payment experience. In the coming year, real property taxes will be added to the existing Modernized Integrated Tax System (MITS). This implementation, which will be completed December 2020, will allow taxpayers to submit the Homestead, Senior Deduction and other tax relief applications, file appeals, update account information, and view real-time posting of all real property tax transactions through the online portal, MyTax.DC.gov. This is part of our commitment to better serve you and all District taxpayers.

In our continuing efforts to keep you abreast of tax changes, I would like to bring to your attention a few updates for this filing season:

Forms D-40EZ no longer available:

Form D-40EZ is no longer available. If you used the D-40EZ form in the past, you must now use Form D-40 to file your 2019 taxes.

Individual Taxpaver Health Insurance:

The District has enacted legislation that requires all District residents to have minimal essential health care coverage. Taxpayers must maintain qualifying health coverage, get an exemption by completing the DC Health Care Shared Responsibility Schedule (HSR) form, or pay a tax penalty. This is modeled on the federal individual shared responsibility requirement that was in effect prior to 2019. The District law also requires every "applicable entity that provides minimum essential coverage to at least one District resident during a calendar year" to submit an information return regarding such coverage to OTR. To learn more, please visit the DC Health Link at dchealthlink.com.

To learn more about what's new this filing season, please visit MyTax.DC.gov.

New for 2019 Income Tax Returns

Filing Deadline

For Tax Year 2019 the filing deadline is April 15, 2020.

- Form D-40EZ Income Tax Return for Single and Joint Filers with No Dependents is retired.
- The D-40 form has been revised with new lines and is now three (3) pages.
- The standard deductions are increasing based on the federal law; beginning January 1, 2019, from:
 - o \$12,000 to \$12,200 for single and married/registered domestic partner filers filing separately;
 - o \$18,000 to \$18,350 for head of household filers;
 - o \$24,000 to \$24,400 for married/registered partners filing jointly and qualifying widow(er) with dependent child(ren) filers;
 - o An updated worksheet is available for use by dependent filers.
 - o If born before January 2, 1955, or blind, an additional standard deduction of \$1,300 (**\$1,650** if single or head of household) is allowed use Schedule S, Calculation G-1. The Schedule S, Calculation G-1 must be submitted with your return. When married filing separately, you may take an additional standard deduction for your spouse/registered domestic partner **only** if your spouse/registered domestic partner had no gross income, is not filing a return, and cannot be claimed as a dependent by another taxpayer.
 - o State and Local Taxes (SALT). DC does not allow a deduction for state and local income taxes. However, you can deduct your entire state and local real estate taxes. Refer to Calculation D if a part-year resident, or Calculation F if a full-year resident.

New Schedules/Forms

Schedule HSR - DC Health Care Shared Responsibility. If you and your health care shared responsibility family had full coverage the entire year, do not complete this schedule. Complete the oval on Line 3 of the D40 and enter zero (\$0) on Line 28

Schedule QCGI - Eligible Qualified High Technology Company (QHTC) Capital Gain Investment Tax. If more than four (4) investments are needed, visit the website, MyTax.DC.gov and select 'Forms'.

- Schedule H Homeowner and Renter Property Tax Credit
 - o The maximum property tax credit increases to \$1,200
 - o Schedule H federal Adjusted Gross Income (AGI) eligibility threshold for under age 70 increases to \$55,000
 - o Schedule H federal AGI eligibility threshold for age 70 and older increases to \$75,000
- Schedule ELC The Early Learning Tax Credit has been renamed the "Keep Child Care Affordable Tax Credit" and the District taxable income thresholds have changed.
- FR-127 New option to select 'living or traveling outside the U.S.'
- 1099-G Beginning in January 2020, DC will be offering you a paperless option for receiving the 1099-G income tax refund statement. You will continue to receive your paper statement unless you choose the paperless option. See instructions.
- Statutory Resident/Part-Year Resident instructions have been updated. Some taxpayers who have filed in the past as part-year residents may now be required to file as statutory residents. See instructions.

Reminders

DC Earned Income Tax Credit for Childless Workers

A DC Earned Income Tax Credit Worksheet for Filers Without A Qualifying Child is included in the Individual Income Tax Forms and Instructions Booklet.

Receiving your refund via the U.S. Bank ReliaCard Pre-Acquisition Disclosures

The Consumer Financial Protection Board (CFPB) has published its final Prepaid Account Rule, creating detailed consumer protections for prepaid accounts. For tax year 2019, if you elect to receive a refund using the U.S. Bank ReliaCard™ or use a pre-paid card to make payments, you are required to review and acknowledge the Pre-Acquisition Disclosures (Short and Long Forms) prior to selecting the ReliaCard option as method for receiving a refund or using a pre-paid card when making a payment. Copies of the U.S. Bank ReliaCard Pre-Acquisition Disclosure and the U.S. Bank ReliaCard Fee Schedule can be found on pages 17 and 18.

D-40WH, Withholding Tax Schedule

Unless you are filing electronically, copy the information from your Forms W-2 or 1099's for DC income taxes withheld into the spaces provided. Attach the Forms W-2 or 1099s that show DC tax withheld to Form D-40 and submit the D-40WH with your return.

• An oval was added to the D-40 form (Line 46) if claiming Injured Spouse Allocation. When claiming this allocation, you must attach Form DC-8379 to your return, which can be found in this booklet.

General Instructions

Who must file a DC Income tax return?

You must file a 2019 DC Individual Income Tax Return if:

- You were a District of Columbia (DC) resident in 2019 and were required to file a federal income tax return. (A resident is an individual domiciled in DC at any time during the taxable year);
- You maintained a place of abode in DC for a total of 183 days or more during 2019 even if your permanent home was outside DC;
- You were a part-year resident of DC during 2019 (see instructions for part-year residents, page 21);
- You were a member of the United States (US) armed forces and DC was your legal residence for tax purposes for all or part of 2019.
- If you want to receive a refund of DC taxes withheld or estimated payments made during the year, or if you qualify for and want to receive the following refundable credits:
 - o DC Earned Income Credit;
 - o Schedule N, Non-Custodial Parent Earned Income Credit;
 - o Schedule H, Homeowner and Renter Property Tax Credit; or
 - o Schedule ELC, Keep Child Care Affordable Tax Credit.

Note: If you are the spouse/registered domestic partner of someone not required to file, such as a nonresident Congressional appointee, and you meet any of the above requirements, you yourself must file.

You do not need to file a 2019 DC Individual Income tax return if:

- You were not required to file a 2019 federal income tax return;
- You were not considered a resident of DC during 2019;
- You were an elected member of the US government who was not domiciled in DC;
- You were an employee on the personal staff of an elected member of the US Congress and you and the elected member were bona fide residents of the same state;
- You were a member of the US Executive Branch appointed by the President, subject to US Senate confirmation, whose tenure of office is at the pleasure of the President and you were not domiciled in DC during any part of 2019; or
- You were a justice of the US Supreme Court and were not domiciled in DC during any part of 2019.

Other forms you may have to file

D-40WH Withholding Tax Schedule

Unless you are filing electronically, use this form to report DC taxes withheld. Copy the information from your Forms W-2 and 1099 for DC income taxes withheld into the spaces provided. Attach the Forms W-2 and 1099 to your D-40 return and submit the D-40WH with your return.

Unless you are filing electronically, you must file the D-40WH in order to receive credit for DC taxes withheld.

D-40B Nonresident Request for Refund

If you were not a DC resident and you had DC taxes withheld or you are requesting a refund for erroneous estimated taxes paid, file Form D-40B, Nonresident Request for Refund. Military Spouses must include DD FORM 2058, JAN 2018 to honor your request for refund.

D-41 Fiduciary Income Tax Return

Use the D-41 if you are the fiduciary of a DC estate or trust and the gross income for the trust is \$100 or more for the year.

FR-329 Consumer Use Tax on Purchases and Rentals

You should file this form and pay if during the tax year you paid a total of more than \$400 for merchandise, services, or rentals subject to DC use tax on which you did not pay sales tax. Visit MyTax.DC.gov for more information.

When are your taxes due?

April 15, 2020 is the deadline for filing your return and paying any taxes due. If the due date falls on a Saturday, Sunday, or legal holiday, the return is timely if filed on the next business day.

FR-127 Extension of Time to File a DC Income Tax Return

An extension of time to file of six months may be granted if a valid extension of time to file is requested. In order to be valid, an FR-127 Extension of Time to File form is due by April 15, 2020. If the due date falls on a Saturday, Sunday, or legal holiday, the request for extension of time is timely if filed on the next business day. The submission of the extension of time to file is subject to the following considerations:

- 1. If you expect to have a balance due when you file your D-40, you must pay with your timely filed extension. Penalty and interest charges are imposed on any tax found owing and not paid on time with the extension request.
- If you do not expect to have a balance due when you file your D-40, you would not be required to file a Form FR-127, if you have reasonably estimated your D-40 tax liability and paid the estimated amount of DC income taxes through withholding or estimated tax payment; and
- 3. If you do not expect to have a balance due and wish to request an extension for your DC income tax return, you should submit a Form FR-127.

Additional extensions

In addition to the 6-month extension, you may receive an additional 6-month extension if you are living or traveling outside the U.S. You must file for the first 6-month extension by the April 15, 2020 deadline before applying for the additional extension of time to file.

Extensions for Members of the US Armed Forces Deployed in a Combat Zone or Contingency Operation.

Deadlines for filing your return, paying your tax, claiming a refund, and taking other actions with OTR is extended for persons in the Armed Forces serving in a Combat Zone or a Contingency Operation. The extension also applies to spouses/registered domestic partners, whether they file jointly or separately on the same return. See IRS Pub. 3, Armed Forces Tax Guide for further information.

Filing your return

This booklet has all the forms and instructions you will need. You are responsible for filing and paying taxes on time whether or not you receive the printed forms.

Modernized e-File (MeF)

MeF offers most DC individual income taxpayers a full federal/ state electronic filing program. There are three ways in which taxpayers can file their federal and District returns together electronically:

- Through an authorized software provider listed on the IRS website or the OTR website;
- Through a tax practitioner who is an authorized e-File provider; or
- Through a commercial online filing service. This allows taxpayers to transmit their DC and federal returns from their PC for a fee.

Substitute forms

You may file your DC tax return using a computer-prepared or computer-generated substitute form, provided the form is approved in advance by the Office of Tax and Revenue (OTR). The fact that a software package is available for retail purchase does not mean that the substitute form has been approved for use. Call or check with the software developer to determine if their form is a DC OTR approved form.

By mail

- If mailing a return with a payment, send it to:
 Office of Tax and Revenue
 PO Box 96169
 Washington, DC 20090-6169
- If mailing a refund request return or a no money due return, send it to: Office of Tax and Revenue PO Box 96145 Washington, DC 20090-6145

There are two adhesive mailing labels on the back flap of your return envelope. If you are sending a <u>payment</u> with your return, use the PO Box 96169 mailing label on your return envelope.

If you are filing a <u>no money due</u> or a <u>refund request</u> return, use the PO Box 96145 mail label on your return envelope.

Do not include more than one return per envelope.



The DCfreefile fillable forms e-File program provides an online version of the D-40 and related schedules. The DCfreefile fillable forms program allows the taxpayer to complete the return online by entering the DC state tax information as if the taxpayer were filling out a paper return. The DCfreefile fillable forms option is available only to DC residents, but there are no income or age restrictions. Once the return is completed, it can be e-Filed at no charge or printed for mailing. The DCfreefile fillable forms program also performs basic calculations. If you usually file on paper forms, the DCfreefile fillable forms e-File program may be a good choice for you.



DCfreefile is a free federal and state income tax preparation and electronic filing program for eligible taxpayers, based on the IRS Free File Alliance program. Eligible taxpayers may prepare and e-File their federal and state income tax returns for free using commercial online software provided by specific Free File vendors. Each participating vendor sets its own eligibility requirements and not all taxpayers will qualify for all companies. To assure yourself the opportunity to e-File for free both your federal and District returns, you must select a product from the DC FreeFile page: https://otr.cfo.dc.gov/page/dc-freefile-opportunities

DCfreefile fillable forms and DCfreefile will be available at the same time as the IRS.

If you use one of the e-File options to file your DC return, you also have three options to receive your refund:

- 1. Direct Deposit;
- 2. U.S. Bank ReliaCard™; or
- 3. Paper Check.

Be sure to make a selection on the return for the refund option that you want. If you do not select an option, you will receive a paper check. Please review the information about the refund card at the front of the book. Instructions for direct deposit can be found on page 15.

Electronic Filing Instructions

The instructions in this booklet are specifically for filers of paper returns. When you file electronically, note that the instructions may differ. Follow the "on screen" instructions. If you need further explanations, review the instructions in this booklet.

Payment Options

ACH Debit

ACH debit is available for taxpayers who have signed up for MyTax.DC.gov. There is no fee. Bank account information is stored within their online account. MyTax.DC.gov can store multiple bank accounts across mutiple tax types. Taxpayers give the right to debit the money from their bank account. Ensure you allow 1-3 business days if entering change of banking information.

Direct Debit

Electronic filers have the ability to pay their tax due or estimated payment by direct debit. Enter your banking information, including the routing and account numbers, checking or savings account and the date of withdrawal. The date of withdrawal cannot be greater than thirty (30) days after the due date of the return.

Credit/Debit Card

The taxpayer may pay the amount owed using Visa®, MasterCard®, Discover® or American Express®. You will be charged a fee that is paid directly to the District's credit card service provider. Payment is effective on the day it is charged. Visit MyTax.DC.gov for more information.

Visit the website <u>MyTax.DC.gov</u> for Credit/Debit Card Payment Information.

Note: International ACH Transaction (IAT). Your payment cannot be drawn on a foreign account. You must pay by money order (US dollars) or credit card instead.

Check or money order (US dollars)

Include a check or money order (US dollars), payable to the DC Treasurer, with your completed return. Write your Taxpayer Identification Number (TIN), daytime telephone number, tax year "2019" and "Form D-40" on your payment. Attach your payment to the Form D-40P voucher provided in this booklet. Do not attach either to your return.

Form D-40P, Payment Voucher

Use this form when sending a check or money order. Do not staple the voucher to the D-40. If you pay at the same time you file your return, include the D-40P with your D-40 in the return envelope provided. Use the PO Box 96169 mail label from the back flap of the return envelope.

Dishonored Payments

Make sure your check or electronic payment will clear. You will be charged a \$65 fee if your check or electronic payment is not honored by your financial institution and returned to OTR.

Penalties and Interest

OTR will charge -

- A penalty of 5% per month if you fail to file a return or pay any tax due on time. It is computed on the unpaid tax for each month, or fraction of a month, that the return is not filed or the tax is not paid. It may not exceed an additional amount equal to 25% of the tax due;
- A 20% penalty on the portion of an underpayment of taxes if attributable to negligence. Negligence is a failure to make a reasonable attempt to comply with the law or to exercise ordinary and reasonable care in preparing tax returns without the intent to defraud. One indication of negligence is failure to keep adequate books and records;
- Interest of 10% per year, compounded daily, on a late payment;
- A one-time fee to cover internal collection efforts on any unpaid balance. The collection fee assessed is 10% of the tax balance due after 90 days. Payments received by OTR on accounts subject to the collection fee are first applied to the collection fee, then to the penalty, interest and tax owed;
- A civil fraud penalty of 75% of the underpayment which is attributable to fraud (see DC Code §47-4212).

For Estimated Tax Underpayment Interest, Form D-2210, use D-40 Line 42. The form can also be located at MyTax.DC.gov. File the Form D-2210 with your return.

Criminal Penalties

You will be penalized under the criminal provisions of the DC Code, Title 47, if you are required to file a return or report, or to perform any act, and you:

- Fail to file the return or report timely. If convicted, you will be fined not more than \$1,000 or imprisoned for not more than 180 days, or both, for each failure or neglect;
- Willfully fail to file the return or report timely. If convicted, you
 will be fined not more than \$1,000 or imprisoned for not more
 than 180 days, or both;
- Willfully attempt to evade or defeat a tax; willfully fail to collect, account for, or pay a tax; or willfully make fraudulent and false statements or fail to provide information. See DC Official Code §47-4101 through 4107.

These penalties are in addition to penalties under DC Code §22-2405 for false statements (and any other applicable penalties).

Enforcement Actions

OTR may use lien, levy, seizure, collection agencies, and liability offset if the taxpayer fails to pay the District within 20 days after receiving a Notice of Tax Due and a demand for payment. Visit MyTax.DC.gov.

Special filing circumstances

Amended return

File an amended DC return if your DC tax liability for a prior open tax year (usually 3 years from date of filing) has changed on the D-40 return for the tax year you are amending. To file an amended return for the current year, complete another 2019 DC Individual Income Tax Return and fill in the "amended return" oval on the form. Attach a list with explanations of the changes covered by your amended return.

If you are filing an amended return for a prior year, attach a copy of the original and any amended returns filed for that tax year. You can download forms from MyTax.DC.gov or call 202-727-4829 to request forms by mail.

If the IRS adjusts your individual federal tax return, you must file an amended DC return within 90 days of receiving a final determination of the federal adjustment. Attach a copy of the adjusted federal return and/or determination letter.

Filing for a deceased taxpayer. Fill in the oval for a deceased taxpayer at the top of the page of the D-40.

If a taxpayer died in 2018 or 2019 before filing a return, a return must be filed for that person. Complete a D-40 on the correct year's tax return and provide the deceased person's information, not your own. Do not adjust the deceased's income, exemptions or deductions to reflect the date of death, unless a D-41 is being filed for the remainder of the year after the date of death. Tax preparers, other than the surviving spouse/registered domestic partner, such as executors, attorneys, or other personal representatives, must attach letters of administration. If a refund is due, all tax preparers must attach a completed Form FR-147, Statement of Persons Claiming Refund Due a Deceased Taxpayer, found on MyTax.DC.gov and a copy of the death certificate. Do not use the federal form to request a DC refund. Refunds will be issued by paper check only.

Joint Returns After Separate Returns

You can change your filing status from a separate return to a joint return by filing an amended return. You generally can change a joint return anytime within three (3) years from the due date of the separate return or returns. This does not include any extensions. A separate return includes a return filed by you or your spouse/registered domestic partner claiming married filing separately, registered domestic partners filing separately, single, or head of household filing status.

Separate Returns After Joint Return

Once you file a joint return, you cannot choose to file separate returns for that year after the due date of the return. **Exception**. A personal representative for a decedent can change from a joint return elected by the surviving spouse to a separate return for the decedent. The personal representative has one (1) year from the due date of the return (including extensions) to make this change.

Getting Started

To complete the paper Form D-40, in general you will need:

- A copy of your completed 2019 federal return, as applicable (Form 1040, 1040-SR, 1040-NR, or 1040-NR-EZ) and any additional forms or worksheets related to the return. You can copy many entries directly from federal forms 1040, 1040-SR, 1040-NR or 1040-NR-EZ. Please be careful since the line numbers may differ from the District Form D-40 line numbers:
- A copy of your completed state returns if you filed an income tax return with another state;
- Your W-2 and applicable 1099 forms with DC withholding tax or taxable income;
- A pen with black ink;
- A calculator.

Not all items will apply. Fill in only those that do. If an amount is zero, make no entry, leave the line blank.

Do not enter cents. Round to the nearest dollar. Examples: \$10,500.50 rounds to \$10,501 \$10,500.49 rounds to \$10,500

Taxpayer Identification Number(s) (TIN)

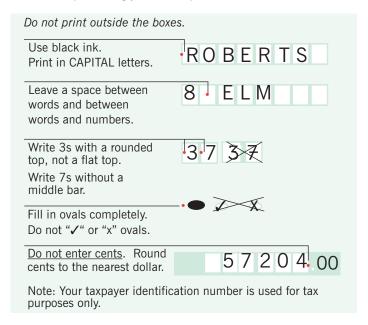
You must have a TIN, whether it is a Federal Employer Identification Number (FEIN), Social Security Number (SSN), Individual Taxpayer Identification Number (ITIN) or Preparer Tax Identification Number (PTIN).

- An FEIN is a valid number issued by the IRS. To apply for an FEIN, get Form SS-4, Application for Employer Identification Number, or get this form online at www.irs.gov/businesses and click on Employer Identification Number (EIN) under Starting a Business. You may also get this form by calling 1-800-TAX-FORM (1-800-829-3676);
- An SSN is a valid number issued by the Social Security Administration (SSA) of the United States Government. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or online at www.ssa.gov.you.numay.also.get this form by calling 1-800-772-1213;
- An ITIN, Individual Taxpayer Identification Number is a valid number issued by the Internal Revenue Service (IRS). The IRS issues ITINs to individuals who are required to have a U.S. taxpayer identification number but who do not have, and are not eligible to obtain, an SSN from the SSA. ITINs do not serve any purpose other than federal and state tax reporting.
- A PTIN, Preparer Tax Identification Number is an identification number issued by the IRS that all paid tax preparers must use on tax returns or claims for refund.

You must wait until you receive either number before you file a DC return. Your return may be rejected if your TIN is missing, incorrect or invalid. You could be subject to a balance due or disallowance of credits if your dependent's or other qualifying person's TINs are missing, incorrect or invalid.

Filling out the form

To aid us in processing your return please follow these rules.



Personal information

Complete the personal information as instructed using CAPITAL letters and black ink. Use one block per letter, including using a space between address fields. Please write clearly, as this can delay processing your return.

Wages, tips and salaries

Enter the amount from your federal 1040, 1040-SR, 1040-NR, or 1040-NR-EZ, <u>plus</u> any unemployment compensation received on Line a, Income Information on the D-40.

DC income tax withheld (paper filers)

Add the DC income tax withheld as shown on your 2019 federal Forms W-2 and applicable Forms 1099. Attach all copies of your Forms W-2 and 1099 that show DC tax withheld to Form D-40 and submit Form D-40WH with Form D-40. You must file the D-40WH in order to receive credit for DC taxes withheld.

Filing Status

More than one filing status may apply to you. Use the one that will give you the lowest tax. Please ensure the oval to the left of the filing status is filled in.

Generally, you will use the same filing status on your DC return as that used on your federal return. However, if you used married filing jointly on your federal return, it may be better for you to file your DC return using either married/registered domestic partners filing separately or married/registered domestic partners filing separately on the same return. If both have income, figure the tax both ways.

Single

You were unmarried, divorced or legally separated as of December 31, 2019, or were widowed prior to January 1, 2019, and did not remarry before January 1, 2020.

Filing Jointly

You were married or have a registered domestic partner and both spouses/registered domestic partners were DC residents as of December 31, 2019, or your spouse/registered domestic partner died

in 2019 and you did not remarry/register in 2019. If legally separated, do not file jointly. If your spouse died during the year, you are considered married for the whole year for filing status purposes. If you did not remarry before the end of the tax year, you can file a joint return for yourself and your deceased spouse.

If claiming injured spouse allocation, complete Form DC-8379 and attach it to your D-40 return.

If you are filing a joint return or filing separately on the same return, enter the name and TIN shown first on your previous year return, then enter the name and TIN shown second on your previous year return.

Registered domestic partners

To be considered as a registered domestic partner for DC tax purposes, the parties must be registered with the Vital Records Division of the DC Department of Health. If you have registered your relationship you may either file a joint return or file separately on the same return. You may also file separately using the married filing separately status.

Domestic partners or other similar relationship registered in other jurisdictions. If you have registered your relationship in another jurisdiction, you may file a joint return, or file separately on the same return, or file a separate return using the single status.

If you are visiting the DC OTR for assistance in preparing your DC Individual Income Tax Return, registered domestic partners must first prepare a "not to be filed" (mock) joint federal return.

- If filing jointly is chosen, enter the total federal adjusted gross income of both registered domestic partners on Line 4 of the Form D-40.
- If you are married or registered domestic partners, you may file either a joint return or file separately on the same return. If filing jointly is chosen, enter the total federal adjusted gross income of both spouses/partners on Line 4, Form D-40.
- If filing separately on the same return is chosen, follow the instructions under Married or Registered Domestic Partners filing separately on the same return.

Married or registered domestic partner filing separately

If you are married or have a registered domestic partner and both spouses/partners had income, you can use this filing status. Include your spouse/registered domestic partner's name and Taxpayer Identification Number (TIN) in the <u>Personal Information</u> section.

You will each report only your own income, deductions, and credits. You will each report one-half of the income from any securities, bank accounts, real estate, etc., that are registered or titled in both names.

You are not allowed to claim credit for child and dependent care or DC Earned Income Tax Credit (EITC) if married filing separately or registered domestic partner filing separately.

Registered domestic partners who choose to file as married and married individuals must use this filing status if:

- You and/or your spouse/registered domestic partner were partyear residents of DC during different periods of 2019;
- You were a DC resident and your spouse/registered domestic partner was one of the following:
 - A member of the US armed forces and not considered a DC resident, but you are required to report income in DC;
 - A member of the US Congress or an employee on the personal staff of a member of Congress who is considered

- a resident of the member's state of residency;
- An officer of the US Executive Branch whose primary residence was not in DC, who is appointed by the President, confirmed by the US Senate and serves at the pleasure of the President; or
- A justice of the US Supreme Court whose primary residence was not in DC.

Dependent claimed by someone else

If you are claimed as a dependent on someone else's return, fill in the 'dependent claimed by someone else' oval.

Married or registered domestic partner filing separately on the same return

If you claim either status, you and your spouse/registered domestic partner must combine your separate amounts using Calculation J on Schedule S so that you will either receive one refund or make one tax payment. You may also claim a credit for child and dependent care expenses. Using this filing status may reduce the amount of tax you owe by allowing each spouse/registered domestic partner to take advantage of lower tax brackets.

Before completing Calculation J, and the Form D-40, you will need to figure the following for you and your spouse/registered domestic partner:

- Each person's federal adjusted gross income;
- · Each person's additions to federal income;
- Each person's subtractions from federal income; and
- Each person's deductions.

NOTE: If you and your spouse/registered domestic partner were partyear residents of DC during different periods of 2019, you cannot file separately on the same return. You must file separate returns.

Injured Spouse Allocation

If either spouse/registered domestic partner has an outstanding liability for prior federal tax, DC income tax, DC unemployment compensation debt, child support, a federal nontax debt, such as a student loan or DC ticket and traffic penalties, the non-liable party may request that his/her portion of the refund, if any, not be offset to satisfy the other spouse's/registered domestic partner's debt by requesting "injured spouse" allocation. If not filing electronically, fill in the oval on the D-40 form, attach Form DC-8379 (Injured Spouse Allocation) to your return and mail to:

Office of Tax and Revenue PO Box 96145 Washington, DC 20090-6145

Head of Household

You may claim this status if you were unmarried or legally separated as of December 31, 2019, and paid over half of the costs of maintaining a home for a qualifying person, such as a child or parent. Certain individuals who lived apart from the spouse/domestic partner for the last six (6) months of 2019 may also be able to use this filing status. Use the appropriate section of Schedule S to enter the full name, TIN, relationship and Date of Birth (DOB) of the qualifying person whether that person is a dependent or the qualifying non-dependent. Failure to provide a Schedule S can delay processing. All the information must be complete, i.e., name, TIN, relationship and DOB.

Qualifying Widow(er) with Dependent Child

If your spouse/registered domestic partner died in 2019, you can use married filing jointly as your filing status for 2019 if you other-

wise qualify to use this status. The year of death is the last year for which you can file jointly with your deceased spouse. You may be eligible to use qualifying widow(er) with dependent child as your filing status for 2 years following the year your spouse/registered domestic partner died. For example, if your spouse/registered domestic partner died in 2017, and you have not remarried, you may be able to use this filing status for 2019.

This filing status entitles you to use joint return tax rates and the highest standard deduction amount (if you do not itemize deductions) but it does not entitle you to file a joint return.

Eligibility rules. You are eligible to file your 2019 return as a qualifying widow(er) with dependent child if you meet all of the following tests:

- You were entitled to file a joint return with your spouse/registered domestic partner for the year your spouse/registered domestic partner died. It does not matter whether you actually filed a joint return.
- Your spouse/registered domestic partner died in 2017 or 2018 and you did not remarry by the end of 2019.
- You have a child or stepchild whom you can claim as a dependent. This does not include a foster child.
- Your child lived in your home all year, except for temporary absences. There are exceptions for a child who was born or died during the year and for a kidnapped child.
- You paid more than half the cost of keeping up your home for the year.

Standard Deduction

You are not entitled to the standard deduction if you itemize on your federal return. You are entitled to the itemized deductions excluding the state and local taxes and subject to the DC 5 percent limitation.

District Code §47-1803.03 (c) states "Every individual who claims the standard deduction on his or her federal income tax return shall claim the applicable standard deduction specified in District Code §47-1801.04 (44). Every individual who itemizes the deductions on his or her federal income tax return shall itemize the deductions permissible under this chapter. If a husband and wife or registered domestic partners file separate returns, the applicable standard deduction shall not be allowed to either spouse or registered domestic partner if the net income of one of the spouses/registered domestic partners is determined by itemizing deductions." Each spouse/registered domestic partner can claim only his/her own itemized deduction.

Single individuals, and married/registered domestic partners filing separately are allowed a standard deduction amount of \$12,200. Head of household filers are allowed a standard deduction of \$18,350. Married/registered domestic partners filing jointly, qualifying widow(ers) with dependent children, and married/ registered domestic partners filing separately on the same return are allowed a standard deduction of \$24,400.

An additional standard deduction amount of \$1,300 (\$1,650 if single or head of household) is allowed if you were born before January 2, 1955, or blind. You must attach the Schedule S with a completed Calculation G-1 to claim the additional standard deduction except if you are a dependent filer.

Dependent filers are allowed a standard deduction in an amount based on a formula. Dependent filers should use the worksheet on page 11

to calculate their standard deduction only if someone can claim you, or your spouse/registered domestic partner if filing jointly, as a dependent.

DC Earned Income Tax Credit (EITC)

You cannot claim the DC EITC if:

- Your filing status is Married or Registered Domestic Partner filing separately (other than filing separately on same return); or
- Your filing status is Dependent claimed by someone else.

Qualifying Child for EITC Purposes

A qualifying child as defined by the IRS for the EITC is a child who is your son, daughter, stepchild, foster child, brother, sister, stepbrother, stepsister, or a descendant of any of them (for example, your grandchild, niece or nephew) and was:

- At the end of the filing year, younger than you (or your spouse, if you file a joint return) and younger than 19
- At the end of the filing year, younger than you (or your spouse, if you file a joint return), younger than 24 and a full-time student
- At the end of the filing year, any age and permanently and totally disabled

In addition, they must have lived with you in the US for more than half of 2019, **unless you are claiming the DC EITC** as a non-custodial parent (see instructions for Schedule N).

If your child was married at the end of the year, the child is not a qualifying child <u>unless</u> you can claim the child as a dependent or you have been given the right to claim the child as a dependent in an agreement signed by the child's custodial parent releasing the dependency exemption.

Taxpayers with a Qualifying Child

Taxpayers with a qualifying child who are eligible for and who claim the federal EITC may also claim a DC EITC of 40% of the federal credit. Enter the number of EITC qualifying child(ren), on Line 30a of the D-40.

DC Law also allows the same 40% of federal EITC to those who are not allowed to claim the EITC at the federal level but who meet other DC requirements, such as a non-custodial parent who is a District resident between the ages of 18 and 30, and paying child support under a court order for a minor child. The taxpayer must have paid the child support of at least the amount due for the year through a government sponsored support collection unit and the order must have been in effect for at least one-half of the year. You must file a D-40 form to use this exception. Complete Schedule N, DC Non-Custodial Parent EITC Claim, and attach to the D-40. Also enter the amount to be claimed on the Schedule U, Part 1B, Line 1.

Taxpayers without a Qualifying Child

Taxpayers without a qualifying child must use the DC Earned Income Tax Credit (EITC) Worksheet For Filers Without a Qualifying Child on page 12 to determine the DC EITC. You may need information from the federal instruction booklet concerning the Earned Income Credit to determine your eligibility for the DC Earned Income Tax Credit. If you do not have a qualifying child for the EITC and did not qualify for the federal credit due to your income, you may still qualify for the DC EITC.

	.1	f D	=					
		-		g jointly, as a dependent. To fi	nd out if someone can			
1. Check if You were born before January 2, 1955								
Yo	You are blind							
Spouse/registered domestic partner was born before January 2, 1955								
Sp	ouse/registered domestic	c partner is blind	Total number	of boxes checked1				
2. Is your earned inco	ome* more than \$750?							
No. Enter \$: 3. Enter the amount so Single or ma	shown below for your fili	Enter the to	dy - \$12 200	ne return - \$24,400 } 3.				
4. Standard deductio a. Enter the	n. smaller of Line 2 or Lin	e 3. If born after Januar	ry 1, 1955, and not	,				
			•	\$1,300 (\$1,650 if single 4b.				
c. Add Lines	s 4a and 4b. Enter the to	otal here and on Form Γ)-40. Line 17	4c.				
services you performe	ed. It also includes any	taxable scholarship of t	ellowship grant. Ge	tion received for personal enerally, your earned income ement compensation receive				
		=		January 2, 1955, or				
		ır spouse/registered domes	itic partner it filing join	ntly, as a dependent. Instead, u	se the worksheet above.			
	pefore January 2, 1955							
You are blind			1055					
Spouse/registere	ed domestic partner was	s born before January 2	, 1955					
	d domestic partner is bl							
Enter the total number	r of boxes checked							
If your filing status is	AND the number in the box above is	THEN your standard deduction is	If your filing status is	AND the number in the box above is	THEN your standard deduction is			
Single	0 1 2	\$12,200 13,850 15,500	Head of Household	0 1 2	\$18,350 20,000 21,650			
Married/registered domestic partner filing jointly or filing separately on the same return	0 1 2 3 4	\$24,400 25,700 27,000 28,300 29,600	Married filing separately	0 1 2 3 4	\$12,200 13,500 14,800 16,100 17,400			

\$24,400 25,700 27,000

Qualifying widow(er)

0 1 2

District of Columbia Earned Income Tax Credit (EITC) Worksheet For Filers Without A Qualifying Child

This worksheet is for taxpayers who do not have a qualifying child for the Earned Income Credit. If you have a qualifying child DO NOT USE THIS WORKSHEET.

If your earned income or federal adjusted gross income (fed AGI) is greater than \$25,477



YOU CANNOT CLAIM THIS CREDIT

Section A: General Eligibility for the DC Childless Worker EITC.

If you qualified for the federal Earned Income Credit, go directly to Section B, below. If you did not qualify for the federal Earned Income Credit, answer these questions:

- 1. Were you, or your spouse/registered domestic partner if married filing jointly, or married filing separately on the same return, at least age 25, but not age 65 at the end of 2019? (born after December 31, 1954, and before January 2, 1995). If your spouse died in 2019 or if you are preparing a return for someone who died in 2019, see IRS Pub. 596 before you answer. If YES continue. If NO, STOP, you cannot claim the EITC.
- 2. Do you, and your spouse/registered domestic partner (if filing on the same tax return) have a social security number that allows you to work, or is valid for EITC purposes? (See the federal tax return instruction booklet for more information.) If YES, continue.
- 3. **If you answer YES to any of the following questions, STOP, you are not eligible for the EITC.** If you can answer NO to all the questions, go to step 4.
 - a. Is the filing status on your DC return "Married Filing Separately"?
 - b. If you are unmarried, can you be claimed as a dependent on someone else's 2019 tax return, or are you someone else's qualifying child?
 - c. If you are married, and you are not filing with your spouse, can you be claimed as a dependent on someone else's 2019 tax return, or are you someone else's qualifying child?
 - d. On your federal return are you filing form 2555?
 - e. Is your investment income more than \$3,600? (Investment income includes: taxable interest, tax-exempt interest, ordinary dividends and capital gains more than \$0)
 - f. Did you file form 4797 with your federal return?
 - g. Did you file Schedule E with your federal return?
 - h. Did you have income from the rental of personal property not used in trade or business on your federal return?
 - i. Did you elect to report child's interest and dividends on your federal return?
 - j. Are you a qualifying child of another person for the Earned Income Credit?

4. Were you or your spouse a nonresident alien for any part of 2019? If NO, continue to Line 5. If YES, see the special rule below.

Special Rule for nonresident Aliens: If you are not married, and were a nonresident alien for any part of the year, **STOP**, you do not qualify for the EITC. If you were married, and both spouses were nonresident aliens for any part of the tax year, **STOP**, you do not qualify for the EITC. If only one spouse was a nonresident alien for any part of the year, you cannot claim the EITC unless your federal filing status is married filing jointly.

5. If you had income or loss from a passive activity, see IRS Pub. 596 to see if you can claim the EITC.

SECTION B: Calculating Your Earned Income

(For Individuals without federal Schedule SE, Schedule C, and who were not members of the clergy or statutory employees)

If you were self-employed at any time in 2019, or are filing federal Schedule SE because you were a member of the clergy or had church employee income, or are filing federal Schedule C as a statutory employee, <u>DO</u> NOT USE THIS WORKSHEET to figure out your earned income. See special instructions below.

This worksheet is for taxpayers without a qualifying child only. If you claimed the federal EITC on a 1040 or a 1040-SR, DO NOT USE THIS WORKSHEET to figure out your earned income. Report the earned income amount derived from the federal worksheet used to make your federal EITC claim on your 1040 or 1040-SR.

1.	Enter the amount of your wages, salaries, tips, etc., (from federal Form 1040 or 1040-SR)	1.	
2.	Enter any amount included on Line 1, that is a taxable scholarship or fellowship grant not reported on a Form W-2		
3.	Enter any amount included on Line 1, for work performed while an inmate in a penal institution	3.	
4.	Enter any amount included on Line 1 that you received as a pension or annuity from a nonqualified deferred compensation plan or nongovernmental section 457 plan. This amount may be shown in box 11 of Form W-2. If you received such an amount but box 11 is blank, contact your employer for the amount received.	4.	
5.	Enter any amount included on Line 1, that is a Medicaid waiver payment you exclude from income	5.	
6.	Add Lines 2, 3, 4, and 5	6.	
7.	Subtract Line 6 from Line 1	7.	
8.	Enter all of your nontaxable combat pay if you elect to include it in earned income	8.	
9.	Add Lines 7 and 8. This is your earned income	9.	

<u>Special instructions for Members of the Clergy, Statutory employees and those filing Schedule SE, Schedule C.</u>
See IRS 1040 instruction, Worksheet B. Use the amount on line 4b as your earned income. (Ignore line 5). Clergy and Church employees take note of special instructions.

SECTION C: Figuring your DC Earned Income Credit

Note: This Earned Income Credit Worksheet is for <u>filers without a qualifying child only</u>. If you are a filer with a qualifying child, DO NOT USE THIS WORKSHEET.

If your earned income or federal adjusted gross income (fed AGI) is greater than \$25,477, STOP, you cannot claim this credit.

1.	Enter your earned income from Line 9 of the Earned Income worksheet on the previous page, or from Line 4b of Worksheet B from the IRS instructions	.1.	
2.	If earned income is less than \$6,915, multiply the amount by .0765, otherwise enter \$529. \$529 is the maximum amount that can be claimed. This is your tentative EITC amount based on your earned income. Complete the Lines below to determine the actual EITC amount		
3.	Enter your federal adjusted gross income (from Form 1040 or 1040-SR)	.3.	
4.	Enter the higher of Line 1 or Line 3	. 4.	
5.	If Line 4 is less than \$19,239, enter the amount from Line 2. This is your actual EITC. If you are a part-year resident, you must prorate the credit attributable to the time of your DC residency. Enter this amount on Form D-40, Line 30e.	. 5.	
6.	If Line 4 is between \$19,239 and \$25,477 subtract \$19,239 from the amount on Line 4, enter result	.6.	
7.	Multiply the amount on Line 6 by 0.0848, enter result	7.	
8.	Subtract Line 7 from Line 2, enter result here. If less than zero, enter zero. If you are a part-year resident, you must prorate the credit attributable to the time of your DC residency. This is your actual EITC.	8	

Contributions

There are three (3) DC contributions. Contributions will be deducted from the refund due or added to the tax due. You can contribute as much as you would like, however your contribution cannot exceed your amount to be overpaid and the smallest contribution you can make to any one fund is \$1.00.

DC Statehood Delegation Fund

Enter on Part II Contributions, Line 1 of the Schedule U, and attach to the D-40.

<u>Taxpayer Support for Afterschool Programs for At-Risk Students</u> Enter on Part II Contributions, Line 2 of the Schedule U, and attach to the D-40.

Anacostia River Cleanup and Protection Fund

Enter on Part II Contributions, Line 3 of the Schedule U, and attach to the D-40.

Tax tables

If your taxable income is \$100,000 or less, use the tax tables on pages 81-90 to find the tentative tax on Line 21 of the D-40.

If your taxable income is greater than \$100,000, use Calculation I on page 23 to determine your tentative tax.

Tax paid with extensions

Report tax paid with extension of time to file on Line 35 of the D-40.

Tax paid with original return

Report tax paid with original return if this is an amended return on Line 36 of the D-40.

Refund Options

There are three refund options offered for individual income tax returns. All individual income tax returns require that one of three refund options be selected.

1. Direct deposit of refund

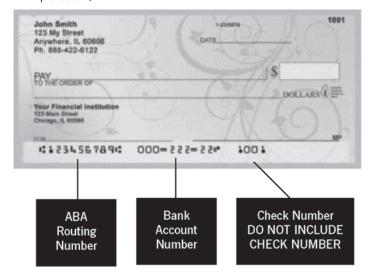
Direct Deposit Facts:

- 1. It's simple. You don't have to go to the bank to cash your check.
- 2. It's safe. No more lost, stolen or misplaced checks.
- 3. It's fast. Your money will be available the morning of the payment.

All new direct deposit requests (taxpayers requesting a direct deposit for the first time) will receive a paper check.

If you want your refund deposited directly in your bank account, complete the Direct Deposit Information on the D-40. If the routing or account number begins with zeros, include the zeros.

Fill in the bank routing and account number information. You can obtain this information from the lower left portion of your check (see example below).



NOTE: Refer to your own check or financial institution for your numbers. The routing and account numbers may be in different places on your check.

Your routing number is the left-most number located on your check, identified as the American Banking Association (ABA) routing number. The ABA number identifies your bank uniquely within the direct deposit system. It must be:

- Nine (9) digits in length, including zeros;
- A current valid bank routing number.

Your account number:

- Is usually just to the right of your ABA routing number including zeros;
- · Can be up to 18 digits long; and
- Can be both letters and numbers.

You may want to verify your account and routing numbers with your financial institution before filling in the information.

Fill in the oval to show the type of bank account. If you want the refund to go to a savings account instead of your checking account, you may need to contact your financial institution for the account and routing number information.

Check the ABA routing number and account number carefully. If your bank account information is incorrect or missing digits, the money can be deposited in someone else's account. Please double check your routing and account number. OTR is not liable for any ABA routing and account numbers reported on the return in error.

If you do not select the checking or savings oval, we will assume the refund will be deposited in your checking account. If the funds are returned to OTR, a paper check will be issued.

In the event of a rejection of direct deposit, refunds will be re-issued on a paper check.

Note: Identity theft and fraud using direct deposit has grown significantly nationally and locally in recent years. To minimize direct deposit/ identity theft refund fraud, OTR is converting new direct deposit refund requests to paper checks mailed to the taxpayer's address of record. Also see number 3, Paper Check section below for when paper checks will be issued.

Refund direct deposit to a foreign account – International ACH Transaction (IAT)

If you request your refund to be direct deposited to an account outside of the United States, you will receive a paper check.

2. U.S. Bank ReliaCard™

If you want your refund on a **ReliaCard**, select "ReliaCard" under the Refund Options on the D-40 form. Refunds under \$2 or greater than \$4,000 do not qualify for the ReliaCard. Non-qualified refunds will receive a paper check if direct deposit is not selected.

To obtain more information, visit https://www.usbankreliacard.com.

3. Paper Check

A paper check will be issued if:

- · no refund option is selected;
- the taxpayer selects this option, or direct deposit is not selected or if the taxpayer selects "ReliaCard" and it is beyond the threshold for a ReliaCard;
- taxpayer is a first time filer, even if they select direct deposit;
- there is a gap between filing i.e., filed in 2016 and 2017, but did not file in 2018; or
- the bank account changes from one year to the next; or
- the taxpayer requests a refund on behalf of a deceased taxpayer.

Refund status inquiry

To check the status of your refund visit MyTax.DC.gov You will need to enter your taxpayer identification number (TIN) and the refund amount you requested on your return.

Third Party Designee

If you want to authorize another person to discuss your 2019 tax return with the OTR, fill-in the oval in the Third Party Designee block on page 3 of the D-40, and enter the designee's name and phone number. If you want to authorize your paid preparer, enter 'preparer' in the 'third party designee' block. If you are filing a joint return, filling in the third party designee block oval constitutes authorization by both filers.

Filling in the oval also gives the designee authorization to:

- Give OTR any information missing from your return;
- Contact OTR for information about processing your return and the status of any refund or payment; and
- Request, receive and/or respond to OTR notices related to your return.

The authorization does not:

- Give the designee the right to receive your refund;
- Bind you to any additional tax liability related to your return; or
- Otherwise represent you before OTR.

This authorization automatically ends on April 15, 2021 (without regard to extensions).

Signature

Sign and date your return. If your filing status is married filing jointly or married filing separately on the same return, both spouses/registered domestic partners must sign. If the return is not signed, it will be sent back to you. If the return was prepared by a paid tax preparer, the tax preparer must also sign the return and provide his or her identification (PTIN) and telephone number. You, the taxpayer(s) is/are responsible for the information prepared and submitted by a paid preparer.

Send in your original return and attachments, if applicable; <u>please</u> keep a copy for your records.

Do not understate your taxes

There may be a penalty if an understatement of the tax required to be shown on your return exceeds the greater of:

- 10% of the tax required to be shown on the return; or
- \$2,000

The penalty is 20% of the excess of the amount required to be shown on the return over the tax shown on the return.

Using a Paid Preparer

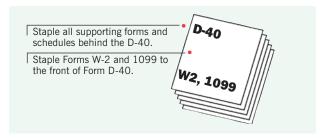
Although you may use a paid preparer, you the taxpayer(s) are responsible for the filing and payment of your tax return. Please review the tax return before you allow a paid preparer to issue a return on your behalf.

Preparers must pay a penalty for understating taxes where:

- The refund or amount due is based on unrealistic information;
- The preparer should have been aware of a relevant law or regulation; or
- Relevant facts about the return are not adequately disclosed.
 Penalties range from \$250 to \$10,000.

Assembling your D-40 return

- Do not staple or otherwise damage the Bar Code located in the upper right hand corner of the form or schedule being attached;
- Do not cross out the tax year on the 2019 return. If you are not filing a 2019 Individual Income Tax Return, do not use this booklet. Request a booklet for the specific year you are filing by calling our Forms Center at (202) 727-4829, or visit our Customer Service Administration (CSA) at 1101 4th Street, SW, Washington, DC 20024. You may also visit our website at MyTax.DC.gov for prior year(s) individual income tax booklets/returns;
- Staple check or money order to the D-40P, Payment Voucher;
- Staple Forms W-2 and applicable 1099 to the front of your return;
- Staple any of the other required documents listed on this page in the upper left corner behind the return;



- Send in an original, signed DC return with attachments, if applicable, not a copy. Please fold your return once and use the return envelope provided;
- There are two adhesive mail labels on the back flap of the return envelope. If you are sending a <u>payment</u> with your return, use the PO Box 96169 label on the return envelope. If you are filing a return with <u>no payment due or refund return</u>, use the PO Box 96145 label.
- Copies of the federal return and schedules are not required to be filed with DC and should not be attached.

List of other documents for D-40 filers

Staple these behind the D-40 return in file order.

- D-40WH Withholding Tax Schedule;
- Schedule S Supplemental Information and Dependents;
- Schedule H, Homeowner and Renter Property Tax Credit;
- Schedule U, Additional Miscellaneous Credits and Contributions;
- Schedule I, Additions to and Substractions from Federal Adjusted Gross Income;
- Schedule N, DC Non-Custodial Parent EITC Claim;
- Schedule ELC, Keep Child Care Affordable Tax Credit;
- Schedule HSR, DC Health Care Shared Responsibility;
- Schedule QCGI, Eligible QHTC Capital Gain Investment Tax;
- DC-8379, Injured Spouse Allocation;
- D-2210, Underpayment of Estimated Income Tax by Individuals;
- D-40P. Payment Voucher:
- FR-127, Extension of Time to File a DC Income Tax Return;
- DC Form FR-147, Refund Claim for Deceased Taxpayer, with letters of administration and a copy of the death certificate;
- DC Form D-2440, Disability Income Exclusion (and any certification);
- DC Form D-2441, Child and Dependent Care Credit for Part-Year Residents;
- DC Residential Form, Alternative Fuel Vehicle Conversion and Infrastructure Credits

If any of the above-referenced forms are needed, visit MyTax.DC.gov. Scroll to the "Individuals" section then click on "Current & Prior Year Tax Forms," and select form needed.

U.S. Bank ReliaCard® Pre-Acquisition Disclosure Program Name: District of Columbia Personal Income Tax Reference Date: June 2017

Monthly fee \$0	Per purchase \$0	ATM withdrawal	Cash reload N/A	
ATM Balance	Inquiry (in-network or c	\$2.00 out-of-network)	s0 or \$1.00	
	rvice (automated or live a	<u> </u>	\$0 or \$1.00	
Inactivity (afte	r 90 days with no transacti	ions)	\$2.00 per month	
We charge 4	other types of fees	One of them is:		
Card Replace	ement (standard or exped	dited delivery)	\$5.00 or \$30.00	
See the accomp	anying Fee Schedule for f	ree ways to access your funds	and balance information.	
No overdraft/cre Your funds are e	edit feature. ligible for FDIC insurance.			
For goneral infor	mation about prepaid acco	ounts, visit cfpb.gov/prepaid.	age or call	

U.S. Bank ReliaCard® Fee Schedule

Program Name: District of Columbia Personal Income Tax

Effective Date: May 2018

All fees	Amount	Details
Get cash	-	
ATM Withdrawal (in-network)	\$0	This is our fee per withdrawal. "In-network" refers to the U.S. Bank or MoneyPass® or Allpoint® ATM networks. Locations can be found at <u>usbank.com/locations</u> or <u>moneypass.com/atm-locator</u> or <u>allpointnetwork.com</u> .
ATM Withdrawal (out-of-network)	\$2.00	This is our fee per withdrawal. "Out-of-network" refers to all the ATMs outside of the U.S. Bank or MoneyPass or Allpoint ATM networks. You may also be charged a fee by the ATM operator even if you do not complete a transaction.
Teller Cash Withdrawal	\$0	This is our fee for when you withdraw cash off your card from a teller at a bank or credit union that accepts Visa [®] .
Information	-	
ATM Balance Inquiry (in-network)	\$0	This is our fee per inquiry. "In-network" refers to the U.S. Bank or MoneyPass or Allpoint ATM networks. Locations can be found at usbank.com/locations or moneypass.com/atm-locator or allpointnetwork.com .
ATM Balance Inquiry (out-of-network)	\$1.00	This is our fee per inquiry. "Out-of-network" refers to all the ATMs outside of the U.S. Bank or MoneyPass or Allpoint ATM networks. You may also be charged a fee by the ATM operator.
Using your card outside the U.S.		
International Transaction	3%	This is our fee which applies when you use your card for purchases at foreign merchants and for cash withdrawals from foreign ATMs and is a percentage of the transaction dollar amount, after any currency conversion. Some merchant and ATM transactions, even if you and/or the merchant or ATM are located in the United States, are considered foreign transactions under the applicable network rules, and we do not control how these merchants, ATMs and transactions are classified for this purpose.
International ATM Withdrawal	\$2.00	This is our fee per withdrawal. You may also be charged a fee by the ATM operator even if you do not complete a transaction.
International ATM Balance Inquiry	\$2.00	This is our fee per inquiry. You may also be charged a fee by the ATM operator.
Other	<u>-</u>	
Card Replacement	\$5.00	This is our fee per replacement of a lost card mailed to you with standard delivery (up to 10 business days).
Card Replacement Expedited Delivery	\$25.00	This is our fee for expedited delivery (up to 3 business days) charged in addition to any Card Replacement fee.
Inactivity	\$2.00	This is our fee charged each month after you have not completed a transaction using your card for 90 consecutive days.

Your funds are eligible for FDIC insurance. Your funds will be held at U.S. Bank National Association, an FDIC-insured institution, and are insured up to \$250,000 by the FDIC in the event U.S. Bank fails. See <u>fdic.gov/deposit/deposits/prepaid.html</u> for details.

No overdraft/credit feature.

Contact Cardholder Services by calling 1-877-528-6408, by mail at P.O. Box 551617, Jacksonville, FL 32255 or visit usbankreliacard.com.

For general information about prepaid accounts, visit <u>cfpb.gov/prepaid</u>. If you have a complaint about a prepaid account, call the Consumer Financial Protection Bureau at 1-855-411-2372 or visit <u>cfpb.gov/complaint</u>.

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Instructions for the D-40

To complete your D-40 return, you will need to do a series of calculations contained in these instructions and copy many of the line items and totals onto your D-40. You may also need to attach DC schedules, or forms to your D-40. Unless instructed otherwise, if you complete any part of any D-40WH, Schedules S, H, U, I, N, ELC, HSR, QCGI, DC-8379, D-2210, D-40P, FR-127, attach it to your return.

D-40WH Withholding Tax Schedule.

Do not file the D-40WH if you are fling electronically. Use this schedule to transfer the information from your W-2 or 1099s. This schedule must be filed in order to receive credit for tax withheld.

DC-8379 Injured Spouse Allocation.

Complete this form if you have indicated on the D-40 that you are claiming an injured spouse allocation. Failure to provide this form at the time of filing may prevent you from receiving a refund.

Schedule ELC, Keep Child Care Affordable Tax Credit.

This schedule allows eligible taxpayers to claim an early learning tax credit for an eligible child under the age of 4 as of 9/30/19 and payments made during the taxable year after August 31st if the eligible child meets age requirements for enrollment in Pre-K according to DC Code §38-273.02(a).

Schedule H, Homeowners and Renter Property Tax Credit.

This schedule allows eligible residents to claim a property tax credit against their DC income tax liability. The total 2019 federal adjusted gross income (AGI) of your "tax filing unit" cannot exceed \$55,000 (under age 70) or \$75,000 (age 70 or older). **Do not claim this credit for an exempt property owned by a government, a house of worship or a non-profit organization.** See Schedule H in this booklet.

Note: If you are filing a D-40, and are eligible for the property tax credit, you must file Schedule H with it. If you are not required to file a D-40, the Schedule H can be filed by itself and mailed to:

Office of Tax and Revenue

1101 4th St SW, FL4

Washington DC 20024

Schedule HSR, DC Health Care Shared Responsibility.

A new DC law requires all residents to have health care coverage, have an exemption or pay a tax penalty on their DC tax return. See instructions for Schedule HSR, DC Health Care Shared Responsibility.

Schedule I, Additions to and Subtractions from Federal AGI.

This schedule contains two calculations, one for additions and another for subtractions from federal AGI. See Schedule I in this booklet.

If you took the 100% federal bonus depreciation and/or the additional Internal Revenue Code (IRC) Section 179 expenses on your federal return, enter the total on Schedule I, Calculation A, Line 3.

Schedule N, DC Non-Custodial Parent EITC Claim.

Use this schedule to determine whether a non-custodial parent making

court-ordered child support payments may claim the DC EITC. See Schedule N in this booklet.

Schedule QCGI, Eligible QHTC Capital Gain Investment Tax.

For tax years beginning after December 31, 2018, the tax on capital gain from the sale or exchange of an investment in a Qualified High Technology Company (QHTC) shall be at the rate of 3% provided the requirements are met as outlined in the instructions for Schedule QCGI, Eligible QHTC Capital Gain Investment Tax.

Schedule S, Supplemental Information and Dependents.

If claiming dependents, use Schedule S to list each dependent's name, taxpayer identification number (TIN), relationship and date of birth (DOB). If filing head of household use Schedule S to report dependents or other qualifying non-dependent person.

Calculation G-1 is used to determine the computation of the standard deduction. You must also use Calculation G-1 to claim the additional standard deduction for yourself or your spouse/registered domestic partner for being blind and/or age 65 or older, unless you are a dependent claimed by someone else.

Calculation J is used to determine the DC tax amount for married or registered domestic partners filing separately on the same return.

List any TINs (EIN/SSN/ITIN) in the applicable space(s) if there is an amount on D-40, Line 11.

Schedule U, Additional Miscellaneous Credits and Contributions.

This schedule lists certain additional non-refundable and refundable credits you may be able to claim. It also lists several contributions funds to which you may wish to contribute. See Schedule U in this booklet.

Non-refundable credits include:

1. **Out of State tax credit.** The amount DC domiciliary taxpayers may claim as a credit for individual income tax paid to other state(s) if the income taxed by that state is derived from that state and that income is of a kind taxed by DC. The tax paid to a state is the total state tax liability shown on the state tax return. (It is not the state withholding shown on your Form W-2.) The credit is limited to the rate of tax charged in the District. If you are a statutory resident, the state in which you are domiciled gives you a credit for the taxes paid to DC.

Complete Calculation K below, to determine your out of state credit. Enter the credit amount on Schedule U, Part 1a, Line 2. If you paid tax to more than one state, enter the respective amounts and other state codes in the spaces provided.

No DC credit is allowed for any other tax imposed by a state, including the following:

- Corporate franchise tax;
- License tax;
- Excise tax;
- · Unincorporated business franchise tax; and
- Occupation tax.

occupation tax	
Calculation K Out-of-state income tax credit	
a Amount of income tax paid to other state(s), enter from the other state(s) return(s).	a
b Income subject to income tax in other states and received while a resident of DC.	b
c DC adjusted gross income from D-40, Line 15.	С
d Divide Line b by Line c. (Enter the percent.)	d
e DC Tax from D-40, Line 23.	е
f Maximum out-of-state credit. Multiply Line e by Line d.	f
g Enter the lesser of Line a or Line f. Also enter on Schedule U, Part 1a Line 2.	g

2. Alternative Fuel Vehicle Conversion and Infrastructure

Credits. See D.C. Code Sections 47-1806.12 and 47-1806.13. A credit up to 50% of the costs for purchase and installation of qualified alternative fuel storage and dispensing or charging equipment per qualified alternative fuel vehicle refueling property or private residence. The credit shall not exceed \$1,000 per vehicle charging station for a private residence and \$10,000 per qualified alternative fuel vehicle refueling property or vehicle charging station. The cost of the purchase of the land on which the refueling or charging station will be located or the construction or purchase of any structure is not included in the equipment or labor costs. The unused credit can be carried over for two future years.

A credit, not to exceed \$19,000 per vehicle, up to the tax liability, for 50% of the cost of equipment and labor per vehicle for vehicle owners who modify their existing petroleum derived gasoline or diesel fuel vehicle into a vehicle capable of operating on one of a list of the listed acceptable operating fuels:

- a. At least 85% Ethanol:
- b. Natural gas;
- c. Compressed natural gas;
- d. Liquefied natural gas;
- e. Liquefied petroleum gas;
- f. Biodiesel (excluding kerosene);
- g. Electricity from a vehicle charging station; or,
- h. Hydrogen.

Any unused credit for vehicle conversion cannot be carried forward.

If you are claiming one of these credits, complete the residential form, Alternative Fuel Vehicle Conversion and Infrastructure Credits available online only. Retrieve this form at MyTax.DC.gov, by clicking on 'Forms', 'Alternative Fuel Vehicle Infrastructure and Conversion Residential Form' under Individual Income Tax Forms; attach it to the DC-40, Schedule U.

If gross income derived from the operation of an alternative fuel dispensing or charging station exceeds \$12,000, you must file a DC Form D-30, Unincorporated Franchise Tax Return.

3. Credit for certain DC Government employees who are DC residents and first-time DC homebuyers. This \$2,000 credit is available to all DC government employees, employees of a DC public charter school, and any person who has accepted an offer to be a DC police officer, firefighter, emergency medical technician, public school teacher or a teacher at a DC public charter school who enrolled in the Employer Assisted Housing Program (EAHP) offered by the DC Department of Housing and Community Development. The credit is available for a 5-year period. This credit is being phased out and shall not apply to a home purchase with a settlement date after March 30, 2015. Enter \$2,000 on Schedule U, Part 1a, Line 5.

Refundable credits include:

- a. DC Non-custodial parent EITC. See Schedule N.
- b. Keep Child Care Affordable Tax Credit. See Schedule ELC

Contributions include:

- 1. DC Statehood Delegation Fund;
- 2. Taxpayer Support for Afterschool Programs For At-Risk Students; and
- 3. Anacostia River Cleanup and Protection Fund

(Note: Calculations A and B are on Schedule I)

Calculation C Standard deduction for part-year DC residents	
a Your standard deduction. See instructions, page 21.	а
b Number of days you lived in DC from D-40, Line 2.	b
C Divide Line b by the number 365 (366 if leap year).	С
d Part-year DC standard deduction. Multiply Line a by Line c, enter here and on D-40, Line 17.	d
Calculation D DC Itemized deductions for part-year DC residents.	
a Total Itemized Deductions from Form 1040 or 1040-SR, Schedule A, Line 17, or Form 1040-NR, Schedule A, Line 8.	а
b Portion of Line a that applies to the time you were a DC resident.	b
c Portion of your state and local tax deduction reported on Form 1040 or 1040-SR, Schedule A, Line 7, or Form 1040-NR, Schedule A, Line 1b that was paid to DC.	С
d Subtract Line c from Line b.	d
e Portion of your state and local real estate tax deduction from Form 1040 or 1040-SR, Schedule A, Line 5b that was paid to DC.	е
f Portion of your other taxes deduction from Form 1040 or 1040-SR, Schedule A, Line 6 that was paid to DC.	f
g DC itemized deductions. Add Lines d, e, and f. If your District Adjusted Gross Income (AGI) is equal to or less than \$200,000 (\$100,000 if married filing separately) stop here and enter this amount on Line 17 of the D-40.	g
Note: If your District AGI is greater than \$200,000 (\$100,000 if married filing separately) continue below to determine the allowable itemized deductions.	
h Enter the sum of Form 1040 or 1040-SR, Schedule A, Lines 4, 9, and 15 allocable to the time you were a DC resident.	h
i Subtract amount on Line h from Line g.	i
j Enter the amount of DC adjusted gross income.	j
k Enter \$200,000 (or \$100,000 if married filing separately).	k
I Subtract amount on Line k from Line j.	I
m Multiply amount on Line I by 5%.	m
n Subtract amount on Line m from amount on Line i (if<0, enter 0).	n
o Add the amounts on Line h and Line n (enter this on Line 17 of the D-40).	0

Who is a Resident?

You are a resident of DC if:

- 1. You are an individual domiciled in DC at any time during the taxable year, or
- 2. You are an individual who maintains a place of abode within DC for an aggregate of 183 days or more during the taxable year, this is also known as a statutory resident.

Domiciliary

An individual is domiciled in DC if his/her permanent home is in DC. Domicile, once established, is presumed to continue until it is shown to have been changed. To establish a change of domicile, a person must demonstrate (1) physical presence, and (2) an intent to abandon the former domicile and remain [in the new one] for an indefinite period of time. An individual can only have one domicile at a time. An individual domiciled in DC is a full-year resident under DC law and must file a full-year individual income tax return, except, if you establish or abandon your DC domicile during the year, then you are a part-year resident and will file a part-year return.

Statutory Resident

An individual is a DC statutory resident, even though not domiciled in DC, if he/she maintained a place of abode in DC for an aggregate of 183 days or more days during the taxable year. The period of residency does not have to be consecutive days. In determining whether an individual has maintained a place of abode in DC for 183 or more days, temporary absences from the DC residence i.e. vacations, hospitalization, business trips, and the like, shall be considered as periods of District residency. A statutory resident is a full-year resident under DC law and, therefore, must file a tax return reporting his/her entire income for the taxable year. A statutory resident may seek credits for individual income taxes paid to other state(s), while concurrently a resident of DC. However, he/she must provide satisfactory proof of payment, including an individual income tax return filed with the other state(s), in order to be eligible for a credit.

Part-Year Resident

An individual is a part-year resident if he/she moves into or out of DC during the year with the intent to establish or abandon his/her domicile in DC. The calculation of tax liability for a part-year resident is prorated based on the income earned in DC, during the period of residency. An individual filing a part-year return must indicate the period of residency on Line 2 of Form D-40. All credits, exemptions and deductions must be prorated according to the time of DC residency.

Part-Year Instructions

If you are a part-year resident for the 2019 tax year, fill in the oval on Line 2 of the D-40, complete the applicable month, day and year in the "from" and "to" boxes. Divide the number of days lived in DC by 365 (366 if leap year). Use that number (standard rounding to four decimal places) and multiply by your credit, additions or subtractions amounts not previously prorated. Complete Calculation C for standard deduction and Calculation D for DC itemized deductions showing the type and amount of income received:

- During the time you resided in DC;
- During the time you were a nonresident; and
- The total income reported on your federal return as adjusted for DC purposes.

Before completing the D-40, calculate the following:

- Income received when you were a resident of DC, and when you resided outside of DC; and
- Allowable expenses paid or incurred when you resided in DC and when you resided outside of DC. The same allocation is required for credits, and other deductions.

If you claimed itemized deductions on your federal income tax return, include, for DC purposes, only those relating to the time you were a DC resident. Your federal worksheet will assist you in completing Schedule I (Calculations A and B) and Calculation D (if applicable). Keep a copy of your worksheet, a copy of your tax return and all calculations.

If you resided in DC for only part of 2019 tax year, allocate your DC income and deductions attributable to the time of your DC residency. Also prorate your standard deduction and credits by dividing the number of days you were a resident of DC by 365 (366 if leap year) and multiplying the result times the standard deduction/credit amount.

Example: *71 days of residency in DC divided by 365 (366 for leap year) equals 0.1945. A taxpayer who is eligible to claim the maximum EITC For Filers Without a Qualifying Child, the credit amount is \$529. Multiply \$529 by 0.1945 and the result, \$103 is the prorated amount for credit.

January February March
$$31 + 28 + 12 = 71 \text{ Days}^*$$

Standard deduction for part-year DC residents. Adjust your standard deduction to reflect the number of months you were a DC resident. Complete Calculation C on page 20.

Itemized deductions for part-year DC residents. Effective January 1, 2011, DC Official Code §47-1803.03 (b-4) provides that certain DC itemized deductions of DC taxpayers with over \$200,000 of DC AGI (\$100,000 for a separate return filed by a married individual) will be limited. Reduce the DC itemized deduction amount by 5% of DC AGI in excess of \$200,000 (\$100,000 for a separate return filed by a married individual). The itemized deductions that are not subject to the 5% limitation are medical and dental expenses, expenses incurred in the production of investment interest and casualty or theft loss deduction.

If your DC deductions are limited and you were a part-year DC resident, complete Calculation D on page 20.

Credit for child and dependent care expenses for part-year DC residents. Complete the DC Form D-2441 and enter the amount from Line 5 on Line 24 of the D-40. Attach a copy of your DC Form D-2441.

Do not include income tax withheld for other states in the DC tax withheld, Line 33, D-40.

Income Information Section

- Copy Line a through d from the appropriate lines on the federal return. Do not recalculate any amounts or totals.
- Not all items will apply to you. Fill in only those that do. If the amount is zero, leave the line blank.
- If you had a loss for Lines b, c, d, 4, 7, 15, 18 or 20, fill in the "Fill in if loss" oval to indicate that the figure entered is a negative one. Do not enter a minus sign or brackets in the boxes.

Line a Wages, salaries, unemployment compensation, and/or tips Enter the amount from your federal 1040, 1040-SR, 1040-NR or 1040-NR-EZ plus any unemployment compensation received.

All unemployment compensation received in 2019 is taxable.

Line b Business income or loss

If you had gross business/self-employment income from DC sources of more than \$12,000 from an unincorporated business or business activity, see the instructions for D-30, Unincorporated Franchise Tax Return, to see if you are required to file that return. If you are, do not include the income here, but report it on your D-30 return instead.

a Total itemized deductions from Form 1040 or 1040-SR, Schedule A, Line 17, or Form 1040-NR, Schedule A, Line 8.	а
b Total state and local tax deductions. Enter the amount from your Form 1040 or 1040-SR, Schedule A, Line 7, or Form 1040-NR, Schedule A, Line 1b.	b
c Subtract Line b from Line a.	С
d State and local real estate tax from Form 1040 or 1040-SR, Schedule A, Line 5b.	d
e Other taxes from Form 1040 or 1040-SR, Schedule A, Line 6.	е
f DC itemized deductions. Add Lines c, d, and e. If your District Adjusted Gross Income (AGI) is equal to or less than \$200,000 (\$100,000 if married filing separately) stop here and enter this amount on Line 17 of the D-40 form.	f
Note: If your District AGI is greater than \$200,000 (\$100,000 if Married filing separately) continue below to determine the allowable itemized deductions	
g Enter the sum of Form 1040 or 1040-SR, Schedule A, Lines 4, 9 and 15	g
h Subtract amount on Line g from Line f.	h
i Enter the amount of DC adjusted gross income.	i
j Enter \$200,000 (\$100,000 if married filing separately).	j
k Subtract amount on Line j from Line i.	k
Multiply amount on Line k by 5%.	1
m Subtract amount on Line I from amount on Line h (if < 0 , enter 0).	m
n Add the amounts on Lines g and m (enter this on Line 17 of the D-40).	n

Line c Capital gains or loss

Enter the amount from your 1040, 1040-SR or 1040-NR. The maximum allowable annual capital loss claim is \$3000 (\$1500 if married or registered domestic partner filing separately).

If you had farm income or loss, enter on Line c the amount on Line 6 of your $1040\,\text{or}\,1040\text{-SR}$, or Line 19 of your 1040-NR in the amount entered on Line c. If a loss, fill in the oval.

For DC tax purposes, upon disposing of an asset not fully depreciated, compute the capital gain/loss reported on your federal return for the year of disposition excluding any bonus depreciation.

Line d Rental real estate, royalties, S corporations, trusts, etc

Enter the amount from your 1040, 1040-SR or 1040-NR. If you had gross income, from DC sources, of more than \$12,000 from a unincorporated business or business activity, including rents and royalties, do not include on D-40. You are required to file a D-30 return. File a DC Form D-30, Unincorporated Franchise Tax Return if capital is a material income producing factor. An S Corporation must file a D-20, Corporate Franchise Tax Return.

Computation of DC Gross and Adjusted Gross Income

Line 4 Federal adjusted gross income

Enter the amount from 1040, 1040-SR, 1040-NR, or 1040-NR-EZ. Include your taxable portion of pension/annuity in your federal adjusted gross income.

NOTE: Any grants and stipends received by certain DC public or charter school teachers under the Housing Support for Teachers Act of 2007 are subject to both federal and DC income tax.

Additions to DC Income

Line 5 Franchise Tax

Enter any franchise tax deducted on a federal business tax return, from federal Forms 1065 or 1120S.

Line 6 Other additions from DC Schedule I

Enter the amount from Line 8 of Calculation A, Schedule I.

$\textbf{Line 7} \ \, \textbf{Add Lines 4, 5 and 6} \\$

Add federal adjusted gross income, franchise tax deducted and additions to DC income. Fill in oval if loss.

Subtractions from DC Income

Line 8 Income received by a part-year resident during period of nonresidence

For each type of income reported on your federal 1040 or 1040-SR, determine the amount you received when you resided in DC. Subtract that amount from your total income and enter the results on Line 8.

Line 9 Taxable refunds, credits or offset of state and local income tax Enter the amount from your 1040, 1040-SR or 1040-NR.

Line 10 Taxable amount of social security and tier 1 railroad retirement Enter the amount from 1040 or 1040-SR.

Line 11 Income reported and taxed this year on a DC franchise or fiduciary return (D-20, D-30 or D-41)

If the income reported on your 1040 or 1040-SR included income reported and taxed on a DC franchise or DC fiduciary return, enter that amount here. Provide the taxpayer identification number (TIN) and your share of the income reported. Refer to General Instructions, page 8 regarding TINs. Include the TIN on page 2 of the Schedule S.

Calculation I/Tax Rate Schedule

If your tentative taxable income from D-40, Line 21 is:

Not over \$10,000 4% of the taxable income

 Over \$10,000 but not over \$40,000
 \$400, plus 6% of the excess over \$10,000

 Over \$40,000 but not over \$60,000
 \$2,200, plus 6.5% of the excess over \$40,000

 Over \$60,000 but not over \$350,000
 \$3,500, plus 8.5% of the excess over \$60,000

 Over \$350,000 but not over \$1,000,000
 \$28,150, plus 8.75% of the excess above

\$350,000

Over \$1,000,000 \$85,025, plus 8.95% of the excess above

\$1,000,000

Line 12 DC and federal government survivor benefits

If you are an annuitant's survivor and 62 years of age or older as of December 31, 2019, enter the total survivor benefits (do not include Social Security survivor benefits).

Line 13 Other subtractions from DC Schedule I

Line 14 Total subtractions from DC Income

Add Lines 8-13.

DC Adjusted Gross Income

Line 15 DC adjusted gross income

Line 7 minus Line 14.

DC Taxable Income

Line 16 Deduction type

Indicate which type of deduction (itemized or standard) you are taking by filling in the appropriate oval. You must take the same type of deduction on your DC return as you took on your federal return.

Line 17 DC deduction amount

Enter the amount from your federal return.

<u>Standard deduction.</u> Reference page 10 of the General Instructions. Part-year DC residents, reference page 21.

<u>Itemized deductions.</u> Do not copy the amount from your federal return. Use Calculation D if you are a part-year DC resident, or Calculation F if you are a full-year or statutory DC resident. DC does not allow a deduction for state and local income taxes. You can deduct your entire state and local real estate taxes.

If your DC AGI is \$200,000 or less, complete Calculation F on page 22. DC income taxes paid are not deductible on your DC return. Therefore, reduce your federal itemized deductions amount by those taxes before entering the total on your DC return.

Effective January 1, 2011, DC Official Code §47-1803.03 (b-4) provides that certain DC itemized deductions of DC taxpayers with over \$200,000 of DC AGI (\$100,000 for a separate return filed by a married individual) will be limited. Reduce the DC itemized deduction amount by 5% of DC AGI in excess of \$200,000 (\$100,000 for a separate return filed by a married individual). The itemized deductions that are not subject to the 5% limitation are medical and dental expenses, expenses incurred in the production of investment interest and casualty or theft loss deduction.

If your DC deductions are limited, complete Calculation F on page 22.

Line 19 Net capital gain from sale or exchange of an eligible investment in a DC QHTC $\,$

From Schedule QCGI, Line 3. If you have net capital gain income from QHTC investments subject to 3% tax, and positive overall net income subject to tax, complete Schedule QCGI and enter the amount from Line 3. If you do not have positive overall net income subject to tax or net capital gain income from QHTC eligible investments, enter zero. See instructions for Schedule QCGI.

Line 20 DC taxable income

Subtract Line 19 from Line 18. Enter the result, if a loss, fill in the oval.

Line 21 Tentative Tax

If Line 20 is \$100,000 or less, use the tax tables on pages 81-90 to determine your tax. If Line 20 is more than \$100,000, use Calculation I on this page to determine your tax.

Line 22 3% tax on eligible QHTC capital gains income

From Schedule QCGI, Line 4. If you have net taxable income, a portion of which includes net capital gain income on eligible QHTC investments, complete Schedule QCGI and enter the amount from Line 4. Otherwise, enter zero. See instructions for Schedule QCGI.

Line 23 Add Line 21 and 22

Married or registered domestic partners filing separately on the same return - Before completing Calculation J, the tax computation, on Schedule S, you must determine each person's separate federal AGI, additions to income, subtractions from income, and deductions. You must combine the separate amounts for each person before making entries on Lines 24-37 of the D-40.

DC tax, credits, and payments

The credits claimed on Lines 24 and 25 are non-refundable, which means they can reduce the taxes you owe, but they will not result in a tax refund. The credits you claim on Lines 30d or 30e, 31 and 32 are refundable credits, which means if these credits plus any tax payments are greater than your total tax due, you may receive a refund.

Line 24 Credit for child and dependent care expenses

Do not claim this credit if your filing status is married filing separately. If your status is married or registered domestic partner filing separately on the same return, you may claim the credit and divide it between spouses/ registered domestic partners any way you wish.

If you were a full-year or statutory DC resident, to figure your DC credit, multiply by .32, the amount from federal Form 2441, Line 9. Enter the result on Line 24 of the D-40. (Do not use the DC Form D-2441.)

If you were a part-year resident, see the instructions on page $21. \,$

If you were eligible for the Child and Dependent Care Credit but did not claim it for federal purposes, complete the federal Form 2441, multiply the result by .32 and claim the DC credit for child and dependent care expenses.

Line 25 Non-refundable credits from DC Schedule U

This entry is the total of non-refundable amounts from DC Schedule U, Part 1a, Line 7.

Line 26 Total non-refundable credits

Add Lines 24 and 25.

Line 18 DC tentative taxable income

Subtract Line 17 from Line 15. Enter the result, if a loss, fill in the oval.

Line 27 Subtract Line 26 from Line 23

Subtract Line 26 from Line 23. If Line 23 is less than Line 26, enter zero.

Line 28 DC Health Care Shared Responsibility

If you, your spouse/registered domestic partner (If filing jointly or separately on the same return), and anyone you or your spouse/registered domestic partner can claim as a dependent, had qualifying health coverage (or an exemption) for every month of 2019, enter zero. Otherwise complete Schedule HRS and accompanying worksheets to determine the amount of your Health Care Shared Responsibility Payment. From Schedule HSR, Part IV, Line 17.

Line 29 Total tax

Add Lines 27 and 28.

DC FITC

Refer to General Instructions, page 10.

Line 30a Qualified EITC children

Refer to General Instructions, page 10.

Line 30b Enter your earned income amount.

Line 30c Enter your federal earned income credit (for taxpayers with qualifying children only).

Line 30d Multiply federal EIC x.40 and enter result (for taxpayers with qualifying children only).

Line 30e For filers without qualifying children, use the DC Earned Income Tax Credit Worksheet For Filers Without a Qualifying Child to determine your DC EITC and enter result.

Line 31 Property tax credit

If you filed a DC Schedule H, Homeowner and Renter Property Tax Credit, enter the amount from the appropriate Line (6 or 10). See the instructions in this booklet for assistance in completing Schedule H. If you are filing a D-40 and Schedule H, attach Schedule H to your D-40.

Line 32 Refundable credits from DC Schedule U

Complete Schedule U, Part 1b. Attach Schedule U to your D-40. See Schedule N, DC Non-Custodial Parent EITC Claim, to determine if you are eligible to claim this credit. If you complete a Schedule N, attach it to your D-40.

Line 33 DC income tax withheld

Add the amount of DC income tax withheld as shown on your applicable 2019 federal Forms W-2 and 1099 that show DC tax withheld.

Line 34 2019 Estimated income tax payments and amount applied from 2018 return

Enter the total of your 2019 DC estimated income tax payments and any amount applied from your 2018 return as a carry forward. If you are filing separate returns and paid estimated income tax payments, you and your spouse/registered domestic partner must divide the payments according to which spouse/registered domestic partner paid them. You cannot arbitrarily allocate the estimated payments between you.

Line 35 Tax paid with extension of time to file

If you filed Form FR-127, Extension of Time to file a DC Income Tax Return, enter the amount you paid with the FR-127.

Line 36 If this is an amended 2019 return, enter payments made with original 2019 D-40 return.

Line 37 If this is an amended 2019 return, enter refunds requested with original 2019 D-40 return.

Line 38 Total payments and refundable credits

Add Lines 30d or 30e through Line 36. Do not include Line 37.

Line 39 Tax due

Subtract Line 38 from Line 29.

Line 40 Amount overpaid

Subtract Line 29 from Line 38.

Line 41 Amount to be applied to your 2020 estimated tax

Line 42 Underpayment interest

Fill in the oval if Form D-2210 is attached.

D-2210:Underpayment of Estimated Income Tax By Individuals

You may use this form to calculate your underpayment interest when submitting your D-40 form. If you do, fill in the oval, attach it to your tax return and enter the interest amount on Line 42 of the D-40. If you do not wish to calculate the interest, the Office of Tax and Revenue (OTR) will do it when your return is processed and will notify you of the amount due. You may also complete this form if you believe the interest assessed by OTR for underpayment of estimated income tax is incorrect.

Line 43 Contribution amount from Schedule U, Part II, Line 5

(Cannot exceed refund amount on Line 45.) Reference General Instructions, page 19.

Line 44 Total amount due

Add Lines 39, 42 and 43.

You must pay this amount in full with your return. See page 6 for payment options under General Instructions.

If you wish to contribute and you are not due a refund or do not owe additional tax, please enter the total contribution amount on Line 43. Make your payment payable to the DC Treasurer and include it with your return.

Line 45 Net Refund

Subtract total of Lines 41, 42 and 43 from Line 40.

Be sure to use the PO Box 96145 mail label from the back flap of the return envelope when mailing your return, requesting a refund.

If you answer yes to the question, "Will this refund go to an account outside the U.S.", you will be issued a paper check in lieu of direct deposit. See page 15 of the General Instructions.

Line 46 Injured spouse allocation

Fill in the oval if either spouse is claiming injured spouse allocation, and attach Form DC-8379 (Injured Spouse Allocation).

Electronic 1099-G

Beginning in January 2020, the Office of Tax and Revenue (OTR) will begin offering you a paperless option for receiving the Form 1099-G income tax refund statement. If you agree to receive your statement electronically, fill in the oval. We will notify you in January 2021 that your statement is available to be viewed and printed from our web portal if you are a registered user. Otherwise, you will continue to receive your paper statement unless you choose the paperless option.

Key website resources

DC Official Code

www.lexisnexis.com/hottopics/dccode/

DC Regulations

www.dcregs.dc.gov/

DC Tax Forms/Publications

MyTax.DC.gov

Mailing Address for Returns

MyTax.DC.gov

Electronic Funds Transfer (EFT) Guide

MyTax.DC.gov

NACHA Guidelines

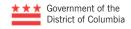
www.nacha.org/

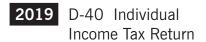
Social Security Administration

www.ssa.gov/

Internal Revenue Service

www.irs.gov



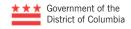


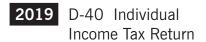


Important: Print in CAPITAL letters using black ink.

*		rsonal information ur telephone number		Fill in if: Filing an amended return. See instructions.	OFFICIAL USE ONLY Vendor ID#0000	
IN BACK	You	ur taxpayer identification number (TIN) and Date of Birth (MME	DYYYY)	Spouse's/registered domestic partner's TIN and Date of Bir	th (MMDDYYYY)	
ER LE	You	ur first name M.I.	Last name		Fill in if Deceased	
UPP	Sno	ouse's/registered domestic partner's first name M.I.	Last name			
TS IN	Spc	puse s/registered domestic partitler's first flame M.T.	Last Harrie		Fill in if Deceased	
MEN.	Hor	ne address (number, street and suite/apartment number if applicab	le)			
DOCUMENTS IN UPPER LEFT						
HER I						
E OTI	City			State Zip Code +4		
STAPLE OTHER	0.1.5					
<i>-</i>	_					
	<u>Filii</u>	ng status				
	1	Fill in only one: Single, Married filing joi	intly	Married filing separately, Dependent claimed by s	omeone else	
HERE	-	Jingle, Warned Hing Joh	nuy,	iviamed illing separately, Dependent claimed by s	officoric cise	
SLUZ		Married filing separately on sai	ne return E	nter combined amounts for Lines 5–45. See instructions.		
TEME		Registered domestic partners f	iling jointly (or filing separately on same return Enter combined	amounts	
3 STA		for Lines 5-45. See instructions.				
DINC	Head of household Enter qualifying dependent and/or non-dependent information on Schedule S.					
DHH.		Tread of Household Enter quali	rying depend	dent and/or non-dependent information on schedule 3.		
WIT N		Qualifying widow(er) with depe	endent child	Enter qualifying dependent information on Schedule S.		
THE	_					
STAPLE W-2s AND ANY OTHER WITHHOLDING STATEMENTS HERE	2	Fill in if you are: Part-year resident in DC from		to See instruc	ctions.	
ND A		, _ ,	(MM)	DDYYYY) (MMDDYYYY)		
1-2s F	3	Fill in ONLY if Full-year health care coverage or exempt, se	e instructior	ns		
ν J.						
STAF		Complete your federal return first —	Enter voi	r dependents' information on DC Schedule S	•	
	Inc	ome Information		Round cents to nearest dollar. If amount is zero, leave line blan		
				if minus, enter amount and fill in oval.	00	
	a	Wages, salaries, unemployment compensation and/or see instructions.				
	b	Business income or loss, see instructions.	Fill in if loss		00	
	С	Capital gain (or loss).	Fill in if loss		00	
	d	Rental real estate, royalties, partnerships, etc.	Fill in if loss	d \$	00	
	Cor	nputation of DC Gross and Adjusted Gross Incom	e			
	4	Federal adjusted gross income. From adjusted gross income		deral Fill in if loss 4 \$.00	
		Forms 1040, 1040-SR, 1040-NR or 1040-NR-EZ.				

	40 PAGE 2		
Ent	er your last name.		
Ent	er your TIN 1 9 0 4	0 0 1 2 0 0 0 0	
Ado	litions to DC Income		
5	Franchise tax deducted on federal forms, see instructions.	5 \$	00
6	Other additions from DC Schedule I, Calculation A, Line 8.	6 \$	00
7	Add Lines 4, 5 and 6.	7 \$	00
Sub	tractions from DC Income		
8	Part year residents, enter income received during period of nonresidence, see instructions.	8 \$	00
9	Taxable refunds, credits or offsets of state and local income tax.	9 \$	00
10	Taxable amount of social security and tier 1 railroad retirement	10 \$	00
11	Income reported and taxed this year on a DC franchise or fiduciary return.	11 \$	00
12	DC and federal government survivor benefits, see instructions.	12 \$	00
13	Other subtractions from DC Schedule I, Calculation B, Line 16.	13 \$	00
14	Total subtractions from DC income, Lines 8-13.	14 \$	00
15	DC adjusted gross income, Line 7 minus Line 14.	15 \$	00
16	Deduction type. Take the same type as you took on your federal return. Fill in which type: Standard or	Itemized	
		See instructions for amount to enter on Lin	
17	DC deduction amount.	17 \$	00
18	Tentative DC taxable income. Subtract Line 17 from Line 15. Fill in if loss	18 \$	00
19	Net capital gain from sale or exchange of an eligible investment in a QHTC, from Schedule QCGI, Line 3. If D-40 Line 18 is zero or less, enter zero here.	19 \$	00
20	DC taxable income. Subtract Line 19 from Line 18	20 \$	00
21			
	Tentative Tax. If Line 20 is \$100,000 or less, use tax tables to find the tax, if more, use Calculation I in instruction		00
22	3% tax on eligible QHTC capital gains income, from Schedule QCGI, Line 4.If D-40 Line 18 is zero		
		s. 21 \$	00
23	3% tax on eligible QHTC capital gains income, from Schedule QCGI, Line 4.If D-40 Line 18 is zero or less, enter zero here. Add Line 21 and Line 22.	22 \$	00 00
23	3% tax on eligible QHTC capital gains income, from Schedule QCGI, Line 4.If D-40 Line 18 is zero or less, enter zero here. Add Line 21 and Line 22. Fill in if filing separately on same return. Complete Calculation J on Schedule S. Credit for child and dependent care expenses .00 X .32	22 \$ 23 \$	00 00 00
23	3% tax on eligible QHTC capital gains income, from Schedule QCGI, Line 4.If D-40 Line 18 is zero or less, enter zero here. Add Line 21 and Line 22. Fill in if filing separately on same return. Complete Calculation J on Schedule S. Credit for child and dependent care expenses From federal Form 2441; if part-year DC resident, from Line 5, DC Form 2441	22 \$ 23 \$ 24 \$ 24 \$	00 00 00
232425	3% tax on eligible QHTC capital gains income, from Schedule QCGI, Line 4.If D-40 Line 18 is zero or less, enter zero here. Add Line 21 and Line 22. Fill in if filing separately on same return. Complete Calculation J on Schedule S. Credit for child and dependent care expenses From federal Form 2441; if part-year DC resident, from Line 5, DC Form 2441 Non-refundable credits from DC Schedule U, Part 1a, Line 7. Attach Schedule U.	22 \$ 23 \$ 24 \$ 25 \$	00 00 00 00
23242526	3% tax on eligible QHTC capital gains income, from Schedule QCGI, Line 4.If D-40 Line 18 is zero or less, enter zero here. Add Line 21 and Line 22. Fill in if filing separately on same return. Complete Calculation J on Schedule S. Credit for child and dependent care expenses .00 X .32 From federal Form 2441; if part-year DC resident, from Line 5, DC Form 2441 Non-refundable credits from DC Schedule U, Part 1a, Line 7. Attach Schedule U. Total non-refundable credits. Add Line 24 and Line 25.	22 \$ 23 \$ 24 \$ 25 \$ 26 \$	00 00 00 00 00
2324252627	3% tax on eligible QHTC capital gains income, from Schedule QCGI, Line 4.If D-40 Line 18 is zero or less, enter zero here. Add Line 21 and Line 22. Fill in if filing separately on same return. Complete Calculation J on Schedule S. Credit for child and dependent care expenses .00 X .32 From federal Form 2441; if part-year DC resident, from Line 5, DC Form 2441 Non-refundable credits from DC Schedule U, Part 1a, Line 7. Attach Schedule U. Total non-refundable credits. Add Line 24 and Line 25. Subtract Line 26 from Line 23. If Line 23 is less than Line 26, enter zero.	22 \$ 23 \$ 24 \$ 25 \$ 26 \$ 27 \$	00 00 00 00 00 00
232425262728	3% tax on eligible QHTC capital gains income, from Schedule QCGI, Line 4.If D-40 Line 18 is zero or less, enter zero here. Add Line 21 and Line 22. Fill in if filing separately on same return. Complete Calculation J on Schedule S. Credit for child and dependent care expenses .00 X .32 From federal Form 2441; if part-year DC resident, from Line 5, DC Form 2441 Non-refundable credits from DC Schedule U, Part 1a, Line 7. Attach Schedule U. Total non-refundable credits. Add Line 24 and Line 25. Subtract Line 26 from Line 23. If Line 23 is less than Line 26, enter zero. DC Health Care Shared Responsibility See instructions. If fully covered or fully exempt, enter zero.	22 \$ 23 \$ 24 \$ 25 \$ 26 \$ 27 \$ 28 \$	00 00 00 00 00 00 00
2324252627282930	3% tax on eligible QHTC capital gains income, from Schedule QCGI, Line 4.If D-40 Line 18 is zero or less, enter zero here. Add Line 21 and Line 22. Fill in if filing separately on same return. Complete Calculation J on Schedule S. Credit for child and dependent care expenses .00 X .32 From federal Form 2441; if part-year DC resident, from Line 5, DC Form 2441 Non-refundable credits from DC Schedule U, Part 1a, Line 7. Attach Schedule U. Total non-refundable credits. Add Line 24 and Line 25. Subtract Line 26 from Line 23. If Line 23 is less than Line 26, enter zero. DC Health Care Shared Responsibility See instructions. If fully covered or fully exempt, enter zero. Total tax. Add Line 27 and Line 28.	22 \$ 23 \$ 24 \$ 25 \$ 26 \$ 27 \$ 28 \$ 29 \$	00 00 00 00 00 00 00
23 24 25 26 27 28 29 30 30a	3% tax on eligible QHTC capital gains income, from Schedule QCGI, Line 4.If D-40 Line 18 is zero or less, enter zero here. Add Line 21 and Line 22. Fill in if filing separately on same return. Complete Calculation J on Schedule S. Credit for child and dependent care expenses .00 X .32 From federal Form 2441; if part-year DC resident, from Line 5, DC Form 2441 Non-refundable credits from DC Schedule U, Part 1a, Line 7. Attach Schedule U. Total non-refundable credits. Add Line 24 and Line 25. Subtract Line 26 from Line 23. If Line 23 is less than Line 26, enter zero. DC Health Care Shared Responsibility See instructions. If fully covered or fully exempt, enter zero. Total tax. Add Line 27 and Line 28. DC Earned Income Tax Credit	22 \$ 23 \$ 24 \$ 25 \$ 26 \$ 27 \$ 28 \$ 29 \$ 30b \$	00 00 00 00 00 00 00 00
23 24 25 26 27 28 29 30 30a 30a	3% tax on eligible QHTC capital gains income, from Schedule QCGI, Line 4.If D-40 Line 18 is zero or less, enter zero here. Add Line 21 and Line 22. Fill in if filing separately on same return. Complete Calculation J on Schedule S. Credit for child and dependent care expenses	22 \$ 23 \$ 24 \$ 25 \$ 26 \$ 27 \$ 28 \$ 29 \$ 30b \$	00 00 00 00 00 00 00 00



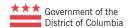




Important: Print in CAPITAL letters using black ink.

*		rsonal information ur telephone number		Fill in if: Filing an amended return. See instructions	official use only Vendor ID#0000	
IN BACK	You	ur taxpayer identification number (TIN) and Date of Birth (MMDDY	YYY)	Spouse's/registered domestic partner's TIN and Date of B	irth (MMDDYYYY)	
ER LE	You	ur first name M.I. Las	st name		Fill in if Deceased	
UPP	Sno	ouse's/registered domestic partner's first name M.I. La:	st name			
TS IN	Spc	ouse syregistered domestic partitler's first frame with Las	st name		Fill in if Deceased	
DOCUMENTS IN UPPER LEFT	Hor	me address (number, street and suite/apartment number if applicable)				
OCC						
JER [
E OTI	City			State Zip Code +4		
STAPLE OTHER	0.1.5			State 2.p seat 1.		
<i>-</i>	_					
	<u>Filii</u>	ng status_				
	1	Fill in only one: Single, Married filing jointly	,	Married filing separately, Opendent claimed by	compone also	
HERE	_	Fill in only one: Single, Married filing jointly	,	Married lilling separately, Dependent claimed by	someone eise	
STN:	Married filing separately on same return Enter combined amounts for Lines 5–45. See instructions.					
TEME	Registered domestic partners filing jointly or filing separately on same return Enter combined amounts					
STA	for Lines 5-45. See instructions.					
DING-	Head of household Enter qualifying dependent and/or non-dependent information on Schedule S.					
I SH		Head of Household Enter quantym	ig depend	tent and/or non-dependent information on Schedule S.		
W		Qualifying widow(er) with dependent	ent child	Enter qualifying dependent information on Schedule S.		
THER	_					
STAPLE W-2s AND ANY OTHER WITHHOLDING STATEMENTS HERE	2	Fill in if you are: Part-year resident in DC from		to See instr.	uctions.	
ND A	_		(MM)	DDYYYY) (MMDDYYYY)	2000000	
-2s A	3	Fill in ONLY if Full-year health care coverage or exempt, see in	nstruction			
LEW	2 St. 2 year meanth early consulpty see meaded and					
STAP		Complete your federal return first _ Fr	nter vou	r dependents' information on DC Schedule S		
			itei you	Round cents to nearest dollar. If amount is zero, leave line bla		
	Inc	ome Information		if minus, enter amount and fill in oval.		
	а	Wages, salaries, unemployment compensation and/or tip see instructions.	os,	a \$	00	
	b		in if loss	b \$.	00	
	С	Capital gain (or loss).	in if loss	o \$	00	
	d	Rental real estate, royalties, partnerships, etc. Fill	in if loss	d \$	00	
	_	and the state of DO On the state of DO				
		mputation of DC Gross and Adjusted Gross Income		Horal Fill in if loss 4	00	
	4	Federal adjusted gross income. From adjusted gross income I Forms 1040, 1040-SR, 1040-NR or 1040-NR-EZ.	ines on fed	deral	00	

	40 PAGE 2		
Ent	er your last name.		
Ent	er your TIN 1 9 0 4		
Ado	litions to DC Income		
5	Franchise tax deducted on federal forms, see instructions.	5 \$	00
6	Other additions from DC Schedule I, Calculation A, Line 8.	6 \$	00
7	Add Lines 4, 5 and 6.	7 \$	00
Sub	tractions from DC Income		
8	Part year residents, enter income received during period of nonresidence, see instructions.	8 \$	00
9	Taxable refunds, credits or offsets of state and local income tax.	9 \$	00
10	Taxable amount of social security and tier 1 railroad retirement	10 \$	00
11	Income reported and taxed this year on a DC franchise or fiduciary return.	11 \$	00
12	DC and federal government survivor benefits, see instructions.	12 \$	00
13	Other subtractions from DC Schedule I, Calculation B, Line 16.	13 \$	00
14	Total subtractions from DC income, Lines 8-13.	14 \$	00
15	DC adjusted gross income, Line 7 minus Line 14.	15 \$	00
16	Deduction type. Take the same type as you took on your federal return. Fill in which type: Standard or	Itemized	
		See instructions for amount to enter on Lin	
17	DC deduction amount.	17 \$	00
18	Tentative DC taxable income. Subtract Line 17 from Line 15. Fill in if loss	18 \$	00
19	Net capital gain from sale or exchange of an eligible investment in a QHTC, from Schedule QCGI, Line 3. If D-40 Line 18 is zero or less, enter zero here.	19 \$	00
20	DC taxable income. Subtract Line 19 from Line 18	20 \$	00
21		20	
	Tentative Tax. If Line 20 is \$100,000 or less, use tax tables to find the tax, if more, use Calculation I in instruction		00
22	3% tax on eligible QHTC capital gains income, from Schedule QCGI, Line 4.If D-40 Line 18 is zero		
		s. 21 \$	00
23	3% tax on eligible QHTC capital gains income, from Schedule QCGI, Line 4.If D-40 Line 18 is zero or less, enter zero here. Add Line 21 and Line 22.	s. 21 \$ 22 \$	00 00
23	3% tax on eligible QHTC capital gains income, from Schedule QCGI, Line 4.If D-40 Line 18 is zero or less, enter zero here. Add Line 21 and Line 22. Fill in if filing separately on same return. Complete Calculation J on Schedule S. Credit for child and dependent care expenses .00 X .32	s. 21 \$	00 00 00
23	3% tax on eligible QHTC capital gains income, from Schedule QCGI, Line 4.If D-40 Line 18 is zero or less, enter zero here. Add Line 21 and Line 22. Fill in if filing separately on same return. Complete Calculation J on Schedule S. Credit for child and dependent care expenses From federal Form 2441; if part-year DC resident, from Line 5, DC Form 2441	s. 21 \$	00 00 00
232425	3% tax on eligible QHTC capital gains income, from Schedule QCGI, Line 4.If D-40 Line 18 is zero or less, enter zero here. Add Line 21 and Line 22. Fill in if filing separately on same return. Complete Calculation J on Schedule S. Credit for child and dependent care expenses From federal Form 2441; if part-year DC resident, from Line 5, DC Form 2441 Non-refundable credits from DC Schedule U, Part 1a, Line 7. Attach Schedule U.	s. 21 \$	00 00 00 00
23242526	3% tax on eligible QHTC capital gains income, from Schedule QCGI, Line 4.If D-40 Line 18 is zero or less, enter zero here. Add Line 21 and Line 22. Fill in if filing separately on same return. Complete Calculation J on Schedule S. Credit for child and dependent care expenses .00 X .32 From federal Form 2441; if part-year DC resident, from Line 5, DC Form 2441 Non-refundable credits from DC Schedule U, Part 1a, Line 7. Attach Schedule U. Total non-refundable credits. Add Line 24 and Line 25.	22 \$ 23 \$ 24 \$ 25 \$ 26 \$	00 00 00 00 00
2324252627	3% tax on eligible QHTC capital gains income, from Schedule QCGI, Line 4.If D-40 Line 18 is zero or less, enter zero here. Add Line 21 and Line 22. Fill in if filing separately on same return. Complete Calculation J on Schedule S. Credit for child and dependent care expenses .00 X .32 From federal Form 2441; if part-year DC resident, from Line 5, DC Form 2441 Non-refundable credits from DC Schedule U, Part 1a, Line 7. Attach Schedule U. Total non-refundable credits. Add Line 24 and Line 25. Subtract Line 26 from Line 23. If Line 23 is less than Line 26, enter zero.	22 \$ 23 \$ 24 \$ 25 \$ 26 \$ 27 \$	00 00 00 00 00 00
232425262728	3% tax on eligible QHTC capital gains income, from Schedule QCGI, Line 4.If D-40 Line 18 is zero or less, enter zero here. Add Line 21 and Line 22. Fill in if filing separately on same return. Complete Calculation J on Schedule S. Credit for child and dependent care expenses .00 X .32 From federal Form 2441; if part-year DC resident, from Line 5, DC Form 2441 Non-refundable credits from DC Schedule U, Part 1a, Line 7. Attach Schedule U. Total non-refundable credits. Add Line 24 and Line 25. Subtract Line 26 from Line 23. If Line 23 is less than Line 26, enter zero. DC Health Care Shared Responsibility See instructions. If fully covered or fully exempt, enter zero.	s. 21 \$ 22 \$ 23 \$ 24 \$ 25 \$ 26 \$ 27 \$ 28 \$	00 00 00 00 00 00 00
2324252627282930	3% tax on eligible QHTC capital gains income, from Schedule QCGI, Line 4.If D-40 Line 18 is zero or less, enter zero here. Add Line 21 and Line 22. Fill in if filing separately on same return. Complete Calculation J on Schedule S. Credit for child and dependent care expenses .00 X .32 From federal Form 2441; if part-year DC resident, from Line 5, DC Form 2441 Non-refundable credits from DC Schedule U, Part 1a, Line 7. Attach Schedule U. Total non-refundable credits. Add Line 24 and Line 25. Subtract Line 26 from Line 23. If Line 23 is less than Line 26, enter zero. DC Health Care Shared Responsibility See instructions. If fully covered or fully exempt, enter zero. Total tax. Add Line 27 and Line 28.	s. 21 \$	00 00 00 00 00 00 00
23 24 25 26 27 28 29 30 30a	3% tax on eligible QHTC capital gains income, from Schedule QCGI, Line 4.If D-40 Line 18 is zero or less, enter zero here. Add Line 21 and Line 22. Fill in if filing separately on same return. Complete Calculation J on Schedule S. Credit for child and dependent care expenses .00 X .32 From federal Form 2441; if part-year DC resident, from Line 5, DC Form 2441 Non-refundable credits from DC Schedule U, Part 1a, Line 7. Attach Schedule U. Total non-refundable credits. Add Line 24 and Line 25. Subtract Line 26 from Line 23. If Line 23 is less than Line 26, enter zero. DC Health Care Shared Responsibility See instructions. If fully covered or fully exempt, enter zero. Total tax. Add Line 27 and Line 28. DC Earned Income Tax Credit	s. 21 \$ 22 \$ 23 \$ 24 \$ 25 \$ 26 \$ 27 \$ 28 \$ 29 \$	00 00 00 00 00 00 00 00
23 24 25 26 27 28 29 30 30a 30a	3% tax on eligible QHTC capital gains income, from Schedule QCGI, Line 4.If D-40 Line 18 is zero or less, enter zero here. Add Line 21 and Line 22. Fill in if filing separately on same return. Complete Calculation J on Schedule S. Credit for child and dependent care expenses	s. 21 \$ 22 \$ 23 \$ 24 \$ 25 \$ 26 \$ 27 \$ 28 \$ 29 \$	00 00 00 00 00 00 00 00







Enter DC withholding information below. Attach Forms W-2 and/or 1099 to Form D-40

THIS FORM MUST BE FILED IN ORDER TO RECEIVE CREDIT FOR TAX WITHHELD

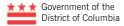
Primary last name shown on Form D-40	Taxpayer Ide	ntification Number (TIN)
1 A - Employer or Payor Information	B - Employee or Taxpayer Information	C - DC Tax Withheld
Employer ID or Payor ID from W-2 or 1099	Name	DC Withholding from Box #17 of W-2 or the appropriate box from 1099
Employer or Payor Name	Taxpayer Identification Number	Check the appropriate box
Address	Income Subject to DC Withholding	W-2 1099
City	from Box #1 of W-2 or the appropriate box from 1099	Enter State Abbreviation from Box #15 of W-2 or the appropriate box from 1099
State Zip Code + 4		Enter DC Withholding Only
A - Employer or Payor Information	B - Employee or Taxpayer Information	C - DC Tax Withheld
Employer ID or Payor ID from W-2 or 1099	Name	DC Withholding from Box #17 of W-2 or the appropriate box from 1099
Employer or Payor Name	Taxpayer Identification Number	Check the appropriate box
Address	Income Subject to DC Withholding	W-2 1099
City State Zip Code + 4	from Box #1 of W-2 or the appropriate box from 1099	Enter State Abbreviation from Box #15 of W-2 or the appropriate box from 1099
		Enter DC Withholding Only
A - Employer or Payor Information	B - Employee or Taxpayer Information	C - DC Tax Withheld
Employer ID or Payor ID from W-2 or 1099	Name	DC Withholding from Box #17 of W-2 or the appropriate box from 1099
Employer or Payor Name	Taxpayer Identification Number	Check the appropriate box
Address	Income Subject to DC Withholding	W-2 1099
City	from Box #1 of W-2 or the appropriate box from 1099	Enter State Abbreviation from Box #15 of W-2 or the
State Zip Code + 4		appropriate box from 1099 Enter DC Withholding Only
Total DC tax withheld from co	lumn C above	. \$ 00
If you have DC withholding on multiple pa and enter the GRAND total on Form D-40,		

D-40WH PAGE 2

Last name and TIN



4 A - Employer or Payor Information	B - Employee or Taxpayer Information	C - DC Tax Withheld
Employer ID or Payor ID from W-2 or 1099	Name	DC Withholding from Box #17 of W-2 or the appropriate box from 1099
Employer or Payor Name	Taxpayer Identification Number	Check the appropriate box
Address	Income Subject to DC Withholding	W-2 1099
City	from Box #1 of W-2 or the appropriate box from 1099	Enter State Abbreviation from Box #15 of W-2 or the
State Zip Code + 4		appropriate box from 1099 Enter DC Withholding Only
5 A - Employer or Payor Information	B - Employee or Taxpayer Information	C - DC Tax Withheld
Employer ID or Payor ID from W-2 or 1099	Name	DC Withholding from Box #17 of W-2 or the appropriate box from 1099
Employer or Payor Name	Taxpayer Identification Number	Check the appropriate box
Address	Income Subject to DC Withholding	W-2 1099
City	from Box #1 of W-2 or the appropriate box from 1099	Enter State Abbreviation from Box #15 of W-2 or the
State Zip Code + 4		appropriate box from 1099
		Enter DC Withholding Only
6 A - Employer or Payor Information	B - Employee or Taxpayer Information	C - DC Tax Withheld
Employer ID or Payor ID from W-2 or 1099 Employer or Payor Name	Name Taxpayer Identification Number	DC Withholding from Box #17 of W-2 or the appropriate box from 1099 Check the appropriate box
Address	Income Subject to DC Withholding	W-2 1099
City State Zip Code + 4	from Box #1 of W-2 or the appropriate box from 1099	Enter State Abbreviation from Box #15 of W-2 or the appropriate box from 1099
		Enter DC Withholding Only
Total DC tax withheld from col	umn C above	\$.00
If you have DC withholding on multiple pag and enter the GRAND total on Form D-40, l		



Print in CAPITAL letters using black ink.

2019 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.



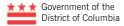
OFFICIAL USE ONLY
Vendor ID#0000

nter your last name			Enter your TIN	
ependents If you have more than	8 dependents, list them of	n an attac	<u>hment.</u>	
irst name		M.I.	Last Name	
axpayer identification number	Relationship		Date of Birth (MMDDYYYY)	
irst name		M.I.	Last Name	
axpayer identification number	Relationship		Date of Birth (MMDDYYYY)	
rst name		M.I.	Last Name	
axpayer identification number	Relationship		Date of Birth (MMDDYYYY)	
irst name		M.I.	Last Name	
axpayer identification number	Relationship		Date of Birth (MMDDYYYY)	
rst name		M.I.	Last Name	
axpayer identification number	Relationship		Date of Birth (MMDDYYYY)	
rst name		M.I.	Last Name	
expayer identification number	Relationship		Date of Birth (MMDDYYYY)	
rst name		M.I.	Last Name	
expayer identification number	Relationship		Date of Birth (MMDDYYYY)	
rst name		M.I.	Last Name	
expayer identification number	Relationship		Date of Birth (MMDDYYYY)	
Head of household filers or qualifying widow(er) on not enter your information	f qualifying non-dependent per	son	Date of Birth of qualifying non-dependent person (MMDDYYYY)	
First name of qualifying non-dependent p	nerson	M.I.	Last Name	

Last name and TIN



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. b Total additions to federal adjusted gross income. Enter each person's portion of additions entered on D-40, Lines 5 and 6. c Add Lines a and b. d Total subtractions from federal adjusted gross income. Enter each person's portion of subtractions entered on D-40, Line 14. e DC adjusted gross income. Subtract Line d from Line c. Fill in if loss e S OO	Ca	Iculation G-1 Computation of Standard Deduction Calculation G	1 must	be o	compl	eted	and sub	mitte	ed with the re	turn e	except for de	penden	t filers
c Enter 1 if you are blind c	a E	Basic standard deduction amount. See instructions.								а	\$	П	00
d Enter 1 if married or registered domestic partner filing jointly or filing separately on same return and your spouse or registered domestic partner is 65 or over e Enter 1 if married or registered domestic partner filing jointly or filing separately on same return and your spouse or registered domestic partner is blind f Total number of additions to standard deductions. Add Lines b through e. g Additional standard deduction amount. Multiply \$1,300 (\$1,650 if single or head of household) by number on Line f. h Total standard deduction. Add Lines a and g, enter here and on D-40, Line 17. i Total number of dependents Calculation J Tax computation for married or registered domestic partners filing separately on the same DC return. Enter separate amounts in each column. Combine amounts on Line m. You Tour spouse/registered domestic partners should enter the federal adjusted gross income. Fill in if loss a \$ 00 \$ 00 Total additions to federal adjusted gross income. Enter each person's portion of additions entered on D-40, Line 5 and 6. C Add Lines a and b. Fill in if loss c \$ 00 \$ 00 Doubtractions from federal adjusted gross income. Enter each person's portion of additions entered on D-40, Line 5 and 6. C Add Lines a and b. Fill in if loss c \$ 00 \$ 00 Doubtractions from federal adjusted gross income. Enter each person's portion of subtractions entered on D-40, Line 17. You may almost subtract Line of from Line c. Fill in if loss p Total subtractions from federal adjusted gross income. Enter each person's portion of subtractions entered on D-40, Line 17. You may almost subtract Line of from Line c. Fill in if loss p Total number of Line diverse the subtract Line of from Line c. Fill in if loss p Total number of Lines and Lines from Line c. Fill in if loss p Total number of Lines and Lines from Line c. Fill in if loss p Total number of Lines from Line c. Fill in if loss p Total number of Lines from Line c. Fill in if loss p Total number of Lines from Lines from Lines. I C Laxable inco	b E	Enter 1 if you are age 65 or over								b			
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m Add the amounts on Line I, enter here and on D-40, Line 23 m \$.00 Total tax	m	Add the amounts on Line I, enter here and on D-40, Line 23				n	n \$.00) Tota	l tax
List TINs associated with Income reported and taxed on Franchise and Fiduciary Returns for the amount listed on D-40, Line 11.	Lis	st TINs associated with Income reported and taxed on Franchise and	d Fidu	ıcia	ry Re	turn	s for th	ne ar	nount listed	on	D-40, Line	11.	
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Print in CAPITAL letters using black ink.

2019 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.



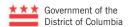
OFFICIAL USE ONLY
Vendor ID#0000

nter your last name			Enter your TIN	
ependents If you have more than	8 dependents, list them of	n an attac	<u>hment.</u>	
irst name		M.I.	Last Name	
axpayer identification number	Relationship		Date of Birth (MMDDYYYY)	
irst name		M.I.	Last Name	
axpayer identification number	Relationship		Date of Birth (MMDDYYYY)	
rst name		M.I.	Last Name	
axpayer identification number	Relationship		Date of Birth (MMDDYYYY)	
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rst name		M.I.	Last Name	
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rst name		M.I.	Last Name	
expayer identification number	Relationship		Date of Birth (MMDDYYYY)	
rst name		M.I.	Last Name	
expayer identification number	Relationship		Date of Birth (MMDDYYYY)	
Head of household filers or qualifying widow(er) on not enter your information	f qualifying non-dependent per	son	Date of Birth of qualifying non-dependent person (MMDDYYYY)	
First name of qualifying non-dependent p	nerson	M.I.	Last Name	

Last name and TIN



С	alculation G-1 Computation of Standard Deduction Calculation G-	1 m	ust l	be com	pleted	d and sub	mitte	ed with the re	turn e	except for dependent filers	ŝ
а	Basic standard deduction amount. See instructions.								а	\$.0	0
b	Enter 1 if you are age 65 or over								b		
С	Enter 1 if you are blind								С		
d	Enter 1 if married or registered domestic partner filing jointly or filing s and your spouse or registered domestic partner is 65 or over	sepa	rate	ely on	same	e return			d		
е	Enter 1 if married or registered domestic partner filing jointly or filing s and your spouse or registered domestic partner is blind	ера	rate	ely on	same	e return			е		
f	Total number of additions to standard deductions. Add Lines b throu	ıgh (e.						f		
g	Additional standard deduction amount. Multiply $$1,300 ($1,650 if si by number on Line f.$	ingle	e or	head	of ho	ousehold	d)		g	\$.0	0
h	Total standard deduction. Add Lines a and g, enter here and on D-40,	, Lir	ne 1	7.					h	\$.0	0
i	Total number of dependents								i		
(Calculation J Tax computation for married or registered domestic	par	tne	rs fili	ng se	paratel	y on	the same	DC	return.	Ī
Ε	inter separate amounts in each column. Combine amounts on Line m.					You		Your sp	ouse/	registered domestic partne	er
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t	Total additions to federal adjusted gross income. Enter each person's portion of additions entered on D-40, Lines 5 and 6.	b						.00 \$.0	0
C	Add Lines a and b. Fill in if loss	С						.00 🔵 🖇		.0	00
C	Total subtractions from federal adjusted gross income. Enter each person's portion of subtractions entered on D-40, Line 14.	d						.00 \$			0
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i	DC taxable income. Subtract Line h from Line g. Fill in if loss	i						.00 🗢 \$. 0	00
j	Tentative tax. If Line i is \$100,000 or less, use tax tables. If more than \$100,000, use Calculation i in instructions.	j						.00 \$.0	00
k	3% tax on eligible QHTC capital gains income, from D-40, Line 22.	k						.00 \$. 0	0
I	Add Line J and Line K	1						.00 \$.0	0
r	n Add the amounts on Line I, enter here and on D-40, Line 23				I	m \$ _				00 Total tax	
L	ist TINs associated with Income reported and taxed on Franchise an	d Fi	idu	ciary I	Retur	ns for th	ne ar	mount listed	on	D-40, Line 11.	
	a b				С						
	d e				f						
	g h				i						



2019 SCHEDULE H Homeowner and Renter Property Tax Credit

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

Personal information Your daytime telephone number				endor ID#0000	
Your taxpayer identification number (TIN) and	d Date of Birth (MMDDYYYY)	Spouse's/registered domes	stic partner's TIN	and Date of Birth (M	MDDYYYY)
Your first name	M.I. Last name				
Spouse's/registered domestic partner's first name	M.I. Last name				
Mailing address (number, street and suite/apartme	ent number if applicable)				
City		State	Zip Code +4	1	
Address of DC property (number, street and suite,	apartment number if applicable) fo	or which you are claiming the	credit if different	from above	
Type of property for which you are claiming the cr	edit. Fill in only one: Hous	e Apartment	Rooming hous	se Condominiu	m
	<u>paid</u>	nage 2 (see instructions)	If a	Round cents to nearest amount is zero, leave li	ne blank.
a house of worship or a non-profit org. Section A <u>Credit claim based on rental</u> Federal adjusted gross income of the tal Reserved	<u>paid</u>	page 2 (see instructions)			
Section A <u>Credit claim based on rentile</u> 1 Federal adjusted gross income of the ta 2 Reserved 3 Rent paid by you on the property in 2	paid x filing unit <i>From Line 32, on p</i>	.00 x.20 =	1 \$		ne blank.
Section A <u>Credit claim based on rentile</u> 1 Federal adjusted gross income of the tale 2 Reserved 3 Rent paid by you on the property in 2 4 Property tax credit. <i>Use the "Computing"</i>	paid x filing unit From Line 32, on p 019 \$ Your Property Tax Credit" works	00 x.20 =	1 \$		ne blank.
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Section A <u>Credit claim based on rentill</u> Federal adjusted gross income of the tale Reserved Rent paid by you on the property in 2 Property tax credit. Use the "Computing Rent supplements received in 2019 of Property tax credit. Subtract Line 5 from the	paid x filing unit From Line 32, on p 019 Syour Property Tax Credit" works by you or your landlord on	00 x.20 = heet.	1 \$		ne blank. O
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Section A Credit claim based on rent L Federal adjusted gross income of the ta Reserved Rent paid by you on the property in 2 Property tax credit. Use the "Computing Rent supplements received in 2019 Property tax credit. Subtract Line 5 from the Landlord's name	paid x filing unit From Line 32, on paid 019 Sour Property Tax Credit" works by you or your landlord on paine 4, D-40 filers enter here and o	heet. your behalf. n Line 31 of the D-40.	1 \$	amount is zero, leave lii	ne blank. O O O O
Section A Credit claim based on rent 1 Federal adjusted gross income of the ta 2 Reserved 3 Rent paid by you on the property in 2 4 Property tax credit. Use the "Computing 5 Rent supplements received in 2019 6 Property tax credit. Subtract Line 5 from 1 7 Landlord's name 2 andlord's address (number, street and suite/a	paid x filing unit From Line 32, on paid 019 Sour Property Tax Credit" works by you or your landlord on paine 4, D-40 filers enter here and o	00 x.20 = heet.	1 \$ 1 \$ 1 \$ 1 \$ 1 \$ 1 \$ 1 \$ 1 \$ 1 \$ 1 \$	Apartn	ne blank. O O O O
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Section A Credit claim based on rent 1 Federal adjusted gross income of the ta 2 Reserved 3 Rent paid by you on the property in 2 4 Property tax credit. Use the "Computing 5 Rent supplements received in 2019 6 Property tax credit. Subtract Line 5 from 1 7 Landlord's name 2 andlord's address (number, street and suite/a 2 City 3 Federal adjusted gross income of the	property tax paid e tax filing unit (see instruct	heet. your behalf. n Line 31 of the D-40. Landlord's telephone num State	1 \$	Apartn Apartn Aound cents to nearest of the second cents of t	ne blank. O O O O nent number dollar. e blank.



OALONE FILERS only, please complete the followind Options: For information on the tax refund of	card and prograr	n limitations, see inst	ructions or visit our we	ebsite <u>MyTax.DC.gov</u> .	Yes N
one refund choice: Direct deposit on		Card (See instruction	· · · · · · · · · · · · · · · · · · ·		
t Deposit. To have your refund deposited to your	checking or		oval and enter bank routin	g and account numbers. Se	e instructions.
ng Number	Account	Number			
re under penalty of law, I declare that I have examined this return	and, to the best of m	ny knowledge, it is correct. De	eclaration of paid preparer is ba	ased on information available to	the preparer.
gnature D	ate	Preparer's signature		Date	
s/domestic partner's signature if filling jointly or separately De return.	ate	Preparer's Tax Identificat	ion Number (PTIN) PT	IN telephone number	
STANDALONE FILERS ONLY - W	ORKSHEET	TO DETERMIN	E FEDERAL AD.	IUSTED GROSS I	NCOME
This Worksheet is for use by standalone	e filers only. If yo	u are filing a D-40 Re	eturn, do not complete	this worksheet.	
		COLUMN A (YOU)	COLUMN	B (SPOUSE/DOMESTIC P.	<u>ARTNER)</u>
s, salaries, tips, etc.	1 \$		\$		
ole interest	2				
ary Dividends	3				
ole refunds, credits, or offsets of state and local income					
ERVED	5				
ess Income Fill in if min	nus 6		Fill in if minus		
al gain Fill in if mi	nus 7		Fill in if minus		
gains Fill in if min	nus 8		Fill in if minus		
listributions: Taxable amount	9				
ons and annuities: Taxable amount	10				
real estate, royalties, partnerships, S-Corp., trusts, etc. Fill in if min	nus 🔵 11		Fill in if minus		
income Fill in if min	nus		Fill in if minus		
nployment compensation	13				
I security benefits: Taxable amount	14				
taxable income. Attach separate sheet(s) Fill in if min	nus 15		Fill in if minus		
Lines 1 through 15 in each column. Fill in if min	nus		Fill in if minus		
ator expenses	17				
in business expenses of reservists, performing artists, a asis government officials	nd 18				
h savings account deduction	19				
ng expenses for members of the armed forces. Attach fed. Fo	orm 3903 20				
ctible part of self-employment tax	21				
employed SEP, SIMPLE, and qualified plans	22				
	23				
RVED					
RVED					
Lines 17 through 29 in each column	30				
act Line 30 from Line 16 Fill in if mi	nus O 31		Fill in if minus		
ty Elled ent R\ R\ Lin	es 17 through 29 in each column t Line 30 from Line 16 Fill in if mideral adjusted gross income. Add amounts entered o	ployed health insurance deduction 23 on early withdrawal of savings 24 RVED 25 duction 26 doan interest deduction 27 VED 28 VED 29 es 17 through 29 in each column 30 t Line 30 from Line 16 Fill in if minus 31	ployed health insurance deduction 23 on early withdrawal of savings 24 RVED 25 duction 26 doan interest deduction 27 //ED 28 //ED 29 es 17 through 29 in each column 30 et Line 30 from Line 16 Fill in if minus 31 deral adjusted gross income. Add amounts entered on Line 31, Columns A - B	ployed health insurance deduction 23 on early withdrawal of savings 24 RVED 25 duction 26 loan interest deduction 27 /ED 28 /ED 29 es 17 through 29 in each column 30 t Line 30 from Line 16 Fill in if minus 31 Fill in if minus deral adjusted gross income. Add amounts entered on Line 31, Columns A - B	ployed health insurance deduction 23 on early withdrawal of savings 24 RVED 25 duction 26 loan interest deduction 27 //ED 28 //ED 29 es 17 through 29 in each column 30 t Line 30 from Line 16 Fill in if minus 31 feral adjusted gross income. Add amounts entered on Line 31, Columns A - B

Revised 07/19

WORKSHEET TO COMPUTE YOUR PROPERTY TAX CREDIT

This credit may not be claimed if you live in a property owned by a government, a house of worship or a nonprofit organization.

The credit equals a percentage of the property taxes paid *or* the portion of the rent paid that is equivalent to property taxes (20% of rent paid) *in* excess of the applicable percentage of the total federal adjusted gross income. The maximum credit amount is \$1200.

If you are under age 70 and the

Federal AGI of your tax filing unit is:	Percentage -				
\$0 - \$24,999 The amount of property tax that exceeds 3.0% of the adjusted gross income					
\$25,000 - \$51,999 The amount of property tax that exceeds 4.0% of the adjusted gross income					
\$52,000 - \$55,000	The amount of property tax that exc	eeds 5.0% of the adjusted gross income			
If you are age 70 or older and the					
Federal AGI of your tax filing unit	Percentage -				
is: \$0 - \$75,000	The amount of property tax that exc	eeds 3.0% of the adjusted gross income of the tax filing unit			
 Enter federal AGI (Line 1, Section A, Schedule H). Enter property taxes paid in 2019 or Multiply Line 1 by the applicable per Balance (Subtract Line 3 from Line 2) 	20% of rent paid in 2019.	1			
5. Property Tax Credit Limit.		5\$1,200.00			
6. Enter the smaller of Line 4 or Line 5 of Schedule H, Section A for credit b of Schedule H, Section B for credit b Round to the nearest whole dollar.	ased on rent paid, or Line 10	6			

Instructions for Schedule H

Homeowner and Renter Property Tax Credit

Home Defined

The term "home" refers to houses, apartments, rooming houses, and condominiums.

Eligibility

You must meet the following requirements to claim this credit:

- You were a District of Columbia (DC) resident from Jan 1. through Dec. 31, 2019;
- Your residence is not part of a public housing dwelling;
- You rented or owned and lived in your home, apartment, rooming house, or condominium in DC during all of 2019;
- Your 2019 federal adjusted gross income (AGI), was \$55,000 or less (\$75,000 or less if you are age 70 or older);
- You did not rent from a landlord whose property was either exempt from real property taxes or who paid a percentage of rental income to DC instead of paying a real estate tax;
- You must not be claimed as a dependent on someone else's federal, state, or DC income tax return unless you reached age 65 on or before December 31, 2019.

Additional Information:

- A Homeowner and Renter Property Tax Credit cannot be claimed on behalf of a taxpayer who died on or before December 31, 2019.
- Only one claimant per "tax filing unit" can claim the property tax credit.
- An individual who is claimed as a dependent on someone else's individual income tax return is eligible to file the claim for his/her tax filing unit only if the individual is 65 years of age or older.

Tax Filing Unit Defined

A tax filing unit is defined as an individual or married couple that would -- were their income above the federal filing threshold -- file an individual income tax return. A married couple/ registered domestic partners residing in the same household are part of the same tax filing unit whether filing jointly, separately on the same return, or separately on separate returns.

D-40 Filers

If you are required to file a DC individual income tax return (D-40), attach Schedule H to your D-40 return. Use the federal adjusted gross income amount from Line 4 of your D-40 (and the AGI of your spouse/registered domestic partner if filing separately on separate returns).

Standalone Filers

If you are not required to file a DC individual income tax return because you are below the income tax filing threshold, you can file Schedule H as a standalone return. You may use the "Worksheet To Determine Federal Adjusted Income" on page 2 of Schedule H to calculate the total federal adjusted gross income for yourself, and, if applicable, your spouse or registered domestic partner.

When is Schedule H due?

The Schedule H is due by April 15, 2020.

Where to Mail Schedule H

If you are required to file a DC income tax return, attach Schedule H to your DC income tax return. Send it to:

Office of Tax and Revenue PO Box 96145 Washington, DC 20090-6145

If you file Schedule H as a standalone return, send it to:

Office of Tax and Revenue 1101 4th Street, SW, FL 4 Washington, DC 20024

Do I Use Section A or Section B?

If you **rent** your home, apartment, rooming house or condominium, use Section A.

If you **own** your home, apartment, rooming house or condominium, use Section B.

Section A—Credit claim based on rent paid

Line 1 Total federal AGI of the tax filing unit

If you filed a D-40, enter the amount, you and if applicable, your spouse or registered domestic partner reported on Line 4 of your D-40. If you are a standalone filer, you must compute your federal adjusted gross income and enter that amount on Line 1 of Schedule H. For assistance in computing your federal adjusted gross income you may complete the "Worksheet To Determine Federal Adjusted Gross Income".

If the sum of your federal AGI is more than \$55,000, (\$75,000 if you are age 70 or older) do not claim the property tax credit. You are not eligible.

If you are a standalone filer it is important that you list the name, taxpayer identification number, and date of birth on page 1 of Schedule H of the persons whose income is included in the total federal AGI of your tax filing unit.

Line 2 RESERVED

Line 3 Rent paid on the property in 2019

Enter the total rent you paid for the property during the year and multiply it by .20. If you sublet part of your home to another person, the rent that you received is gross income and must be reported on your D-40, or D-30 if gross rental income is greater than \$12,000.

Note: If a claimant rents more than one home in the District in the same calendar year, rent paid by the claimant during the year is determined by dividing the rent paid pursuant to the last rental agreement in force during the year by the number of months during the year for which this rent was paid and by multiplying the result by 12. Multiply the rent entered by .20.

Line 4 Property tax credit

Using the amounts entered on Lines 1 and 3, calculate your property tax credit amount using the "Computing Your Property Tax Credit Worksheet".

Line 5 Rent supplements received in 2019 by you or your landlord on your behalf

Enter the amount of any federal or state rental housing subsidies you received, or any received on your behalf by your landlord during the year. If the rental housing subsidy is \$1,200 or more, do not claim the property tax credit. If no subsidies were received, leave the line blank.

Section B—Credit claim based on real property tax paid

Line 8 Total federal AGI of the tax filing unit

If you filed a D-40, enter the amount, you, and if applicable, your spouse or registered domestic partner reported on Line 4 of your D-40. If you are a standalone filer, you must compute your federal adjusted gross income and enter that amount on Line 1 of Schedule H. For assistance in computing your federal adjusted gross income you may complete the "Worksheet To Determine Federal Adjusted Gross Income".

If the sum of your federal AGI is more than \$55,000 (\$75,000 if you are age 70 or older) do not claim the property tax credit. You are not eligible.

If you are a standalone filer, it is important that you list the name, taxpayer identification number, and date of birth on page 1 of the persons whose income is included in the total federal AGI of your tax filing unit.

Line 9 DC real property tax paid by you in 2019

Enter the amount of DC real property tax you paid on the property in 2019 (refer to your real property tax bills). Do not include interest or penalties paid and do not include taxes paid for earlier tax periods. In determining your property tax credit, you may include any deferred portion of your real property tax as part of the real property tax paid if the deferral occurred under the provisions of DC Code §§47-845, 47-845.02, and 47-845.03. If a home is an integral part of a larger unit such as a multi-purpose building or a multi-dwelling building, property taxes accrued shall be that percentage of the total property taxes accrued as the value of the home bears to the total value of the property.

REMINDER: If you rent out part of your residence to another person, the rent you receive is gross income and needs to be reported on your federal and DC tax returns. If gross rental income is greater than \$12,000, you will need to file a DC Form D-30.

Line 10 Property tax credit

Using the amounts entered on Lines 8 and 9, calculate your property tax credit amount using the "Worksheet to Compute Your Property Tax Credit".







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).

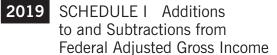
OFFICIAL USE ONLY Vendor ID#0000

Part I Credits a. Non-refundable Credits 1 Enter state income tax credit. List additional states on a separate sheet, attach it to this Schedule. (Enter total of all state tax credits on Line 2 below.) State (a) \$ 00 (b) \$ 00 State (c) \$ 00 (d) \$ 00 2 Total of Line 1 state tax credits and any additional tax credits from the attachments. 2 \$ 00 3 Enter alternative fuel credits, see instructions. 3(a) Alternative fuel infrastructure - private residence. # of stations 3(b) Alternative fuel infrastructure - public use. # of stations 3(c) Alternative fuel vehicle conversion. # of vehicles 4 Total of Line 3 alternative fuel credits. Add Lines 3(a) - 3(c) only and enter here. 4 \$ 00 5 DC Government Employee first-time homebuyer credit. See instructions. 5 \$ 00 6 RESERVED 6 \$ 00	00
State (c) \$ 00 (d) \$ 00 2 Total of Line 1 state tax credits and any additional tax credits from the attachments. 2 \$ 3 Enter alternative fuel credits, see instructions. 3(a) Alternative fuel infrastructure - private residence. # of stations 3(b) Alternative fuel infrastructure - public use. # of stations 3(c) Alternative fuel vehicle conversion. # of vehicles 4 Total of Line 3 alternative fuel credits. Add Lines 3(a) - 3(c) only and enter here. 4 \$ 5 DC Government Employee first-time homebuyer credit. See instructions. 5 \$ 100	00
3 Enter alternative fuel credits, see instructions. 3(a) Alternative fuel infrastructure - private residence. # of stations 3(b) Alternative fuel infrastructure - public use. # of stations 3(c) Alternative fuel vehicle conversion. # of vehicles 4 Total of Line 3 alternative fuel credits. Add Lines 3(a) - 3(c) only and enter here. 4 \$ 5 DC Government Employee first-time homebuyer credit. See instructions. 5 \$	00
5 DC Government Employee first-time homebuyer credit. See instructions. 5 \$	
6 RESERVED 6 \$	
7 Total your non-refundable credits, enter here and on Form D-40, Line 25.	00
b. Refundable Credits 1 DC Non-custodial parent EITC. See Schedule N. 2 Keep Child Care Affordable Tax Credit. See Schedule ELC. 2 \$	00
3 Total your refundable credits, enter here and on Form D-40, Line 32. Part II Contributions (The minimum contribution is \$1.00.)	00
1 DC Statehood Delegation Fund. 2 Taxpayer Support for Afterschool Programs for At-Risk Students. 2 \$	00
3 Anacostia River Cleanup and Protection Fund. 3 \$	00
4 RESERVED 4 \$	00
5 Total your contributions, enter here and on Form D-40, Line 43. 5 \$ If you are not due a refund and do not owe tax, you may still make contributions. Total your contributions and enter on Form D-40, I	00

Attach this schedule to your D-40 Return.

If you owe tax, make the payment plus any contributions, payable to the DC Treasurer and mail it with your return.







Important: Print in CAPITAL letters using black ink. Attach to your D-40.

Las	t name Taxpayer Identification Number (TIN)		USE ONLY ID#0000
Cal	culation A Additions to federal adjusted gross income. Fill in only those that apply.	Dollars on	y, do not enter cents
1	Part-year DC resident – enter the portion of adjustments (from Federal Form 1040, 1040-SR or 1040-NR) 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).	2 \$.00
3	100% 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 pass through losses from DC unincorporated businesses that exceed the \$12,000 threshold (reported as a loss on federal 1040 or 1040-SR return).	6 \$.00
7	Other. See instructions on other side.	7 \$.00
8	Total additions. Add entries on Lines 1–7. Enter the total here and on D-40, Line 6.	8 \$.00
Cal	culation B Subtractions from federal adjusted gross income. Fill in only those that apply.		
1	Taxable interest from US Treasury bonds and other obligations. See instructions on other side.	1 \$	00
2	Disability income exclusion from DC Form D-2440, Line 10. See instructions on 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 instructions.	5 \$.00
6	Amount paid (or carried over) to DC College Savings plan in 2019 (maximum \$4,000 per person, \$8,000 for joint filers if each is an account owner). <i>Part-year residents see instructions</i> .	6 \$.00
7a	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 instructions	7a \$.00
7b	Annual household adjusted gross income. 7b \$.00		
8	Expenditures by DC teachers for necessary classroom teaching materials, \$500 annual limit per person. See instructions on other side.	t 8 \$.00
9	Expenditures by DC teachers for certain tuition and fees, \$1500 annual limit per person. See instructions on other side.	9 \$.00
10	Loan repayment awards received by health-care professionals from DC government. See instructions on other side.	10 \$.00
11	Health-care insurance premiums paid by an employer for an employee's registered domestic partner or same sex spouse. Make no entry if the premium was deducted on your federal return, see instructions on other side.	11 \$.00
12	DC Poverty Lawyer Loan Assistance. See instructions on other side.	12 \$.00
13	Other. See instructions on other side.	13 \$.00
14	Military Spouse Residency Relief Act. See instructions on other side.	14 \$	00
15	RESERVED	15 \$	00
16	Total subtractions. Add entries on Lines 1–7a and 8-15. Enter the total here and on D-40, Line 13.	16 \$.00
	The state of the s		

SCHEDULE I Additions to and Subtractions from Federal Adjusted Gross Income

Calculation A Instructions

Additions to federal adjusted gross income

Line 6 Other is for pass through losses from DC unincorporated businesses that exceed the \$12,000 threshold (reported as a loss on federal 1040 or 1040-SR return).

Line 7 Other is for those items not subject to federal tax but subject to DC tax. Please attach a list.

Calculation B Instructions

Subtractions from federal adjusted gross income

Line 1 Taxable interest from US Treasury bonds and other obligations. This interest is included on your federal Forms 1040 or 1040-SR, Line 2b or 1040-NR, Line 9a. It may be all or part of that amount, or it may be 0. Also see your federal Form 1099-INT, Line 3.

Line 2 Disability income exclusion from DC Form D-2440. Enter the amount from Form D-2440, Line 10. Attach a completed D-2440. If disability payments were included in your federal gross income, you may be able to claim an exclusion for them on your DC return.

Line 5 Excess of DC allowable depreciation over federal allowable depreciation. If you claimed the federal bonus depreciation (100%) on your federal return, the DC basis for the depreciated property will be more than the federal basis. Use this line to subtract the excess depreciation from the federal AGI to show the proper DC depreciation allowable.

Line 6 DC College Savings Plan payments. Enter the amount contributed to a qualified DC "529" College Savings Plan. You may deduct up to \$4,000 annually for contributions you made to all qualified college savings accounts of which you are the owner. If you are married and file a joint or combined separate return, each spouse/registered domestic partner may deduct up to \$4,000 for contributions made to all accounts for which that spouse/registered domestic partner is the sole owner. A rollover distribution is not a contribution for purposes of this deduction. Contributions made to one or more accounts in excess of the allowable \$4,000 (\$8,000 for eligible joint filers) annual deduction may be carried forward as a deduction (subject to the annual limitation) for up to five years. If you were a part-year DC resident during the tax year, you may deduct only the amount contributed when you resided in DC.

Line 7a and 7b Exclusions for DC residents. Income not to exceed \$10,000 is excludable in computing DC gross income for persons determined by the Social Security Administration to be totally and permanently disabled and who are receiving: Supplemental Security Income or Social Security Disability; or railroad retirement disability benefits; or federal or DC government disability benefits; and whose annual household adjusted gross income is less than \$100,000.

Household income includes income received by all household members in the year, even income excluded from federal adjusted gross income.

Adjusted gross income is that of all persons residing in a household, excluding the adjusted gross income of any person who is a tenant under a written lease for fair market value.

Lines 8 and 9 Expenditures by DC teachers. An individual who:

- 1) has been approved by the DC public schools; and
- 2) has been a classroom teacher in a DC public school or public charter school for this entire tax year or the entire prior tax year may deduct:
 - the amount the teacher paid during the year for basic and necessary classroom teaching materials and supplies up to \$500 per person whether filing individually or jointly.

 the tuition and fees paid during the year for postgraduate education, professional development, or state licensing examination and testing for improving teaching credentials or maintaining professional certification – up to \$1,500 per person whether filing individually or jointly.

Interaction between DC deductions and similar federal deductions. To prevent a "double deduction" situation – if a DC classroom teacher claims a deduction on his/her federal return for personal expenses, the federal tax deduction claimed reduces the amount that may be claimed for those same expenses on the DC return. For example: a DC classroom teacher who claims \$1,500 or more for tuition and fees on the federal return (Form 1040 or 1040-SR) may not take any deduction for these same expenses on the DC return.

Line 10 Loan repayment awards. "Loan repayment awards" of up to \$120,000 paid over four years by DC to healthcare professionals to reduce their medical education debt are not taxed by DC. (This program is administered by the DC Department of Health.)

Line 11 Healthcare insurance premiums. Any healthcare insurance premium paid by an employer for an employee's domestic partner registered with the Vital Records Division of the DC Department of Health (see DC Code §32-701 (3) and 702) or same sex spouse is deductible, unless on your federal return the employee's registered domestic partner or same sex spouse is considered a dependent pursuant to IRC §152 and a deduction from income was taken for the premium on the employee's federal tax return.

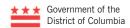
Line 12 DC Poverty Lawyer Loan Assistance. Attach a copy of your Form 1099C (Cancellation of Debt) issued by the DC Office of the Attorney General (OAG). Lawyers eligible for this award are those whose legal practice has been certified by the DC OAG as serving the public interest.

Line 13 Other. Private Security Camera Systems and Home Composting Incentives. Other items not subject to DC tax subtracted from federal adjusted gross income, such as rebates/grants received from the Private Security Camera Systems Program, the Home Composting Incentive Program or the Safe at Home Grant Program.

Line 14 Military Spouse Residency Relief Act

If you have determined that you are required to file a District of Columbia tax return and you are in one of the U.S. military services, one of the following may apply:

- (1) If a servicemember's legal residence for taxes is not in DC but the servicemember and spouse reside in DC due to military orders, the military compensation and the non-military spouse's compensation should be deducted on Schedule I, Line 14. If this applies to you, a copy of the Department of Defense form providing the servicemember's legal residence for taxes and a copy of the non-military spouse's legal residence for taxes driver's license should be kept with your tax records in case it is subsequently needed.
- (2) If a servicemember's legal residence for taxes is not in DC but the servicemember resides in DC due to military orders and subsequently marries a DC resident, the servicemember's military compensation should be deducted on Schedule I, Line 14. The non-military spouse's income is not exempt in this case since the non-military spouse is a DC resident and has not moved to DC to be with a transferred servicemember. If this applies to you, a copy of the Department of Defense form providing the servicemember's legal residence for taxes should be kept with your tax records in case it is subsequently needed.
- (3) If a servicemember's legal residence for taxes is in DC and the servicemember and spouse reside in DC in compliance with the servicemember's military orders, they will file Form D-40 and will report all their income in DC, as either married filing jointly or married filing separately.







Important: Print in CAPITAL letters using black ink.

Attach to Schedule U. File Schedules N and U with your D-40.

OFFICIAL USE ONLY Vendor ID#0000

First name of non-custodial parent	M.I. Last name	
Address (number, street and suite/apartment number if ap	pplicable)	
City	State Zip Code + 4	
Taxpayer Identification Number (TIN) Date of	birth (MMDDYYYY)	
Even if you are not eligible to claim the Federal Earned In		
DC Non-Custodial Parent EITC Eligibility – Please comple You may claim the DC Non-Custodial Parent EITC only if		e Schedule N.
1 la vaux Fodoval Adjusted Oroca Income for 2010 less th	200	YES NO
1 Is your Federal Adjusted Gross Income for 2019 less th \$41,094 (\$46,884 married filing jointly) with one qua	lifying child	
\$46,703 (\$52,493 married filing jointly) with two qua \$50,162 (\$55,592 married filing jointly) with three or		
2 Were you a DC resident taxpayer during the year?		
3 Were you between the ages of 18 and 30 as of Decem	ber 31, 2019?	
4 Are you a parent of a minor child(ren) with whom you	do not reside?	
5 Are you under a court order requiring you to make child	d support payments?	
6 Was the child support payment order in effect for at lea	ast 183 days in2019?	
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	or 2019 by December 31, 2019?	
If you answered "Yes" to the above questions, you may cl. Complete Schedule N and attach it, and Schedule U, to y		
osimplete defledule it and attach it, and ochedule U, to y	oui D 40.	



Last name and	TINI
Last Hallie allu	111V

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 lis	t three to get the maximum credit.
#1 2. Child's TIN	#2 #3
#1 3. Child's date of birth	#2 #3
4. Custodian's name	M.I. Last Name
Number, street and suite/apartment number,	mber
5. Custodian's address	
City	State Zip Code + 4
6. Custodian's TIN	
7. Location of the #1 court that ordered support payments for: #2	#3
8. Case or Docket number for:	Name of government agency to which you make payments for:
#1	#1
#2	#2
#3	#3
10. Address of #1	
the government #2	
#3	
11. Amount of #1 \$ 00 per month	#3 \$.00 per month
court ordered payment #2 \$ 00 per month	
12. Date payments were #1 (MMDDYYYY) ordered to start	#2 (MMDDYYYY) #3 (MMDDYYYY)
#1 13. Total payments made during 2019	#2 #3 00 \$.00 \$.00

14. Computation: Using the amount on Line 4 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 part-year resident instructions in the D-40 booklet on prorating the credit to be claimed.

Revised 06/19





Schedule ELC Keep Child Care Affordable Tax Credit



▶ Complete and attach to Form D-40 only if you have an eligible child.

Name shown on return		OFFICIAL U	JSE ONLY Vendor ID# 0000		
Your first name	M.I Last name	-	Taxpayer Identification Number (TIN)		
child.	•	the Keep Child Care Affordable Tax Cred	_		
	e may reduce or disallow your ELC if th	Line 3 matches with the eligible child's e name or TIN does not match the socia			
Eligible Child Information	Child 1	Child 2	Child 3		
	Yes. STOP, your child is	Yes. STOP, your child is	Yes. STOP, your child is		
1a Is this child a recipient of the District's subsidized	not eligible for this credit.	not eligible for this credit.	not eligible for this credit.		
child care program?	No. Go to Line 1b.	No. Go to Line 1b.	No. Go to Line 1b.		
1b Was the child under age 4 as of 09/30/2019?	Yes. Go to Line 2.	Yes. Go to Line 2.	Yes. Go to Line 2.		
as 01 09/30/2019:	No. STOP, your child is not eligible for this credit.	No. STOP, your child is not eligible for this credit.	No. STOP, your child is not eligible for this credit.		
2 Child's name	First name	First name	First name		
	Last name	Last name	Last name		
3 Child's taxpayer identification					
number	(MMDDYYYY)	(MMDDYYYY)	(MMDDYYYY)		
4 Child's Date of Birth					
5 Child's relationship to you					
6 Name of Child Development Facility					
7a Child Development Facility	Street:	Street:	Street:		
address	Washington, DC ZIP	Washington, DC ZIP	Washington, DC ZIP		
7b Is the child development	Yes.	Yes.	Yes.		
facility operated by the federal		Tes.	res.		
government or by a private provider on federal property?	No.	No.	No.		
8 Child Development Facility taxpayer identification number					
9 For payment purposes, was the	Yes. Include payments made	Yes. Include payments made	Yes. Include payments made		
child under age 3 as of 9/30/2019?	for care from 01/01/2019 through 12/31/2019	for care from 01/01/2019 through 12/31/2019	for care from 01/01/2019 through 12/31/2019		
3,00,2013.	No. Include payments made for care from 01/01/2019 through 8/31/2019	No. Include payments made for care from 01/01/2019 through 8/31/2019	No. Include payments made for care from 01/01/2019 through 8/31/2019		
10 Amount paid. See instructions	\$.00	\$.00	\$.00		
11 The maximum credit you can					
receive for each eligible child is \$1,000	\$ 1000.00	\$ 1000.00	\$ 1000.00		
12 Enter the lesser of Line 10 or					
Line 11 for each eligible child here and on Schedule U, Part 1b, Line 2.	\$.00	\$.00	\$.00		

Instructions for Keep Child Care Affordable Tax Credit (Schedule ELC)

You are not eligible to receive this credit if:

- 1. You do not claim the eligible child as a dependent on your federal or District income tax return for that taxable year;
- 2. A person other than the taxpayer claimed the eligible child as a dependent on his or her federal and District income tax returns for that taxable year;
- 3. The child of the taxpayer was eligible for and received subsidized child care services pursuant to Chapter 4, Title 4 of the D.C. Code, during the taxable year;
- 4. A person other than the taxpayer received a credit under DC Code 47-1806.15 for the same taxable year for the same eligible child;
- 5. The payments for child care services for which you seek a tax credit were paid to an entity not licensed by the District to operate a child development facility unless operated by the federal government or by a private provider on federal property; or
- 6. The taxpayer's District taxable income for the taxable year exceeds the amounts for taxable year 2019:
 - a. Single and head of household: \$150,000;
 - b. Married/Registered Domestic PartnersFiling Jointly: \$150,000;
 - Married/Registered Domestic Partners
 Filing Separately on the same return:
 \$150,000;
 - d. Married/Registered Domestic Partners Filing Separately: \$75,000

Definitions

- 1. "Eligible child" means a dependent, claimed by a taxpayer who has not reached the age of 4 years by September 30th of the taxable year.
- 2. "Eligible child care expenses" means payments made by a taxpayer to a licensed child development facility for child care services of an eligible child during the taxable year but does not include any payments for child care services provided after August 31st of the taxable year of an eligible child who meets the age requirements for enrollment for Pre-K.
- 3. "Child development facility" means a center, home, or other structure that provides care and other services, supervision, and guidance for children, infants, and toddlers on a regular basis licensed to operate as a childcare development facility in the Distrct unless operated by the federal government or by a private provider on federal property. Child development facility does not include a public or private elementary or secondary school engaged in legally required educational and related functions or a pre-kindergarten education program licensed pursuant to the Pre-K Act of 2008.
- 4. Taxpayer Identification Number (TIN) means a valid federal employer identification number (FEIN) issued by the IRS; or a valid social security number issued by the Social Security Administration.

Eligible Expenses

- 1. Eligible expenses are limited to the amounts paid to a licensed child development facility for child care services of the eligible child;
- 2. Child support payments are not qualified expenses even if intended to be used to pay for child care services;
- 3. Child care expenses that are paid for upfront by a taxpayer but then reimbursed by a state social service agency are not eligible expenses; or
- 4. Expenses do not include food, lodging, clothing or entertainment even if provided for eligible child.

Line by Line Instructions for Child 1, 2 and 3:

- **Line 1a:** Is the eligible child a recipient of the District's subsidized child care program? If yes, your child does not qualify for the credit. If no, continue to Line 1b.
- **Line 1b**: The child must be under the age of 4 as of 9/30/19. If under age 4, continue to Line 2. If age 4 or over, your child does not qualify for this credit.
- Line 2: Enter your eligible child's first and last name.
- **Line 3**: Enter your eligible child's tax identification number. Ensure the name and tax identification number entered matches the eligible child's social security card.
- **Line 4**: Enter your eligible child's date of birth in MMDDYYYY format.
- **Line 5**: Enter the eligible child's relationship to you. Example, son, daughter, grandchild, niece, nephew, eligible foster child.
- Line 6: Enter the name of the Child Development Facility.
- **Line 7a**: Enter the address of the Child Development Facility.
- **Line 7b**: Check the applicable box.
- **Line 8**: Enter the TIN of the Child Development Facility.
- **Line 9:** Enter the date range of the payments made during the taxable year. This date cannot be a date after August 31st of the taxable year if eligible child meets age requirements for enrollment in Pre-K according to DC Code § 38-273.02(a).
- Line 10: Enter the total amount actually paid in 2019 but do not include any payments for child care services provided after August 31, 2019 of the taxable year if your eligible child meets the age requirement for enrollment in Pre-K according to DC Code § 38-273.02(a).
- **Line 11**: The maximum credit amount that can be claimed is \$1,000.
- **Line 12**: Enter the lesser of Line 10 or Line 11 and enter here and on Schedule U, Part 1B, Line 2.







OFFICIAL USE ONLY Vendor ID#0000 **Important:** Print in CAPITAL letters using black ink. File with your D-40. Personal information Your daytime telephone number and Date of Birth (MMDDYYYY) Your taxpayer identification number (TIN) Spouse's/registered domestic partner's TIN and Date of Birth (MMDDYYYY) Your first name M.I. Last name Spouse's/registered domestic partner's first name M.I. Last name Mailing address (number, street and suite/apartment number if applicable) City State Zip Code +4 PART I Do you have qualifying health coverage? Did you and, if applicable, all members of your health care shared responsibility family have qualifying health coverage for every month in 2019? Yes. STOP. You do not owe a health care shared responsibility payment. Enter zero on Line 28 of your D-40. No. If you answered No, complete Part II. PART II Do you have an exemption? Can someone else claim you as a dependent on their federal income tax return for 2019? Yes. STOP. You do not owe a health care shared responsibility payment. Was your federal adjusted gross income below the applicable filing threshold for your filing status for 2019? See instructions. 3 Yes. STOP. You do not owe a health care shared responsibility payment. Was your federal adjusted gross income reported on your D-40, Line 4 for 2019 equal to or less than \$27,728? Yes. STOP. You do not owe a health care shared responsibility payment. If you answered Yes to any of questions 2 - 4, enter zero on Line 28 of your D-40. If not, continue by answering questions 5 - 6. Do you affirm under the penalties of perjury that you or any member of your health care shared responsibility family lacked qualifying health coverage in 2019 on the basis of a sincerely held religious belief during the entire taxable year? Yes. You must complete Part III before completing Part IV. Are you claiming an exemption (other than a sincerely held religious belief) for at least one month for 2019 for yourself or any member 6 of your health care shared responsibility family? Yes. You must complete Part III before completing Part IV. No.

After answering questions 5 - 6, complete Part IV to determine the amount to enter on Line 28 of your D-40. If you answered yes to question 5 or 6, you must also complete Part III.



	er your last name er your taxpayer identification number (TIN)			
	ART III What coverage exemptions are you claiming for members mily and for how many months? See instructions for exemption ty		nsibility	
	Name of Individual	Taxpayer Identification Number (TIN)	Exemption Type	Number of Exempt Months Claimed
7	First name and M.I. Last name			
8	First name and M.I. Last name			
9	First name and M.I. Last name			
10	First name and M.I. Last name			
11	First name and M.I. Last name			
12	First name and M.I. Last name			
P/	ART IV Complete the applicable worksheets before completing Pa	art IV. Round cents If amount is ze.	to nearest dolla ro, leave line bla	r. nnk.
13	Enter flat dollar amount (see Worksheet A-1, Line 5 or Worksheet A-2, Line 7)			.00
14	Enter the percentage income amount (see Worksheet B-1, Line 4 or Worksheet B-2, Line 14	4) 14 \$.00
15	Enter the larger of Line 13 or Line 14 (If Lines 13 and 14 are the same, enter that number.) 15 \$		00
16	Enter the District Average Bronze Plan Premium (see Worksheet C-1, Line 2 or Worksheet C Line 2)			.00
17	Enter the smaller of Line 15 or Line 16 here and on D-40 Line 28	17 \$		00





2019 DC Health Care Shared Responsibility Worksheets

Important:

KEEP FOR YOUR RECORDS. DO NOT FILE.

Α.	Flat	Dollar	Amount	Calculation
┪.	III	Dullai	AIIIVUIII	Calculation

Worksheet A-1 - Complete this worksheet if you are not claiming any exemptions for any month for any member of your health care shared responsibility family. (See instructions for available exemptions and who is included in your health care shared responsibility family.)

1	tiply \$695 for each member in your health care shared responsibility family who was at least 18 years old		Round cents to nearest dollar. If amount is zero, leave line blank.
	as of December 31, 2019.	1.	.00
2	2. Multiply \$347.50 for each member in your health care shared responsibility family who was under the age of		
	18 years old as of December 31, 2019.	2.	.00.
۱,	Add Lines 1 and 2	2	
J	3. Add Lines 1 and 2.	3.	.00
4	. Maximum flat dollar amount for 2019.	4.	\$2,085.00
L	5. Enter the smaller of Lines 3 or 4 here and on Schedule HSR, Part IV, Line 13. (Proceed to Worksheet B-1)	5.	
اا	Little the smaller of Lines 3 of 4 fiele and on Schedule HSR, Fall IV, Line 13. (Floceed to Worksheet B-1)	٥.	.00.

Worksheet A-2 (Exemptions claimed for at least one month for at least one member in your health care shared responsibility family)

Worksheet A-2 - Complete the monthly columns by placing an "X" in each month to represent any member of your health care shared responsibility family that did not have minimum essential coverage or a coverage exemption. Only complete this worksheet if you are claiming an exemption for any month for any member in your health care shared responsibility family. (See instructions for available exemptions and who is included in your health care shared responsibility family.)

Name	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1a. Total number of X's in a month. If 5 or more, enter 5.												
1b. Add the total number reported in Line 1a here and on Worksheet C-2, Line 1.												
Total number of X's in a month for members age 18 or older as of December 31, 2019.												
3. One-half the number of X's in a month for members under the age of 18 years old as of December 31, 2019.												
4. Add Lines 2 and 3 for each month.												
5. Multiply Line 4 by \$695 for each month. If \$2085 or more, enter \$2085.												
6. Total the amounts for each month on Line 5.								•		\$.00
7. Divide Line 6 by 12.0. This is your flat dollar amount. Enter this amount on Schedule HSR, Part IV, Line 13.												
(Proceed to Worksheet B-1)										\$.00

Important:

KEEP FOR YOUR RECORDS. DO NOT FILE.

B. Percentage Income Calculation

Worksheet B-1

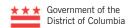
Worksheet B-1 - Complete this worksheet if you completed either Worksheet A-1 or Worksheet A-2. If you completed Worksheet A-2, you must also complete Worksheet B-2.

A L, you must also complete Worksheet B Li		
		Round cents to nearest dollar. If amount is zero, leave line blank.
1. Enter your federal adjusted gross income reported on your D-40, Line 4 for 2019.	1.	.00
2. Enter the standard deduction amount that corresponds to the filing status that you claimed on your D-40. (See instructions for amounts).	2.	.00
3. Subtract Line 2 from Line 1.	3.	.00
4. Multiply Line 3 by 2.5% (0.025). This is your percentage of income amount. Enter this amount on Schedule HSR, Part IV, Line 14 If you completed Worksheet A-1, and proceed to Worksheet C-1. (If you were required		
to complete Worksheet A-2, you must proceed to Worksheet B-2 to calculate your percentage of income amount. Do not enter this amount on Schedule HSR, Part IV, Line 14.	4.	.00

Worksheet B-2 (Exemptions claimed for at least one month for at least one member in your health care shared responsibility family)

Worksheet B-2 - Complete this worksheet only if you were required to complete Worksheet A-2. Do not complete this worksheet if you completed Worksheet A-1. * If the amount on Line 1a of Worksheet A-2 is zero for any month, leave all columns of this worksheet blank for that month.

For each month, you must determine if the amount on Line 5 of Worksheet A-2 is less than the amount on Line 4 of Worksheet B-1.		(a)	(b)	(c)
		Enter the amount from Worksheet A-2, Line 5	Enter the amount from Worksheet B-1, Line 4	Enter the larger of column (a) or column (b)
1.	January			.00
2.	February			.00
3.	March			.00
4.	April			.00
5.	May			.00
6.	June			.00
7.	July			.00
8.	August			.00
9.	September			.00
10.	October			.00
11.	November			.00
12.	December			.00
13.	Add the amounts in column (c)	.00		
14.	Divide Line 13 by 12.0 Enter this amount on Scher	.00		





2019 DC Health Care Shared Responsibility Worksheets

Important:

KEEP FOR YOUR RECORDS. DO NOT FILE.

C. District Average Bronze Plan Premium Calculation

Worksheet C-1 (No exemptions claimed)		
Worksheet C-1 - Complete this worksheet if you completed Worksheet A-1. If you were required must complete Worksheet C-2. (See instructions on who is included in your health care shared re-		
		Round cents to nearest dollar. If amount is zero, leave line blank.
1. Enter the number of members in your health care shared responsibility family.	1.	
2. Enter the amount that corresponds to the number of members in your health care shared responsibility family. 1 person - \$3,072 2 persons - \$6,144 3 persons - \$9,216 4 persons - \$12,288 5 or more persons - \$15,360 Enter this amount on Schedule HSR, Part IV, Line 16.	2.	
		.00.
Worksheet C-2 (Exemptions claimed for at least one month for at least one member in your h	nealth care	shared responsibility family
Worksheet C-2 - Complete this worksheet only if you were required to complete Worksheet A-2. If complete Worksheet A-2, complete Worksheet C-1. Do <u>not</u> complete this worksheet if you complete instructions on who is included in your health care shared responsibility family.)		
1. Enter the total number reported on Worksheet A-2, Line 1b.	1.	
2. Multiply Line 1 by \$256. Enter this amount on Schedule HSR, Part IV, Line 16.	2.	.00

INSTRUCTIONS FOR SCHEDULE HSR DC HEALTH CARE SHARED RESPONSIBILITY PAYMENT

STOP: If you answered 'yes' to Part I, Line 1, or Part II, Lines 2, 3, and 4, DO NOT complete this schedule. Mark the oval on Line 3 of the D-40 and enter zero (0) on Line 28 of the D-40

A new DC law requires all residents to have health coverage, have an exemption, or pay a tax penalty on their D-40. DC enacted the law in response to the reduction of the federal individual responsibility payment and modeled it after the federal requirement. Beginning with 2019, all District residents must either:

- (1) Have qualifying health care coverage (see definition below) for yourself, your spouse/registered domestic partner (if filing jointly or separately on the same return), and anyone you or your married/registered domestic partner claim (or can claim) as a dependent;
- (2) Have a coverage exemption for yourself, your spouse/registered domestic partner (if filing jointly or separately on the same return), and anyone you or your married/registered domestic partner claim (or can claim) as a dependent; or
- (3) Make a health care shared responsibility payment.

D-40

If you and, if applicable, all members of your shared responsibility family (see definition below) had qualifying health care coverage for every month in 2019, fill-in the oval on Page 1 of your D-40 and enter zero on Line 28 of your D-40. You do not need to complete Schedule HSR or make a shared responsibility payment. If you (and, if applicable, all members of your shared responsibility family) did not have qualifying health care coverage for every month in 2019, you must complete Schedule HSR to calculate your shared responsibility payment and/or to claim an exemption.

Schedule HSR

Part I - Complete Part I of the Schedule HSR. If you answer 'yes' to question 1, enter zero on Line 28 of the D-40. If you answer 'no' to question 1, you must complete Part II.

Part II - If you answer 'yes' to question 2, 3 or 4, enter zero on Line 28 of the D-40. If you answer 'no' to questions 2-4, you must answer questions 5-6 and complete Part III.

Part III – Complete the name and taxpayer identification number (TIN) for each member of your shared responsibility family, the code for the exemption claimed and the number of exempt months claimed for each exemption type claimed. For a list of exemption codes, see the Exemption Chart.

- If you are claiming one exemption type for the entire year, enter the applicable exemption code and "12" for the number of exempt months claimed for that member.
- If you are claiming an exemption for less than 12 months, enter the applicable exemption code and the total number of months claimed for that exemption type for that member.
- If you are claiming multiple
 exemption types for one member,
 list that member more than once
 and enter exemption code and
 number of months claimed for each
 exemption type for that member.
- If a member of your shared responsibility family is not claiming any exemptions for the year, enter "X" for code for the exemption type and "0" for number of exempt months claimed.

Part IV – Complete Part IV of Schedule HSR to compute your shared responsibility payment. You must complete the worksheets to compute your shared responsibility payment. (If you claimed an exemption for <u>all</u> members of your shared responsibility family for <u>every</u> month of 2019, enter zero on Lines 13-17 of your Schedule HSR.) The worksheets contain the following:

A. Flat Dollar Amount Calculation (Line 13)

- Complete Worksheet A-1 if no exemptions are claimed by anyone in your shared responsibility family
- Complete Worksheet A-2 if exemptions are claimed for at least one month for at least one member of your shared responsibility family.

B. Percentage Income Amount Calculation (Line 14)

- Complete Worksheet B-1. (If you completed Worksheet A-2, you must also Complete Worksheet B-2.)
- Complete Worksheet B-2 if you claimed exemptions for at least one month for at least one member of your shared responsibility family.

C. District Average Bronze Plan Premium Calculation (Line 16)

- 1. Complete Worksheet C-1 if no exemptions were claimed.
- Complete Worksheet C-2 if you claimed exemptions for at least one month for at least one member in your shared responsibility family.

A. Flat Dollar Amount Calculation Worksheets

Worksheet A-1

Complete this worksheet if you are <u>not</u> claiming any exemptions for any month for any member of your shared responsibility family.

Follow the line by line directions provided on the form. Enter the amount from Line 5 on Schedule HSR, Part IV, Line 13. Proceed to Worksheet B-1.

Worksheet A-2

Complete this worksheet only if you are claiming an exemption for any month for any member of your shared responsibility family.

List the name of each member of your shared responsibility family in the provided row. Then, for each month, mark an X in the appropriate column if listed the member of your shared responsibility family did not have minimum essential coverage or a coverage exemption. For example, if your dependent "John" had a health care coverage only for the month of January and had no coverage exemptions for the remainder of the year, mark an "X" in each of the month columns February through December on the row associated with John's name.

Line 1a: For each month, add the total number of "X's" in the column. The maximum number entered in any month's column is 5, even if that column includes more than 5 "X's". For example, if each of the 6 members of your shared responsibility family did not have health care coverage or a coverage exemption for January, you should enter "5" on Line 1 in the January column.

Line 1b: After you have completed the step above for each month, add the total calculated for each month together. Enter this sum on the provided space in the "Line 1b" box. For example, if you entered "5" in the January column for Line 1a, "4" in the April column, and "0" in all other columns, enter "9" in the space provided in the "Line 1b" box.

Line 2: Enter the total number of "X's" in each month that correspond to members age 18 or older as of December 31, 2019.

Line 3: Enter one-half the total number of "X's" in each month that correspond to members under the age of 18 as of December 31, 2019.

Line 4: Add Lines 2 and 3 for each month.

Line 5: Multiply Line 4 by \$695 for each month. If \$2,085 or more, enter \$2,085.

Line 6: Total the amounts reported in each month's column on Line 5.

Line 7: Divide the amount reported on Line 6 by 12.0. This is your flat dollar amount. Enter this amount on Schedule HSR, Part IV, Line 13 and proceed to Worksheet B-1.

B. Percentage Interest Calculation Worksheets

Worksheet B-1

Complete this worksheet if you completed either Worksheet A-1 or Worksheet A-2. If you completed Worksheet A-2, you must also complete Worksheet B-2.

Follow the line by line directions provided on the form. The applicable D-40 filing threshold amounts for 2019 are:

- Single (under 65) \$12,200
- Single (65 or older) \$13,850
- Married/Registered domestic partner filing jointly or separately on the same return (both spouses under 65) – \$24,400
- Married/Registered domestic partner filing jointly or separately on the same return (one spouse 65 or older) – \$25,700
- Married/Registered domestic partner
 filing jointly or separately on the same return
 (both spouses 65 or older) \$27,000
- Married filing separately (any age) \$12,200
- Head of household (under 65) \$18,350
- Head of household (65 or older) \$20,000
- Qualifying Widow(er) (under 65) –\$\$24.400
- Qualifying Widow(er) (65 or older) \$25,700

If you completed Worksheet A-1, enter the amount from Line 4 on Schedule HSR, Part IV, Line 14 and proceed to Worksheet C-1. If you completed Worksheet A-2, proceed to Worksheet B-2 to calculate your percentage of income amount.

Worksheet B-2

Complete this worksheet only if you completed Worksheet A-2 (if you claimed exemptions for at least one month for at least one member of your shared responsibility family).

Line 1-12: For each month enter the amount from Worksheet A-2, Line 5 in column (a) and the amount from Worksheet B-1, Line 4 in column (b). In column (c), enter the larger of column (a) or column (b).

Line 13: Add the amounts reported in column (c) for Lines 1-12.

Line 14: Divide the total on Line 13 by 12. Enter this amount on Schedule HSR, Part IV, Line 14. Proceed to Worksheet C-2.

C. District Average Bronze Plan Premium Calculation Worksheets

Worksheet C-1

Complete this worksheet if you completed Worksheet A-1. Do not complete this worksheet if you completed Worksheet A-2 (if you claimed no exemptions for any member of your shared responsibility family).

Follow the line by line directions provided on the form. Enter the amount from Line 2 on Schedule HSR, Part IV, Line 16.

Worksheet C-2

Complete this worksheet if you completed Worksheet A-2. Do not complete this worksheet if you completed Worksheet A-1 (if you claimed exemptions for at least one month for at least one member of your shared responsibility family).

Follow the line by line directions provided on the form. Enter the amount from Line 2 on Schedule HSR, Part IV, Line 16.

Definitions

• DC resident. For purposes of Schedule HSR, DC resident has the same meaning as "resident" defined in D.C. Official Code § 47-1801.04(42). (Part-year residents should claim an exemption as a nonresident of the District for the month(s) during the tax year that that he or she was not a DC resident.)

- Shared responsibility family. For purposes of Schedule HSR, shared responsibility family includes the following individuals:
 - The taxpayer;
 - The taxpayer's spouse or registered domestic partner if they file D-40 jointly or separately on the same return; and
 - Any dependents that that the taxpayer (or the taxpayer's spouse registered domestic partner) claimed or could have claimed on their D-40.
- Qualifying health coverage. For purposes of Schedule HSR, qualifying health coverage means:
 - o Minimum essential coverage as defined by section 5000A of the Internal Revenue Code of 1986 (26 U.S.C. § 5000A) and its implementing regulations, as that section and its implementing regulations were in effect on December 15, 2017;
 - The Immigrant Children's Program; and
 - Health coverage provided under a multiple employer welfare arrangement; provided, that the multiple employer welfare arrangement provided coverage in the District on December 15, 2017, or complies with federal law and regulations applicable to multiple employer welfare arrangements that were in place as of December 15, 2017.

For additional information regarding qualifying coverage, contact DC Health Link at www.dchealthlink.com or (855) 532-5465.

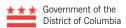
Exemptions Chart

Exemption Type					
Affordability —You received an affordability exemption certificate from the Health Benefits Exchange Authority. For information regarding the affordability exemption contact DC Health Link at www.dchealthlink.com or (855) 532-5465.	А				
Short coverage gap —You went without coverage for less than 3 consecutive months during the year.	В				
 Citizens living abroad and certain noncitizens—You were: A U.S. citizen or a resident alien who was physically present in a foreign country or countries for at least 330 full days during any period of 12 consecutive months; A U.S. citizen who was a bona fide resident of a foreign country or countries for an uninterrupted period that includes the entire tax year; A bona fide resident of a U.S. territory; A resident alien who was a citizen or national of a foreign country with which the U.S. has an income tax treaty with a nondiscrimination clause, and you were a bona fide resident of a foreign country for an uninterrupted period that includes the entire tax year; Not lawfully present in the U.S. and not a U.S. citizen or U.S. national. For more information about who is treated as lawfully present in the U.S. for purposes of this coverage exemption, visit www.HealthCare.gov; or A nonresident alien, including (1) a dual-status alien in the first year of U.S. residency and (2) a nonresident alien or dual-status alien who elects to file a joint return with a U.S. spouse. This exemption doesn't apply if you are a nonresident alien for 2018, but met certain presence requirements and elected to be treated as a resident alien. For more information, see IRS Pub. 519. 	С				
Members of a health care sharing ministry —You were a member of a health care sharing ministry.	D				
Members of Indian tribes —You were either a member of a federally recognized Indian tribe including an Alaska Native Claims Settlement Act (ANCSA) Corporation Shareholder (regional or village), or you were otherwise eligible for services through an Indian health care provider or the Indian Health Service.	E				
Incarceration —You were in a jail, prison, or similar penal institution or correctional facility after the disposition of charges.	F				
General hardship — You received a hardship exemption certificate from the Health Benefits Exchange Authority. For information regarding the hardship exemption contact DC Health Link at www.dchealthlink.com or (855) 532-5465.	G				
Member of shared responsibility family born or adopted during the year—The months before and including the month that an individual was added to your shared responsibility family by birth or adoption. You should claim this exemption only if you also are claiming another exemption in Part III.	Н				
Member of shared responsibility family died during the year—The months after the month that a member of your shared responsibility family died during the year. You should claim this exemption only if you also are claiming another exemption in Part III.	Н				
Nonresident of the District – You were not a resident of the District of Columbia.	I				
Sincerely Held Religious Belief —You lacked qualifying health coverage on the basis of a sincerely held religious belief during the entire taxable year.	J				
DC Health Alliance – You were enrolled in the DC Health Alliance Program.	K				

Low income—Your federal adjusted gross income reported on your D-40, Line 3 is equal to or below the amounts that correspond to the number of members in your shared responsibility family and the age of the individual for which the exemption is claimed. (If you qualify for this exemption, you may be eligible for Medicaid. Contact DC Health Link at (855) 532-5465 or www.dchealthlink.com or the Department of Health Care Finance at (202) 727-5355 or https://dhcf.dc.gov/service/medicaid or for more information.)

Number of Shared Responsibility Family Members:	If your AGI is equal to or below the following amounts, members age 21 or older as of 12/31/2019 are exempt:	If your AGI is equal to or below the following amounts, members under age 21 as of 12/31/2019 are exempt:
1	\$27,727.80	\$40,467.60
2	\$37,540.20	\$54,788.40
3	\$47,352.60	\$69,109.20
4	\$57,165.00	\$83,430.00
5	\$66,977.40	\$97,750.80
6	\$76,789.80	\$112,071.60
7	\$86,602.20	\$126,392.40
8	\$96,414.60	\$140,713.20
For Each Additional Member, add:	\$9,812.40	\$14,320.80

No exemptions claimed. X





SCHEDULE QCGI Eligible QHTC Capital Gain Investment Tax



Important: Print in CAPITAL letters using black ink. Complete and attach to Form D-40, D-41, D		EONLY Vendor ID#0000
Taxpayer Identification Number (TIN) Fill in if SSN Fill in if FEIN		T MEET ALL THE CRITERIA AS RUCTIONS, INCLUDING STOCK HE TIME OF INVESTMENT
If filing this Schedule with D-40 enter: Your first name M.I. L	ast name	
If filing this Schedule with D-41, D-20 or D-30 enter: Estate or Trust Name, Corporation name, or Registered business name, a	as applicable	If member of a Combined Group, Taxpayer Identification Number of Designated Agent
T. H. I'G. II. N. L. GOUTO		
Taxpayer Identification Number of QHTC	Number shares of common or preferred stock	Gain or (Loss) Fill in if loss
Legal Name of QHTC	Date acquired (MMDDYYYY)	00
	Date sold or disposed of (MMDDYYYY)	
Publicly traded at time of investment? Yes No		
Taxpayer Identification Number of QHTC	Number shares of common or preferred stock	Gain or (Loss) Fill in if loss
		\$ 00
Legal Name of QHTC	Date acquired (MMDDYYYY)	
	Date sold or disposed of (MMDDYYYY)	
Publicly traded at time of investment? Yes No		
Taxpayer Identification Number of QHTC	Number shares of common or preferred stock	Gain or (Loss) Fill in if loss
		\$ 00
egal Name of QHTC	Date acquired (MMDDYYYY)	
	Date sold or disposed of (MMDDYYYY)	
Publicly traded at time of investment? Yes No		
Taxpayer Identification Number of QHTC	Number shares of common or preferred stock	Gain or (Loss) Fill in if loss
		\$ 00
Legal Name of QHTC	Date acquired (MMDDYYYY)	
	Date sold or disposed of (MMDDYYYY)	
Publicly traded at time of investment? Yes No		
If more than 4 eligible investments, attach an additional Schedule C		
1 Total net capital gain or loss from all investments (from your fe If Line 1 is zero or less, or tentative taxable income is zero or less, e		00
2 Total realized net capital gain on QHTC investments subject t If Line 2 is zero or less, enter zero. STOP HERE, otherwise complete		00
3 Enter the smaller of Line 1 and Line 2 (also cannot exceed the a Allocate or apportion this amount as applicable. Enter result on D-40		00
or D-30, Line 37; as appropriate. See instructions. Tax on eligible QHTC investments. (multiply Line 3 by 3%)	\$ -	00

4 Tax on eligible QHTC investments. (multiply Line 3 by 3%)..... Enter result on D-40, Line 22; D-41, Line 16; D-20, Line 40; D-30, Line 40; as appropriate. See instructions.

INSTRUCTIONS FOR SCHEDULE QCGI ELIGIBLE QHTC CAPITAL GAIN INVESTMENT TAX

Pursuant to DC Code § 47-1817.07(a) for tax years after December 31, 2018, the tax on a capital gain from the sale or exchange of an investment in a DC Qualified High Technology Company (QHTC) shall be at the reduced rate of 3% if:

- (1) The investment was made after March 11, 2015;
- (2) The investment was held by the investor for at least 24 continuous months;
- (3) At the time of the investment, the stock of the QHTC was not publicly traded; and
- (4) The investment is in common or preferred stock of the QHTC.

To determine the total taxes due incorporating the reduced 3% tax rate on QHTC eligible capital gain income, the QHTC eligible capital gain income must be removed from DC taxable income and a tentative tax derived. Then 3% of the eligible QHTC capital gain income is added to the tentative tax to determine the total tax due.

The following steps must be taken:

1. Determine whether there is overall positive net capital gain from all investments using the IRS netting rules for capital gain/loss. Use the federal Form 8949, Sales and Other Dispositions of Capital Assets, federal Schedule D, Capital Gains or Losses, and federal Form 1099-B or Form 1099-S you may have used to report gains or losses on the federal return that you filed. If your net capital gain is zero, or a loss, or if your tentative taxable income is zero or less, STOP HERE. You do not have taxable capital gain from the sale or exchange of an investment in a QHTC that is subject to the 3% tax rate. You do not

have to complete Schedule QCGI. Enter zero on your applicable District return on the line that asks for the amount of capital gain from the sale or exchange of an eligible investment in a QHTC, and enter zero on the line of your applicable return that asks for 3% tax on QHTC eligible capital gains income.

Capital gains or losses amounts reported on your federal tax return are reported on the applicable District of Columbia tax return on the following District tax return lines:

District individual income tax return, form D-40, Line c;

District fiduciary tax return, form D-41, Line 1 (from federal 1041, Line 5);

District corporate business franchise tax return, form D-20, Line 8(a); or

District unincorporated business franchise tax return, form D-30, Line 8(a).

2. If the applicable District tax return line reports positive capital gain income, the next step is to determine the amount of net capital gain from the sale or exchange of an investment in QHTC common or preferred stock subject to the 3% tax rate. In cases where you may not have received Form 1099-B, or you were not required to file federal Form 8949 and/or federal Schedule D with your federal return, you may use those forms to assist you in listing, identifying and computing net capital gain or loss from the investment in QHTC common or preferred stocks subject to the 3% tax rate.

Use federal Form 8949 and federal Form 1099-B or any statement you may have received to complete District Schedule QCGI. List only those investments in QHTC common or preferred stock acquired after March 11, 2015 and held for at least 24 continuous months before disposition on Schedule QCGI. (At the time of

investment, the stock must not have been publicly traded). Add the gains and subtract the losses to derive the total net capital gain. If the result is a loss or zero, STOP. You do not have taxable gain from the sale or exchange of an investment in a QHTC that is subject to the 3% tax rate. Enter zero on your applicable District return on the line that asks for the amount of capital gain from the sale or exchange of an eligible investment in a QHTC, and enter zero on the line of your applicable return that asks for 3% tax on QHTC eligible capital gains income.

3. If there is positive net capital gain income of QHTC eligible investment, complete Line 3 of Schedule QCGI by entering the smaller amount of Line 1 and Line 2. Allocate or apportion this amount by your DC apportionment factor as applicable. Enter this amount on the applicable District return as follows:

District individual income tax return, form D-40, Line 19;

District fiduciary tax return, form D-41, Line 13;

District corporate franchise tax return, D-20, Line 37; or

District unincorporated business franchise tax return, D-30, Line 37.

4. Multiply Line 3 by 3%. Enter amount on Line 4 of Schedule QCGI and on Line 22 of the D-40, Line 16 of the D-41; Line 40 of the D-20; or Line 40 of the D-30.

Schedule QCGI Specific Line Instructions

Line 1 Total Overall Net Capital Gain or Loss as Reported in Your Federal Return

The total capital gain or loss amount reported on your federal tax return (1040, Schedule 1, Line 13; 1120, Line 8; or 1041, Line 4) are derived from federal Form 8949, "Sales and Other Dispositions of Capital Assets", federal Schedule D, "Capital Gains and Losses", and federal Forms 1099-B and 1099-S. If the total overall net capital gain or loss as reported on your federal and applicable DC

return is zero or less, or your tentative taxable income is zero or less, STOP. Enter zero on Lines 19 and 22 of the D-40; Lines 13 and 16 of the D-41; Lines 37 and 40 of the D-20; or Lines 37 and 40 of the D-30, as applicable. You do not have to fill out Schedule QCGI. You do not have an eligible QHTC capital gain to be taxed at 3%.

If the overall capital gain or loss as reported on your federal and applicable DC return is a gain, then you must determine the amount of net capital gain that is attributable to QHTC eligible capital gains investment. Proceed to Line 2 of Schedule QCGI.

Line 2 Total Realized Net Capital Gain on QHTC Investments Subject to 3% Tax.

On Schedule QCGI, list all QHTC common or preferred stock investments acquired after March 11, 2015, not publicly traded at the time of investment, and held for at least 24 months before disposition, that were reported on your Federal Form 8949, Part II. Enter the net amount of the total eligible investments on Line 2 of Schedule QCGI. If zero or less, STOP. You do not have QHTC eligible capital gain income to be taxed at 3%. Enter zero on Lines 19 and 22 of the D-40; Lines 13 and 16 of the D-41; Lines 37 and 40 of the D-20; or Lines 37 and 40 of the D-30, as applicable.

Line 3 Enter the smaller of Line 1 and Line 2.

Enter the smaller amount of Line 1 and Line 2, on Line 3 of Schedule QCGI. Allocate or apportion this amount by your DC apportionment factor as applicable. Enter the same amount on the appropriate line of the applicable District of Columbia return you are filing: for the D-40, enter on Line 19; for the D-41, Line 13; for the D-20, Line 37; or for the D-30, Line 37.

Line 4 Tax on QHTC Eligible Investments.

Multiply Line 3 by 3% and enter the amount on Line 4 of Schedule QCGI. Enter the same amount on the appropriate line of the applicable District return you are filing: for the D-40, Line 22; for the D-41, Line 16; for the D-20, Line 40; or for the D-30, Line 40.



DC-8379 Injured Spouse Allocation



official use only Vendor ID# 0000 Information About the Tax Return for Which This Form Is Filed Enter the following information exactly as it is shown on the tax return for which you are filing this form. The spouse's name and taxpayer identification number shown first on that tax return must also be shown first below. If Injured Spouse. First name, initial, and last name shown first on the return Taxpayer identification number shown first check here ▶ If Injured Spouse, First name, initial, and last name shown second on the return Taxpayer identification number shown second check here ▶ Mailing address (number, street, and suite/apartment number if applicable) City State Zip Code +4 Part I Should You File This Form? You must complete this part. 1 Enter the tax year for which you are filing this form.

Answer the following questions for that year. 2 Did you (or will you) file a joint return or married/registered domestic partners filing separately on same return? Yes. Go to Line 3. ■ **No. Stop here.** Do not file this form. You are not an injured spouse. 3 Did (or will) DC use the joint overpayment to pay any of the following legally enforceable past-due debt(s) owed only by your spouse? * DC income tax * DC unemployment compensation * Child support *DC tickets and traffic penalties *federal income tax * federal student loans Yes. Go to Line 4. No. Stop here. Do not file this form. You are not an injured spouse. 4 Are you legally obligated to pay this past-due amount? Yes. Stop here. Do not file this form. You are not an injured spouse. ☐ No. 5 Did you make and report payments, such as DC income tax withholding or estimated tax payments? Yes. Skip Line 6 and go to Part II and complete the rest of this form. No. Go to Line 6. 6 Did you have earned income, such as wages, salaries, or self-employment income? Yes. Go to Part II and complete the rest of the form. **No.** Stop here. Do not file this form. You are not an injured spouse.

DC-8379, Page 2		

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Enter your last name	
Enter your TIN	

Part II Allocation Between Spouses of Items on the Tax Return (See the separate DC Form 8379 instructions for Part II).											
		Allocated Items (Column (a) must equal columns (b) + (c)	Fill in	(a) Amount shown	Fill in	` '	Allocated to	Fill in	(c) Allocated to		
		(Coldinii (a) mast equal coldinii (b) i (c)	if loss	on joint return	if loss	ınjur	ed spouse	if loss	other spouse		
7	Federa	I adjusted gross income		\$		\$			\$		
8	Total a	additions to federal adjusted gross incom	e	.		4			4		
	- Otal C	additions to rederal adjusted grees intern		\$		>			>		
0	۸۵۵۱:	ne 7 and Line 8		¢		4			.		
9	Add Lii	ie 7 and Line 6		\$		\$			\$		
4.0				¢		4					
10	l otal s	ubtractions from federal adjusted gross inc	ome	\$		P			\$		
11	DC adju	usted gross income (subtract Line 10 from Lin	ne 9)	\$		\$			\$		
12	Deduc	tion amount		\$		\$			\$		
		ve DC taxable income (subtract Line 12		+							
13	from L	ne 11)		\$		\$			\$		
	Net car	pital gain from sale or exchange of an									
14	eligible	investment in a QHTC, from D-40, Line 19.		\$		\$			\$		
15	DC tax	able income. Subtract Line 14 from Line 13	3	\$		\$			\$		
	Tantati	Toy 16 Line 45 in \$400,000 or many									
16		ve Tax. If Line 15 is \$100,000 or more, Calculation I		\$		\$			\$		
47	3% tax D-40, Lin	on eligible QHTC capital gains income, fro	m	\$		t-			ф		
17	D-40, LIII	6 22.		Ψ		P			Ψ		
18	Total 1	Γax. Add Lines 16 and 17		\$		\$			\$		
		efundable and/or non-refundable credits		<u> </u>		Т.			т		
19		ng earned income		\$		\$			\$		
20	DC est	imated tax payments		\$		\$			\$		
21	DC wit	hholding tax paid		\$		\$			\$		
Part	III Sig	nature.									
Under penalties of perjury, I declare that I have examined this form and any accompanying schedules or statements and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.											
Keep a copy of Injured spouse's signature						Date		Phone r	number		
this form for your records.											
		Print/Type preparer's name Pre	eparer's signature	9		Date			PTIN		
Paid		Tropard a signature						Check self-emplo	if		
	parer	Firm's name ►					Firm's EIN		<i>j</i> -		
USE	Only										
		Firm's address b						Phono no			

Instructions for DC-8379 Injured Spouse Allocation

Purpose of form

DC-8379 is filed by one spouse/registered domestic partner (the injured spouse/registered domestic partner) on a jointly filed tax return when the joint overpayment was (or is expected to be) applied (offset) to a past-due obligation of the other spouse/registered domestic partner. By filing DC-8379, the injured spouse/registered domestic partner may be able to get back his or her share of the joint refund.

Are you an injured spouse?

You may be an injured spouse/registered domestic partner if you file a joint tax return and all or part of your portion of the overpayment was, or is expected to be, applied (offset) to your spouse's/registered domestic partner legally enforceable past-due federal tax, DC income tax, DC unemployment compensation debts, child support, a federal nontax debt, such as a student loan or DC tickets and traffic penalties.

A Notice of Offset for federal tax debts is issued by the Internal Revenue Service (IRS). All other Notice of Offsets are issued by the DC Office of Tax and Revenue (OTR) on behalf of the affected agency.

Complete Part I to determine if you are an injured spouse/registered domestic partner.

Innocent spouse relief

Do not file DC-8379 if you are claiming innocent spouse relief.

When to file

File DC-8379 when you file your return and all or part of your share of an overpayment is expected to be, applied (offset) against your spouse/registered domestic

partner's legally enforceable past-due obligations. You must file DC-8379 for each year you meet this condition and want your portion of any offset refunded.

How to file

You can file DC-8379 with your joint tax return. If you file DC-8379 with your joint return, attach it to your return. The processing of DC-8379 may be delayed if the form is incomplete when filed.

Specific Instructions

Part I

Complete Lines 1-6 to determine if you are an injured spouse.

Part II

Line 7. Enter your federal adjusted gross income.

Line 8. Enter total additions to federal adjusted gross income.

Line 10. Enter total subtractions from federal adjusted gross income.

Lines 11 – 21. Amounts come from your DC D-40 return.

Part III Signature

Ensure to sign and date DC-8379.



D-2210 Underpayment of Estimated Income Tax By Individuals

IMPORTANT: Please read the instructions on the reverse before completing this form.

Your First name, M.I., Last name	Taxpayer Identification Number (TIN)
Spouse's/registered domestic partner's First name, M.I., Last name	Spouse's/ registered domestic partner's TIN
	Daytime telephone number

No underpayment interest is due and this form should not be filed if:

- A. Your tax liability on taxable income after deducting your District of Columbia (DC) withholding tax and applicable credits is less than \$100, or

	B. You made periodic estimated tax payments and had amounts withheld as required and the total is equal to or more than 110% of your last year's taxes or is at least 90% of your current year's taxes. Note: You must have been a 12-month DC resident last year in order to use the prior year 110% exception.											
	Computation of Underpa	aym	ent Interest									
1 2												
3 2018 DC Tax Liability "total tax" from your DC Individual Income Tax Return x 110%. 4 Minimum withholding and estimated tax payment required for tax year 2019 (lesser of Line 2 and 3).												
5												
6	Enter Line 5 amount or the annualized income amount in each period (The 2 nd period includes the 1 st period amount, 3 rd period includes the 1 st period amount, 3 rd period includes the 1 st period amount, 3 rd period includes the 1 st period amount, 3 rd period includes the 1 st period amount, 3 rd period includes the 1 st period amount, 3 rd period includes the 1 st period amount.		1st Period 04/15/19	2nd Period 06/15/19	3rd Period 09/15/19	4th Period 01/15/20						
	1^{st} and 2^{nd} period amounts, the 4^{th} period includes all period amounts).	ne										
Ch 7	eck here if you are using the "Annualized Income" method. DC withholding and estimated tax paid each period (The 2 nd period includes the 1 st period amount, 3 rd period includes the 1 st and 2 nd period amounts, the 4 th period includes all period amounts).											
8	Underpayment each period (Line 6 minus Line 7)											
9	Underpayment interest factors		.0175	.0265	.0351	.0259						
10	Line 8 multiplied by Line 9											
11	Underpayment interest – Total of amounts from Line 10. (See <i>instructions on reverse</i>)		Pay	this amount	\$							
	Make check or money order	ar na	avable to DC Tres	asurar								

Instructions for Underpayment of Estimated Income Tax by Individuals

Estimated Tax Interest

DC law requires every individual or couple filing jointly, to pay estimated tax if they:

- receive taxable income which is not subject to DC withholding; or
- receive wages with insufficient withholding; or
- the tax on this taxable income is expected to be more than \$100. The law states that anyone required to file and pay estimated tax who fails to pay the amount required by the periodic payment due date is subject to interest on the underpayment of estimated income tax.

When is interest assessed for underpayment of estimated income tax?

Underpayment interest is assessed if your total DC estimated income tax payments (and withheld amounts) compared to your DC tax liability do not equal at least the smaller of:

- 90% of the tax due shown on your 2019 DC return; or
- 110% of the tax due shown on your 2018 DC tax return. You
 must have been a DC resident during all of 2018 to use the
 110%exception.

Are there any exceptions to imposition of interest?

You are not subject to interest for underpayment of estimated tax if:

- You had no DC income tax liability for the tax year 2018 and in that year, you lived in DC the entire 12 months;
- The tax due for 2019 minus income tax withheld and/or estimated tax payments is less than \$100;
- Your DC estimated tax payments plus any DC income tax withheld equals at least 110% of your 2018 DC income tax liability; or
- Your remaining tax due after totaling all credits, estimated tax payments and withholding, is less than 10% of your total DC tax liability for the year.

When may you use this form?

- You may use this form to calculate your underpayment interest, when submitting your D-40 form. If you do, fill in the oval, attach it to your tax return and enter the underpayment interest amount on Line 42 of the D-40. If you do not wish to calculate the interest, the Office of Tax and Revenue (OTR) will do it when your return is processed and will notify you of the amount due.
- You may also complete this form if you believe the underpayment interest assessed by OTR for an underpayment of estimated income tax is incorrect.

How do you file this form?

Attach this form D-2210 to your return D-40, if you complete it <u>before</u> filing your D-40 return. If you complete this form <u>after</u> filing and/or receiving a notice of an underpayment interest assessment, send it to:

Office of Tax and Revenue Attn: Customer Service Administration 1101 4th St SW, 2nd Floor Washington DC 20024

Completing this form

Line 1

Enter the amount from your D-40, Line 39.

Line 2

Multiply the amount on Line 1 by 90% (.90). Your withheld taxes and/or estimated tax payments must be equal to or greater than this amount.

Line 3

Enter 110% of the amount from your 2018 DC Form D-40, Line 32. If your 2018 return was amended or corrected, multiply 110% times the corrected amount. You must have been a DC resident during all of 2018 to use this exception.

Line 4

Enter the lesser of the amounts on Line 2 and Line 3. If you did not file a DC return for 2018, use only the Line 2 amount.

Line 5

Multiply the amount on Line 4 by 25% (.25). This gives you an even distribution of your liability, payable over four periods.

Line 6

Enter the amount required from Line 5 under each of the payment columns. For example, if Line 5 is \$2000, you would enter \$2000 for the 1st period, \$4000 for the 2nd period, \$6000 for the 3rd period and \$8000 for the 4th period.

Annualized Income method: If your income was different for each period, you may want to determine the percentage for each period (divide the period income by the full year's income). Multiply Line 4 by each period's percentage and enter the amounts as shown above. Check the "Annualized Income" method box.

Line 7

Enter the amounts withheld and estimated tax payments made for each period. Include the amounts from the previous period in with the 2nd, 3rd and 4th periods. For example, if your withheld and estimated tax payment amount is \$1000 in each period, you would enter \$1000 in the 1st Period, \$2000 in the 2nd Period, \$3000 in the 3rd Period and \$4000 in the 4th Period.

Line 8 Underpayment each period

For each column, subtract Line 7 from Line 6. If Line 7 exceeds Line 6, you have no underpayment interest. If there is an amount remaining, this is your periodic underpayment amount.

Line 9 Underpayment interest factors These are the underpayment interest factors by period.

Line 10

For each column, multiply the amount on Line 8 by the penalty factor on Line 9. This is your underpayment interest amount by period.

Line 11 Underpayment interest

Add the amounts from each period on Line 10. This is your total underpayment interest for your estimated income tax underpayment.

- If you are filing the D-2210 with your D-40 return, enter the amount of underpayment interest on Line 42, page 3 of the D-40.
- If you are filing the D-2210 separately, pay the amount you owe. Attach payment to Form D-40P, Payment Voucher.

Make the check or money order (U.S. dollars) payable to the **DC Treasurer** and mail the D-2210 and D-40P with payment to:

Office of Tax and Revenue PO Box 96169 Washington DC 20090-6169

D-40P PAYMENT VOUCHER See instructions on back

Detach at perforation and mail the voucher, with payment attached, to the Office of Tax and Revenue, PO Box 96169, Washington DC 20090-6169.

	District of Columbia 2019 D-	Individual Income Tax
	Important: Print in CAPITAL letters using black ink.	1 9 0 4 0 P 1 1 0 0 0 0
		Official Use Only Vendor ID# 0000
į	Amount of payment \$	70 To avoid penalties and interest, your payment must be postmarked no later than April 15, 2020.
ER HE	Your first name	M.I. Last name
NEY ORD	Spouse's/registered domestic partner's first name	M.I. Last name
STAPLE CHECK OR MONEY ORDER HERE ▶	Your taxpayer identification number (TIN) Spo	use's/registered domestic partner's TIN Taxpayer daytime telephone number
LE CHEC	Home address (number, street and suite/apartment nur	ber if applicable)
STAP	City	State Zip Code + 4
	Revised 05/19	
	Government of the District of Columbia	OP Payment Voucher for Individual Income Tax
	Important: Print in CAPITAL letters using black ink.	1 9 0 4 0 7 1 1 0 0 0
		Official Use Only Vendor ID# 0000
<u>.</u>	Amount of payment \$	Official Use Only Vendor ID# 0000 To avoid penalties and interest, your payment must be postmarked no later than April 15, 2020.
ER HERE	Amount of payment \$ Your first name	
NEY ORDER HERE ▶		70 To avoid penalties and interest, your payment must be postmarked no later than April 15, 2020.
CK OR MONEY ORDER HERE ▶	Your first name Spouse's/registered domestic partner's first name	To avoid penalties and interest, your payment must be postmarked no later than April 15, 2020. M.I. Last name
IPLE CHECK OK MONEY OKDEK HEKE	Your first name Spouse's/registered domestic partner's first name	To avoid penalties and interest, your payment must be postmarked no later than April 15, 2020. M.I. Last name M.I. Last name Use's/registered domestic partner's TIN Taxpayer daytime telephone number
STAPLE CHECK OR MONEY ORDER HERE ▶	Your first name Spouse's/registered domestic partner's first name Your taxpayer identification number (TIN) Spo	To avoid penalties and interest, your payment must be postmarked no later than April 15, 2020. M.I. Last name M.I. Last name Use's/registered domestic partner's TIN Taxpayer daytime telephone number

Instructions for D-40P PAYMENT VOUCHER - Please print clearly.

Use the D-40P Payment Voucher to make any payment due on your **D-40** return.

- Do not use this voucher to make estimated tax payments.
- Enter your name, taxpayer identification number (TIN) and address. If you are filing a joint return or filing separately on the same return, enter the name and TIN shown first on your return, then enter the name and TIN shown second on your return.
- Enter the amount of your payment.
- Make check or money order (US dollars) payable to the DC Treasurer.
- Make sure your name and address appear on your payment (check or money order).
- Enter your TIN, the tax period and D-40 on your payment.
- To avoid penalties and interest, pay in full by April 15, 2020.
- Staple your payment to the D-40P voucher. Do not attach your payment to your D-40 return.
- Mail the D-40P with, but not attached to, your D-40 tax return in the envelope provided in this tax booklet. If you do not have the return envelope, make sure to address your envelope to:

Office of Tax and Revenue PO Box 96169 Washington, DC 20090-6169

Dishonored Payments

Make sure your check or electronic payment will clear. You will be charged a \$65 fee if your check or electronic payment is not honored by your financial institution and returned to OTR.

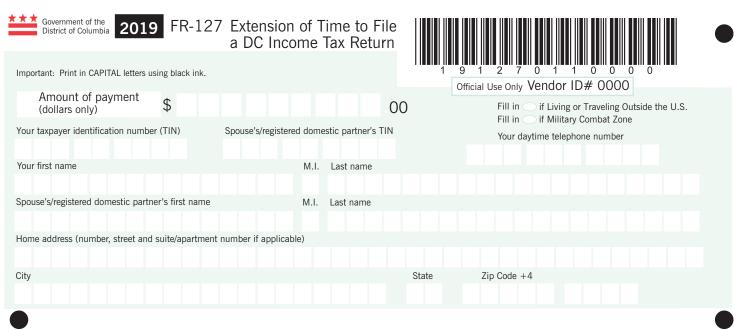
FR-127 Extension of Time to File a DC Income Tax Return Worksheet

tension of time to file until October 15, 2020. Leave lines blank that do not apply.	Round cents to the nearest dollar. If the amount is zero, $\underline{\textbf{l}}_{\!$				
Total estimated income tax liability for 2019.	1 \$	00			
DC Income tax withheld.	2 \$	00			
2019 estimated tax payments.	3 \$	00			
Total payments Add Lines 2 and 3.	4 \$	00			
Amount due with this request. If Line 1 is more than Line 4, subtract Line 4 from Line 1. Pay this amount and send it with the voucher below. See instructions on back.	5 \$	00			
	Amount due with this request. If Line 1 is more than Line 4, subtract Line 4 from Line 1.	tension of time to file until October 15, 2020. Leave lines blank that do not apply. Total estimated income tax liability for 2019. DC Income tax withheld. 2			

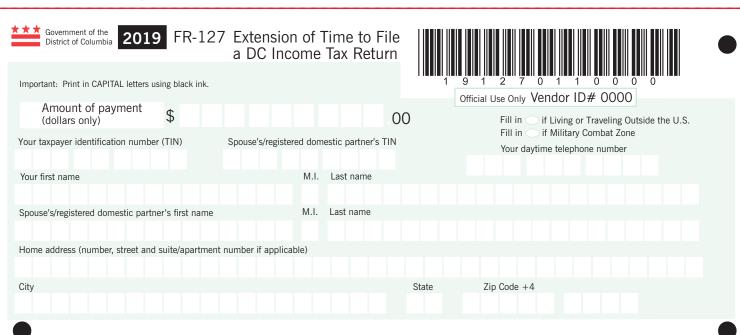
Payment and mailing Instructions. Make check or money order (do not send cash) payable to: DC Treasurer. Write your taxpayer identification number (TIN) and "2019 FR-127" on your payment. Detach and mail the voucher portion of this form with full payment of any tax due by April 15, 2020, to the Office of Tax and Revenue, PO Box 96018, Washington, DC 20090-6018.

NOTE: You may also file and pay electronically. Visit MyTax.DC.gov

Detach at perforation and mail the voucher, with payment attached, to the Office of Tax and Revenue, PO Box 96018, Washington, DC 20090-6018.



Revised 07/19



Instructions for Form FR-127

Why file Form FR-127?

Use this form if you cannot file your DC individual income tax return by the April 15, 2020 deadline. By filing this form, you can receive an extension of time to file until October 15, 2020.

You must use Form FR-127 to request an extension of time to file a DC individual income tax return.

A filing extension is <u>not an extension</u> of the due date <u>for paying</u> any tax you may owe. Before filing for an extension, estimate the taxes you will owe and pay any part of that amount, not covered by DC withheld tax amounts and/or estimated tax payments. Include your payment with the FR-127 voucher and file it by April 15, 2020.

If filing jointly, or filing separately on the same return, enter the taxpayer identification number (TIN) and name shown first on your D-40 return, then enter the TIN and name shown second on your return.

Additional extension.

In addition to the 6-month extension, you may receive another 6-month extension if you are living or traveling outside the U.S. You must file the first 6-month extension by the April 15, 2020 deadline before applying for the additional

extension of time to file by October 15, 2020

Extensions for Members of US Armed Forces Deployed in a Combat Zone or Contingency Operation.

Deadlines for filing your return, paying your tax, claiming a refund, and taking other actions with OTR is extended for persons in the Armed Forces serving in a Combat Zone or Contingency Operation. The extension also applies to spouses/registered domestic partners, whether they file jointly or separately on the same return. See IRS Pub.3, Armed Forces Tax Guide for detailed information. Fill in the 'if Military Combat Zone' oval.

How to avoid penalties and interest.

You will be charged <u>interest</u> of 10% per year, compounded daily, for any tax not paid on time. Interest is calculated from the due date of the return to the date the tax is paid.

You will be charged a 5% per-month penalty for failure to file a return or pay any tax due on time. The penalty is calculated on the unpaid tax for each month or part of a month that the return is not filed or the tax is not paid. The maximum penalty is an additional amount due, equal to 25% of the tax due.

Dishonored Payments

Make sure your check or electronic payment will clear. You will be charged a \$65 fee if your check or electronic payment is not honored by your financial institution and returned to OTR.

Tax tables for income of \$100,000 or less

7	Taxable income	Am	nount of tax	Taxable income	Ai	mount of tax	Taxable income	Aı	mount of tax	Taxable income	A	Amount of tax
5	\$0 - 2,499			\$2,500 - 4,999			\$5,000 - 7,499			\$7,500 - 9,999		
	\$0 -	49	\$0	\$2,500 -	2,549	\$101	\$5,000 -	5,049	\$201	\$7,500 -	7,549	\$301
	50 -	99	3	2,550 -	2,599	103	5,050	5,099	203	7,550 -	7,599	303
	100 -	149	5	2,600 -	2,649	105	5,100 -	5,149	205	7,600 -	7,649	305
	150 -	199	7	2,650 -	2,699	107	5,150 -	5,199	207	7,650 -	7,699	307
	200 -	249	9	2,700 -	2,749	109	5,200 -	5,249	209	7,700 -	7,749	309
	250 -	299	11	2,750 -	2,799	111	5,250 -	5,299	211	7,750 -	7,799	311
	300 -	349	13	2,800 -	2,849	113	5,300 -	5,349	213	7,800 -	7,849	313
	350 -	399	15	2,850 -	2,899	115	5,350 -	5,399	215	7,850 -	7,899	315
	400 -	449	17	2,900 -	2,949	117	5,400 -	5,449	217	7,900 -	7,949	317
	450 -	499	19	2,950 -	2,999	119	5,450 -	5,499	219	7,950 -	7,999	319
	500 -	549	21	\$3,000 -	3,049	\$121	5,500 -	5,549	221	\$8,000 -	8,049	\$321
	550 -	599	23	3,050 -	3,099	123	5,550 -	5,599	223	8,050 -	8,099	323
	600 -	649	25	3,100 -	3,149	125	5,600 -	5,649	225	8,100 -	8,149	325
	650 -	699	27	3,150 -	3,199	127	5,650 -	5,699	227	8,150 -	8,199	327
	700 -	749	29	3,200 -	3,249	129	5,700 -	5,749	229	8,200 -	8,249	329
	750 -	799	31	3,250 -	3,299	131	5,750 -	5,799	231	8,250 -	8,299	331
	800 -	849	33	3,300 -	3,349	133	5,800 -	5,849	233	8,300 -	8,349	333
	850 -	899	35	3,350 -	3,399	135	5,850 -	5,899	235	8,350 -	8,399	335
	900 -	949	37	3,400 -	3,449	137	5,900 -	5,949	237	8,400 -	8,449	337
	950 -	999	39	3,450 -	3,499	139	5,950 -	5,999	239	8,450 -	8,499	339
	\$1,000 -	1,049	\$41	3,500 -	3,549	141	\$6,000 -	6,049	\$241	8,500 -	8,549	341
	1,050 -	1,099	43	3,550 -	3,599	143	6,050 -	6,099	243	8,550 -	8,599	343
	1,100 -	1,149	45	3,600 -	3,649	145	6,100 -	6,149	245	8,600 -	8,649	345
	1,150 -	1,199	47	3,650 -	3,699	147	6,150 -	6,199	247	8,650 -	8,699	347
	1,200 -	1,249	49	3,700 -	3,749	149	6,200 -	6,249	249	8,700 -	8,749	349
	1,250 -	1,299	51	3,750 -	3,799	151	6,250 -	6,299	251	8,750 -	8,799	351
	1,300 -	1,349	53	3,800 -	3,849	153	6,300 -	6,349	253	8,800 -	8,849	353
	1,350 -	1,399	55	3,850 -	3,899	155	6,350 -	6,399	255	8,850 -	8,899	355
	1,400 -	1,449	57	3,900 -	3,949	157	6,400 -	6,449	257	8,900 -	8,949	357
	1,450 -	1,499	59	3,950 -	3,999	159	6,450 -	6,499	259	8,950 -	8,999	359
	1,500 -	1,549	61	\$4,000 -	4,049	\$161	6,500 -	6,549	261	\$9,000 -	9,049	\$361
	1,550 -	1,599	63	4,050 -	4,099	163	6,550 -	6,599	263	9,050 -	9,099	363
	1,600 -	1,649	65	4,100 -	4,149	165	6,600 -	6,649	265	9,100 -	9,149	365
	1,650 -	1,699	67	4,150 -	4,199	167	6,650 -	6,699	267	9,150 -	9,199	367
	1,700 -	1,749	69	4,200 -	4,249	169	6,700 -	6,749	269	9,200 -	9,249	369
	1,750 -	1,799	71	4,250 -	4,299	171	6,750 -	6,799	271	9,250 -	9,299	371
	1,800 -	1,849	73	4,300 -	4,349	173	6,800 -	6,849	273	9,300 -	9,349	373
	1,850 -	1,899	75	4,350 -	4,399	175	6,850 -	6,899	275	9,350 -	9,399	375
	1,900 -	1,949	77	4,400 -	4,449	177	6,900 -	6,949	277	9,400 -	9,449	377
_	1,950 -	1,999	79	4,450 -	4,499	179	6,950 -	6,999	279	9,450 -	9,499	379
	\$2,000 -	2,049	\$81	4,500 -	4,549	181	\$7,000 -	7,049	\$281	9,500 -	9,549	381
	2,050 -	2,099	83	4,550 -	4,599	183	7,050 -	7,099	283	9,550 -	9,599	383
	2,100 -	2,149	85	4,600 -	4,649	185	7,100 -	7,149	285	9,600 -	9,649	385
	2,150 -	2,199	87	4,650 -	4,699	187	7,150 -	7,199	287	9,650 -	9,699	387
	2,200 -	2,249	89	4,700 -	4,749	189	7,200 -	7,249	289	9,700 -	9,749	389
	2,250 -	2,299	91	4,750 -	4,799	191	7,250 -	7,299	291	9,750 -	9,799	391
	2,300 -	2,349	93	4,800 -	4,849	193	7,300 -	7,349	293	9,800 -	9,849	393
	2,350 -	2,399	95	4,850 -	4,899	195	7,350 -	7,399	295	9,850 -	9,899	395
	2,400 -	2,449	97	4,900 -	4,949	197	7,400 -	7,449	297	9,900 -	9,949	397
	2,450 -	2,499	99	4,950 -	4,999	199	7,450 -	7,499	299	9,950 -	9,999	399

Taxable income	A	mount of tax	Taxable income		Amount of tax	Taxable income		Amount of tax	Taxable income	.00	Amount of tax
\$10,000 - 12,499	10.040	£402	\$12,500 - 14,9		\$550	\$15,000 - 17,49		¢702	\$17,500 - 19,9		COE 2
	10,049	\$402	\$12,500 -	12,549	\$552	\$15,000 -	15,049	\$702	\$17,500 -	17,549	\$852
	10,099 10,149	405 408	12,550 - 12,600 -	12,599	555 558	15,050 - 15,100 -	15,099 15,149	705 708	17,550 - 17,600 -	17,599 17,649	855 858
· ·				12,649 12,699		15,150 -	•				
•	10,199 10,249	411 414	12,650 - 12,700 -	12,749	561 564	15,130 -	15,199 15,249	711 714	17,650 - 17,700 -	17,699 17,749	861 864
•	10,249	417	12,700 -	12,749	567	15,250 -	15,249	714		17,749	867
	10,299	420	12,750 -	12,799	570	15,250 -	15,299	717	17,730 -	17,799	870
	10,349	423	12,850 -	12,899	573	15,350 -	15,399	723	17,850 -	17,899	873
- ,	10,399	426	12,900 -	12,899	576	15,400 -	15,449	726	17,900 -	17,099	876
	10,449	429	12,950 -	12,999	579	15,450 -	15,449	729	17,950 -	17,999	879
•	10,549	432	\$13,000 -	13,049	\$582	15,500 -	15,549	732	\$18,000 -	18,049	\$882
•	10,599	435	13,050 -	13,099	ψ30 <u>2</u> 585	15,550 -	15,599	735	18,050 -	18,099	885
	10,649	438	13,100 -	13,149	588	15,600 -	15,649	738	18,100 -	18,149	888
•	10,699	441	13,150 -	13,199	591	15,650 -	15,699	741	18,150 -	18,199	891
	10,749	444	13,200 -	13,249	594	15,700 -	15,749	744	18,200 -	18,249	894
	10,799	447	13,250 -	13,299	597	15,750 -	15,799	747	18,250 -	18,299	897
•	10,849	450	13,300 -	13,349	600	15,800 -	15,849	750	18,300 -	18,349	900
· ·	10,899	453	13,350 -	13,399	603	15,850 -	15,899	753	18,350 -	18,399	903
•	10,949	456	13,400 -	13,449	606	15,900 -	15,949	756	18,400 -	18,449	906
	10,999	459	13,450 -	13,499	609	15,950 -	15,999	759	18,450 -	18,499	909
	11,049	\$462	13,500 -	13,549	612	\$16,000 -	16,049	\$762	18,500 -	18,549	912
	11,099	465	13,550 -	13,599	615	16,050 -	16,099	765	18,550 -	18,599	915
•	11,149	468	13,600 -	13,649	618	16,100 -	16,149	768	18,600 -	18,649	918
· ·	11,199	471	13,650 -	13,699	621	16,150 -	16,199	771	18,650 -	18,699	921
•	11,249	474	13,700 -	13,749	624	16,200 -	16,249	774	18,700 -	18,749	924
	11,299	477	13,750 -	13,799	627	16,250 -	16,299	777	18,750 -	18,799	927
	11,349	480	13,800 -	13,849	630	16,300 -	16,349	780	18,800 -	18,849	930
•	11,399	483	13,850 -	13,899	633	16,350 -	16,399	783	18,850 -	18,899	933
	11,449	486	13,900 -	13,949	636	16,400 -	16,449	786	18,900 -	18,949	936
· ·	11,499	489	13,950 -	13,999	639	16,450 -	16,499	789	18,950 -	18,999	939
11,500 -	11,549	492	\$14,000 -	14,049	\$642	16,500 -	16,549	792	\$19,000 -	19,049	\$942
11,550 -	11,599	495	14,050 -	14,099	645	16,550 -	16,599	795	19,050 -	19,099	945
11,600 -	11,649	498	14,100 -	14,149	648	16,600 -	16,649	798	19,100 -	19,149	948
11,650 -	11,699	501	14,150 -	14,199	651	16,650 -	16,699	801	19,150 -	19,199	951
11,700 -	11,749	504	14,200 -	14,249	654	16,700 -	16,749	804	19,200 -	19,249	954
11,750 -	11,799	507	14,250 -	14,299	657	16,750 -	16,799	807	19,250 -	19,299	957
11,800 -	11,849	510	14,300 -	14,349	660	16,800 -	16,849	810	19,300 -	19,349	960
11,850 -	11,899	513	14,350 -	14,399	663	16,850 -	16,899	813	19,350 -	19,399	963
11,900 -	11,949	516	14,400 -	14,449	666	16,900 -	16,949	816	19,400 -	19,449	966
11,950 -	11,999	519	14,450 -	14,499	669	16,950 -	16,999	819	19,450 -	19,499	969
\$12,000 -	12,049	\$522	14,500 -	14,549	672	\$17,000 -	17,049	\$822	19,500 -	19,549	972
12,050 -	12,099	525	14,550 -	14,599	675	17,050 -	17,099	825	19,550 -	19,599	975
	12,149	528	14,600 -	14,649	678	17,100 -	17,149	828	19,600 -	19,649	978
	12,199	531	14,650 -	14,699	681	17,150 -	17,199	831	19,650 -	19,699	981
	12,249	534	14,700 -	14,749	684	17,200 -	17,249	834	19,700 -	19,749	984
	12,299	537	14,750 -	14,799	687	17,250 -	17,299	837	19,750 -	19,799	987
	12,349	540	14,800 -	14,849	690	17,300 -	17,349	840	19,800 -	19,849	990
	12,399	543	14,850 -	14,899	693	17,350 -	17,399	843	19,850 -	19,899	993
	12,449	546	14,900 -	14,949	696	17,400 -	17,449	846	19,900 -	19,949	996
12,450 -	12,499	549	14,950 -	14,999	699	17,450 -	17,499	849	19,950 -	19,999	999

Tax	able income	A	Amount of tax	Taxable income		Amount of tax	Taxable income	Α	mount of tax	Taxable income		Amount of tax
\$2	0,000 - 22,499)		\$22,500 - 24,9	99		\$25,000 - 27,49	9		\$27,500 - 29,9	99	
	\$20,000 -	20,049	\$1,002	\$22,500 -	22,549	\$1,152	\$25,000 -	25,049	\$1,302	\$27,500 -	27,549	\$1,452
	20,050 -	20,099	1,005	22,550 -	22,599	1,155	25,050 -	25,099	1,305	27,550 -	27,599	1,455
	20,100 -	20,149	1,008	22,600 -	22,649	1,158	25,100 -	25,149	1,308	27,600 -	27,649	1,458
	20,150 -	20,199	1,011	22,650 -	22,699	1,161	25,150 -	25,199	1,311	27,650 -	27,699	1,461
	20,200 -	20,249	1,014	22,700 -	22,749	1,164	25,200 -	25,249	1,314	27,700 -	27,749	1,464
	20,250 -	20,299	1,017	22,750 -	22,799	1,167	25,250 -	25,299	1,317	27,750 -	27,799	1,467
	20,300 -	20,349	1,020	22,800 -	22,849	1,170	25,300 -	25,349	1,320	27,800 -	27,849	1,470
	20,350 -	20,399	1,023	22,850 -	22,899	1,173	25,350 -	25,399	1,323	27,850 -	27,899	1,473
	20,400 -	20,449	1,026	22,900 -	22,949	1,176	25,400 -	25,449	1,326	27,900 -	27,949	1,476
	20,450 -	20,499	1,029	22,950 -	22,999	1,179	25,450 -	25,499	1,329	27,950 -	27,999	1,479
	20,500 -	20,549	1,032	\$23,000 -	23,049	\$1,182	25,500 -	25,549	1,332	\$28,000 -	28,049	\$1,482
	20,550 -	20,599	1,035	23,050 -	23,099	1,185	25,550 -	25,599	1,335	28,050 -	28,099	1,485
	20,600 -	20,649	1,038	23,100 -	23,149	1,188	25,600 -	25,649	1,338	28,100 -	28,149	1,488
	20,650 -	20,699	1,041	23,150 -	23,199	1,191	25,650 -	25,699	1,341	28,150 -	28,199	1,491
	20,700 -	20,749	1,044	23,200 -	23,249	1,194	25,700 -	25,749	1,344	28,200 -	28,249	1,494
	20,750 -	20,799	1,047	23,250 -	23,299	1,197	25,750 -	25,799	1,347	28,250 -	28,299	1,497
	20,800 -	20,849	1,050	23,300 -	23,349	1,200	25,800 -	25,849	1,350	28,300 -	28,349	1,500
	20,850 -	20,899	1,053	23,350 -	23,399	1,203	25,850 -	25,899	1,353	28,350 -	28,399	1,503
	20,900 -	20,949	1,056	23,400 -	23,449	1,206	25,900 -	25,949	1,356	28,400 -	28,449	1,506
	20,950 -	20,999	1,059	23,450 -	23,499	1,209	25,950 -	25,999	1,359	28,450 -	28,499	1,509
	\$21,000 -	21,049	\$1,062	23,500 -	23,549	1,212	\$26,000 -	26,049	\$1,362	28,500 -	28,549	1,512
	21,050 -	21,099	1,065	23,550 -	23,599	1,215	26,050 -	26,099	1,365	28,550 -	28,599	1,515
	21,100 -	21,149	1,068	23,600 -	23,649	1,218	26,100 -	26,149	1,368	28,600 -	28,649	1,518
	21,150 -	21,199	1,071	23,650 -	23,699	1,221	26,150 -	26,199	1,371	28,650 -	28,699	1,521
	21,200 -	21,249	1,074	23,700 -	23,749	1,224	26,200 -	26,249	1,374	28,700 -	28,749	1,524
	21,250 -	21,299	1,077	23,750 -	23,799	1,227	26,250 -	26,299	1,377	28,750 -	28,799	1,527
	21,300 -	21,349	1,080	23,800 -	23,849	1,230	26,300 -	26,349	1,380	28,800 -	28,849	1,530
	21,350 -	21,399	1,083	23,850 -	23,899	1,233	26,350 -	26,399	1,383	28,850 -	28,899	1,533
	21,400 -	21,449	1,086	23,900 -	23,949	1,236	26,400 -	26,449	1,386	28,900 -	28,949	1,536
	21,450 -	21,499	1,089	23,950 -	23,999	1,239	26,450 -	26,499	1,389	28,950 -	28,999	1,539
	21,500 -	21,549	1,092	\$24,000 -	24,049	\$1,242	26,500 -	26,549	1,392	\$29,000 -	29,049	\$1,542
	21,550 -	21,599	1,095	24,050 -	24,099	1,245	26,550 -	26,599	1,395	29,050 -	29,099	1,545
	21,600 -	21,649	1,098	24,100 -	24,149	1,248	26,600 -	26,649	1,398	29,100 -	29,149	1,548
	21,650 -	21,699	1,101	24,150 -	24,199	1,251	26,650 -	26,699	1,401	29,150 -	29,199	1,551
	21,700 -	21,749	1,104	24,200 -	24,249	1,254	26,700 -	26,749	1,404	29,200 -	29,249	1,554
	21,750 -	21,799	1,107	24,250 -	24,299	1,257	26,750 -	26,799	1,407	29,250 -	29,299	1,557
	21,800 -	21,849	1,110	24,300 -	24,349	1,260	26,800 -	26,849	1,410	29,300 -	29,349	1,560
	21,850 -	21,899	1,113	24,350 -	24,399	1,263	26,850 -	26,899	1,413	29,350 -	29,399	1,563
	21,900 -	21,949	1,116	24,400 -	24,449	1,266	26,900 -	26,949	1,416	29,400 -	29,449	1,566
	21,950 -	21,999	1,119	24,450 -	24,499	1,269	26,950 -	26,999	1,419	29,450 -	29,499	1,569
	\$22,000 -	22,049	\$1,122	24,500 -	24,549	1,272	\$27,000 -	27,049	\$1,422	29,500 -	29,549	1,572
	22,050 -	22,099	1,125	24,550 -	24,599	1,275	27,050 -	27,099	1,425	29,550 -	29,599	1,575
	22,100 -	22,149	1,128	24,600 -	24,649	1,278	27,100 -	27,149	1,428	29,600 -	29,649	1,578
	22,150 -	22,199	1,131	24,650 -	24,699	1,281	27,150 -	27,199	1,431	29,650 -	29,699	1,581
	22,200 -	22,249	1,134	24,700 -	24,749	1,284	27,200 -	27,249	1,434	29,700 -	29,749	1,584
	22,250 -	22,299	1,137	24,750 -	24,799	1,287	27,250 -	27,299	1,437	29,750 -	29,799	1,587
	22,300 -	22,349	1,140	24,800 -	24,849	1,290	27,300 -	27,349	1,440	29,800 -	29,849	1,590
	22,350 -	22,399	1,143	24,850 -	24,899	1,293	27,350 -	27,399	1,443	29,850 -	29,899	1,593
	22,400 -	22,449	1,146	24,900 -	24,949	1,296	27,400 -	27,449	1,446	29,900 -	29,949	1,596
	22,450 -	22,499	1,149	24,950 -	24,999	1,299	27,450 -	27,499	1,449	29,950 -	29,999	1,599

	Taxable income \$30,000 - 32,499		mount of tax	Taxable income \$32,500 - 34,99		Amount of tax	Taxable income		Amount of tax	Taxable income		Amount of tax
2	· · · · · · · · · · · · · · · · · · ·		¢4 602			¢4.750	\$35,000 - 37,49		¢4 002	\$37,500 - 39,9		\$2.0F2
	\$30,000 -	30,049	\$1,602	\$32,500 -	32,549	\$1,752	\$35,000 -	35,049	\$1,902	\$37,500 -	37,549	\$2,052
	30,050 -	30,099	1,605	32,550 -	32,599	1,755	35,050 -	35,099	1,905	37,550 -	37,599	2,055
	30,100 -	30,149	1,608	32,600 -	32,649	1,758	35,100 -	35,149	1,908		37,649	2,058
	30,150 -	30,199	1,611	32,650 -	32,699	1,761	35,150 -	35,199	1,911	37,650 -	37,699	2,061
	30,200 -	30,249	1,614	32,700 -	32,749	1,764	35,200 -	35,249	1,914	37,700 -	37,749	2,064
	30,250 -	30,299	1,617	32,750 -	32,799	1,767	35,250 -	35,299	1,917	37,750 -	37,799	2,067
	30,300 -	30,349	1,620	32,800 -	32,849	1,770	35,300 -	35,349	1,920	37,800 -	37,849	2,070
	30,350 -	30,399	1,623	32,850 -	32,899	1,773	35,350 -	35,399	1,923	37,850 -	37,899	2,073
	30,400 -	30,449	1,626	32,900 -	32,949	1,776	35,400 -	35,449	1,926	37,900 -	37,949	2,076
	30,450 -	30,499	1,629	32,950 -	32,999	1,779	35,450 -	35,499	1,929	37,950 -	37,999	2,079 \$2,082
	30,500 -	30,549	1,632	\$33,000 -	33,049	\$1,782	35,500 -	35,549	1,932	\$38,000 -	38,049	
	30,550 -	30,599	1,635	33,050 -	33,099	1,785	35,550 -	35,599	1,935	38,050 -	38,099	2,085
	30,600 - 30,650 -	30,649 30,699	1,638 1,641	33,100 -	33,149	1,788	35,600 - 35,650 -	35,649	1,938 1,941	38,100 - 38,150 -	38,149	2,088
	•		•	33,150 -	33,199	1,791	•	35,699	•		38,199	2,091
	30,700 - 30,750 -	30,749	1,644	33,200 - 33,250 -	33,249	1,794	35,700 - 35,750 -	35,749	1,944	38,200 - 38,250 -	38,249	2,094
	•	30,799	1,647	33,300 -	33,299	1,797		35,799	1,947		38,299	2,097
	30,800 - 30,850 -	30,849	1,650 1,653	33,350 -	33,349	1,800 1,803	35,800 - 35,850 -	35,849	1,950 1,953	38,300 - 38,350 -	38,349	2,100 2,103
	•	30,899	•	33,400 -	33,399			35,899	•		38,399	
	30,900 - 30,950 -	30,949 30,999	1,656 1,659	33,450 -	33,449	1,806 1,809	35,900 -	35,949	1,956	38,400 - 38,450 -	38,449	2,106
-	•				33,499	•	35,950 -	35,999	1,959	·	38,499	2,109
	\$31,000 - 31,050 -	31,049 31,099	\$1,662	33,500 - 33,550 -	33,549	1,812	\$36,000 - 36,050 -	36,049	\$1,962 1,965	38,500 - 38,550 -	38,549	2,112
	31,100 -		1,665		33,599	1,815	•	36,099	•	•	38,599	2,115
	31,150 -	31,149	1,668 1,671	33,600 - 33,650 -	33,649	1,818 1,821	36,100 - 36,150 -	36,149	1,968 1,971	38,600 - 38,650 -	38,649	2,118
	· · · · · · · · · · · · · · · · · · ·	31,199			33,699			36,199	•	•	38,699	2,121
	31,200 - 31,250 -	31,249 31,299	1,674 1,677	33,700 -	33,749	1,824 1,827	36,200 -	36,249	1,974 1,977	38,700 - 38,750 -	38,749	2,124
	•		•	33,750 -	33,799	•	36,250 -	36,299	•	·	38,799	2,127
	31,300 - 31,350 -	31,349 31,399	1,680 1,683	33,800 - 33,850 -	33,849	1,830	36,300 - 36,350 -	36,349	1,980	38,800 - 38,850 -	38,849	2,130
	31,400 -	31,449	1,686	33,900 -	33,899 33,949	1,833 1,836	36,400 -	36,399 36,449	1,983 1,986	38,900 -	38,899	2,133 2,136
	31,450 -	31,449	1,689	33,950 -	33,999	1,839	36,450 -	36,449	1,989	38,950 -	38,949 38,999	2,130
	31,500 -	31,549	1,692	\$34,000 -	34,049	\$1,842	36,500 -	36,549	1,989	\$39,000 -	39,049	\$2,142
	31,550 -	31,599	1,695	34,050 -	34,049	1,845	36,550 -	36,599	1,995	39,050 -	39,049	2,145
	31,600 -	31,649	1,698	34,100 -	34,149	1,848	36,600 -	36,649	1,998	39,100 -	39,149	2,143
	31,650 -	31,699	1,701	34,150 -	34,199	1,851	36,650 -	36,699	2,001	39,100 -	39,149	2,140
	31,700 -	31,749	1,701	34,200 -	34,249	1,854	36,700 -	36,749	2,001	39,200 -	39,249	2,154
	31,750 -	31,749	1,704	34,250 -	34,249	1,857	36,750 -	36,749	2,004	39,200 - 39,250 -	39,249	2,154
	31,800 -	31,849	1,710	34,300 -	34,349	1,860	36,800 -	36,849	2,010	39,300 -	39,349	2,160
	31,850 -	31,899	1,713	34,350 -	34,399	1,863	36,850 -	36,899	2,013	39,350 -	39,399	2,163
	31,900 -	31,949	1,716	34,400 -	34,449	1,866	36,900 -	36,949	2,016			2,166
	31,950 -	31,999	1,719	34,450 -	34,499	1,869	36,950 -	36,999	2,019	39,450 -	39,499	2,169
-	\$32,000 -	32,049	\$1,722		34,549	1,872	\$37,000 -	37,049	\$2,022	•	39,549	2,172
	32,050 -	32,099	1,725	34,550 -	34,599	1,875	37,050 -	37,099	2,025	39,550 -	39,599	2,175
	32,100 -	32,149	1,728	34,600 -	34,649	1,878	37,100 -	37,149	2,028	39,600 -	39,649	2,178
	32,150 -	32,199	1,731	34,650 -	34,699	1,881	37,150 -	37,143	2,020	39,650 -	39,699	2,170
	32,200 -	32,249	1,734	34,700 -	34,749	1,884	37,200 -	37,133	2,034	39,700 -	39,749	2,184
	32,250 -	32,249	1,737	34,750 -	34,799	1,887	37,250 -	37,249	2,034	39,750 -	39,799	2,187
	32,300 -	32,349	1,740	34,800 -	34,849	1,890	37,300 -	37,349	2,040	39,800 -	39,849	2,190
	32,350 -	32,399	1,743	34,850 -	34,899	1,893	37,350 -	37,399	2,043	39,850 -	39,899	2,193
	32,400 -	32,449	1,746	34,900 -	34,949	1,896	37,400 -	37,449	2,046	39,900 -	39,949	2,196
	32,450 -	32,499	1,749	34,950 -	34,999	1,899	37,450 -	37,449	2,040	39,950 -	39,999	2,199
	02,100	J_, 100	1,175	0 1,000	0 1,000	1,000	37, 100	01,-100	2,040	50,000	00,000	2,100

Taxable income	A	mount of tax	Taxable income		Amount of tax	Taxable income	A	Amount of tax	Taxable income		Amount of tax
\$40,000 - 42,49	9		\$42,500 - 44,9	99		\$45,000 - 47,49	9		\$47,500 - 49,9	99	
\$40,000 -	40,049	\$2,202	\$42,500 -	42,549	\$2,364	\$45,000 -	45,049	\$2,527	\$47,500 -	47,549	\$2,689
40,050 -	40,099	2,205	42,550 -	42,599	2,367	45,050 -	45,099	2,530	47,550 -	47,599	2,692
40,100 -	40,149	2,208	42,600 -	42,649	2,371	45,100 -	45,149	2,533	47,600 -	47,649	2,696
40,150 -	40,199	2,211	42,650 -	42,699	2,374	45,150 -	45,199	2,536	47,650 -	47,699	2,699
40,200 -	40,249	2,215	42,700 -	42,749	2,377	45,200 -	45,249	2,540	47,700 -	47,749	2,702
40,250 -	40,299	2,218	42,750 -	42,799	2,380	45,250 -	45,299	2,543	47,750 -	47,799	2,705
40,300 -	40,349	2,221	42,800 -	42,849	2,384	45,300 -	45,349	2,546	47,800 -	47,849	2,709
40,350 -	40,399	2,224	42,850 -	42,899	2,387	45,350 -	45,399	2,549	47,850 -	47,899	2,712
40,400 -	40,449	2,228	42,900 -	42,949	2,390	45,400 -	45,449	2,553	47,900 -	47,949	2,715
40,450 -	40,499	2,231	42,950 -	42,999	2,393	45,450 -	45,499	2,556	47,950 -	47,999	2,718
40,500 -	40,549	2,234	\$43,000 -	43,049	\$2,397	45,500 -	45,549	2,559	\$48,000 -	48,049	\$2,722
40,550 -	40,599	2,237	43,050 -	43,099	2,400	45,550 -	45,599	2,562	48,050 -	48,099	2,725
40,600 -	40,649	2,241	43,100 -	43,149	2,403	45,600 -	45,649	2,566	48,100 -	48,149	2,728
40,650 -	40,699	2,244	43,150 -	43,199	2,406	45,650 -	45,699	2,569	48,150 -	48,199	2,731
40,700 -	40,749	2,247	43,200 -	43,249	2,410	45,700 -	45,749	2,572	48,200 -	48,249	2,735
40,750 -	40,799	2,250	43,250 -	43,299	2,413	45,750 -	45,799	2,575	48,250 -	48,299	2,738
40,800 -	40,849	2,254	43,300 -	43,349	2,416	45,800 -	45,849	2,579	48,300 -	48,349	2,741
40,850 -	40,899	2,257	43,350 -	43,399	2,419	45,850 -	45,899	2,582	48,350 -	48,399	2,744
40,900 -	40,949	2,260	43,400 -	43,449	2,423	45,900 -	45,949	2,585	48,400 -	48,449	2,748
40,950 -	40,999	2,263	43,450 -	43,499	2,426	45,950 -	45,999	\$2,588	48,450 -	48,499	2,751
\$41,000 -	41,049	\$2,267	43,500 -	43,549	2,429	\$46,000 -	46,049	\$2,592	48,500 -	48,549	2,754
41,050 -	41,099	2,270	43,550 -	43,599	2,432	46,050 -	46,099	2,595	48,550 -	48,599	2,757
41,100 -	41,149	2,273	43,600 -	43,649	2,436	46,100 -	46,149	2,598	48,600 -	48,649	2,761
41,150 -	41,199	2,276	43,650 -	43,699	2,439	46,150 -	46,199	2,601	48,650 -	48,699	2,764
41,200 -	41,249	2,280	43,700 -	43,749	2,442	46,200 -	46,249	2,605	48,700 -	48,749	2,767
41,250 -	41,299	2,283	43,750 -	43,799	2,445	46,250 -	46,299	2,608	48,750 -	48,799	2,770
41,300 -	41,349	2,286	43,800 -	43,849	2,449	46,300 -	46,349	2,611	48,800 -	48,849	2,774
41,350 -	41,399	2,289	43,850 -	43,899	2,452	46,350 -	46,399	2,614	48,850 -	48,899	2,777
41,400 -	41,449	2,293	43,900 -	43,949	2,455	46,400 -	46,449	2,618	48,900 -	48,949	2,780
41,450 -	41,499	2,296	43,950 -	43,999	2,458	46,450 -	46,499	2,621	48,950 -	48,999	\$2,783
41,500 -	41,549	2,299	\$44,000 -	44,049	\$2,462	46,500 -	46,549	2,624	\$49,000 -	49,049	\$2,787
41,550 -	41,599	2,302	44,050 -	44,099	2,465	46,550 -	46,599	2,627	49,050 -	49,099	2,790
41,600 -	41,649	2,306	44,100 -	44,149	2,468	46,600 -	46,649	2,631	49,100 -	49,149	2,793
41,650 -	41,699	2,309	44,150 -	44,199	2,471	46,650 -	46,699	2,634	49,150 -	49,199	2,796
41,700 -	41,749	2,312	44,200 -	44,249	2,475	46,700 -	46,749	2,637	49,200 -	49,249	2,800
41,750 -	41,799	2,315	44,250 -	44,299	2,478	46,750 -	46,799	2,640	49,250 -	49,299	2,803
41,800 -	41,849	2,319	44,300 -	44,349	2,481	46,800 -	46,849	2,644	49,300 -	49,349	2,806
41,850 -	41,899	2,322	44,350 -	44,399	2,484	46,850 -	46,899	2,647	49,350 -	49,399	2,809
41,900 -	41,949	2,325	44,400 -	44,449	2,488	46,900 -	46,949	2,650	49,400 -	49,449	2,813
41,950 -	41,999	2,328	44,450 -	44,499	2,491	46,950 -	46,999	2,653	49,450 -	49,499	2,816
\$42,000 -	42,049	\$2,332	44,500 -	44,549	2,494	\$47,000 -	47,049	\$2,657	49,500 -	49,549	2,819
42,050 -	42,099	2,335	44,550 -	44,599	2,497	47,050 -	47,099	2,660	49,550 -	49,599	2,822
42,100 -	42,149	2,338	44,600 -	44,649	2,501	47,100 -	47,149	2,663	49,600 -	49,649	2,826
42,150 -	42,199	2,341	44,650 -	44,699	2,504	47,150 -	47,199	2,666	49,650 -	49,699	2,829
42,200 -	42,249	2,345	44,700 -	44,749	2,507	47,200 -	47,249	2,670	49,700 -	49,749	2,832
42,250 -	42,299	2,348	44,750 -	44,799	2,510	47,250 -	47,299	2,673	49,750 -	49,799	2,835
42,300 -	42,349	2,351	44,800 -	44,849	2,514	47,300 -	47,349	2,676	49,800 -	49,849	2,839
42,350 -	42,399	2,354	44,850 -	44,899	2,517	47,350 -	47,399	2,679	49,850 -	49,899	2,842
42,400 -	42,449	2,358	44,900 -	44,949	2,520	47,400 -	47,449	2,683	49,900 -	49,949	2,845
42,450 -	42,499	2,361	44,950 -	44,999	2,523	47,450 -	47,499	2,686	49,950 -	49,999	2,848
42,430	42,433	2,301	44,930 -	77,333	2,323	47,430 -	47,433	2,000	49,950	+∂,∂∂∂	2,040

Taxable income	e /	Amount of tax	Taxable income		Amount of tax	Taxable income	А	mount of tax	Taxable income		Amount of tax
\$50,000 - 5	52,499		\$52,500 - 54,9	99		\$55,000 - 57,49	99		\$57,500 - 59,9	99	
\$50,000	50,049	\$2,852	\$52,500 -	52,549	\$3,014	\$55,000 -	55,049	\$3,177	\$57,500 -	57,549	\$3,339
50,050	,	2,855	•	52,599	3,017	55,050 -	55,099	3,180	57,550 -	57,599	3,342
50,100	•	2,858		52,649	3,021	55,100 -	55,149	3,183	57,600 -	57,649	3,346
50,150		2,861	•	52,699	3,024	55,150 -	55,199	3,186	57,650 -	57,699	3,349
50,200	•	2,865		52,749	3,027	55,200 -	55,249	3,190	57,700 -	57,749	3,352
50,250		2,868	•	52,799	3,030	55,250 -	55,299	3,193	57,750 -	57,799	3,355
50,300	•	2,871		52,849	3,034	55,300 -	55,349	3,196	57,800 -	57,849	3,359
50,350	,	2,874	•	52,899	3,037	55,350 -	55,399	3,199	57,850 -	57,899	3,362
50,400		2,878	•	52,949	3,040	55,400 -	55,449	3,203	57,900 -	57,949	3,365
50,450	•	2,881		52,999	3,043	55,450 -	55,499	3,206	57,950 -	57,999	3,368
50,500		2,884		53,049	\$3,047	55,500 -	55,549	3,209	\$58,000 -	58,049	\$3,372
50,550	•	2,887		53,099	3,050	55,550 -	55,599	3,212	58,050 -	58,099	3,375
50,600		2,891	53,100 -	53,149	3,053	55,600 -	55,649	3,216	58,100 -	58,149	3,378
50,650	•	2,894		53,199	3,056	55,650 -	55,699	3,219	58,150 -	58,199	3,381
50,700		2,897	•	53,249	3,060	55,700 -	55,749	3,222	58,200 -	58,249	3,385
50,750	•	2,900		53,299	3,063	55,750 -	55,799	3,225	58,250 -	58,299	3,388
50,800		2,904	•	53,349	3,066	55,800 -	55,849	3,229	58,300 -	58,349	3,391
50,850	•	2,907		53,399	3,069	55,850 -	55,899	3,232	58,350 -	58,399	3,394
50,900	,	2,910	•	53,449	3,073	55,900 -	55,949	3,235	58,400 -	58,449	3,398
50,950		2,913		53,499	3,076	55,950 -	55,999	3,238	58,450 -	58,499	3,401
\$51,000		\$2,917		53,549	3,079	\$56,000 -	56,049	\$3,242	58,500 -	58,549	3,404
51,050	•	2,920	•	53,599	3,082	56,050 -	56,099	3,245	58,550 -	58,599	3,407
51,100	,	2,923		53,649	3,086	56,100 -	56,149	3,248	58,600 -	58,649	3,411
51,150	•	2,926		53,699	3,089	56,150 -	56,199	3,251	58,650 -	58,699	3,414
51,200		2,930	•	53,749	3,092	56,200 -	56,249	3,255	58,700 -	58,749	3,417
51,250	•	2,933		53,799	3,095	56,250 -	56,299	3,258	58,750 -	58,799	3,420
51,300 51,350		2,936 2,939	•	53,849	3,099	56,300 - 56,350 -	56,349	3,261 3,264	58,800 - 58,850 -	58,849	3,424
51,350	•	2,939		53,899 53,949	3,102 3,105	56,400 -	56,399 56,449	3,264	58,900 -	58,899 58,949	3,427 3,430
51,400		2,943	•	53,949	3,103	56,450 -	56,499	3,200	58,950 -	58,999	3,430
51,500	•	2,940		54,049	\$3,112	56,500 -	56,549	3,274	\$59,000 -	59,049	\$3,437
51,550		2,952		54,099	3,115	56,550 -	56,599	3,277	59,050 -	59,049	3,440
51,600	•	2,956		54,149	3,118	56,600 -	56,649	3,281	59,100 -	59,149	3,443
51,650		2,959		54,199	3,121	56,650 -	56,699	3,284	59,150 -	59,199	3,446
51,700	•	2,962		54,249	3,125	56,700 -	56,749	3,287	59,200 -	59,249	3,450
51,750		2,965	•	54,299	3,128	56,750 -	56,799	3,290	59,250 -	59,299	3,453
51,800	•	2,969		54,349	3,131	56,800 -	56,849	3,294	59,300 -	59,349	3,456
51,850		2,972	•	54,399	3,134	56,850 -	56,899	3,297	59,350 -	59,399	3,459
51,900		2,975	•	54,449	3,138	56,900 -	56,949	3,300		59,449	3,463
51,950		2,978		54,499	3,141	56,950 -	56,999	3,303	59,450 -	59,499	3,466
\$52,000		\$2,982		54,549	3,144	\$57,000 -	57,049	\$3,307		59,549	3,469
52,050		2,985		54,599	3,147	57,050 -	57,099	3,310	59,550 -	59,599	3,472
52,100		2,988		54,649	3,151	57,100 -	57,149	3,313	59,600 -	59,649	3,476
52,150		2,991		54,699	3,154	57,150 -	57,199	3,316	59,650 -	59,699	3,479
52,200		2,995		54,749	3,157	57,200 -	57,249	3,320	59,700 -	59,749	3,482
52,250		2,998		54,799	3,160	57,250 -	57,299	3,323	59,750 -	59,799	3,485
52,300		3,001		54,849	3,164	57,300 -	57,349	3,326	59,800 -	59,849	3,489
52,350		3,004	•	54,899	3,167	57,350 -	57,399	3,329	59,850 -	59,899	3,492
52,400		3,008		54,949	3,170	57,400 -	57,449	3,333	59,900 -	59,949	3,495
52,450		3,011		54,999	3,173	57,450 -	57,499	3,336	59,950 -	59,999	3,498

Taxable ir			Amount of tax			Amount of tax	Taxable income		mount of tax	Taxable income		Amount of tax
	0 - 62,499			\$62,500 - 64,9			\$65,000 - 67,49			\$67,500 - 69,9		
	,000 -	60,049	\$3,501	\$62,500 -	62,549	\$3,714	\$65,000 -	65,049	\$3,926	\$67,500 -	67,549	\$4,139
60	,050 -	60,099	3,505	62,550 -	62,599	3,718	65,050 -	65,099	3,930	67,550 -	67,599	4,143
	,100 -	60,149	3,510	62,600 -	62,649	3,722	65,100 -	65,149	3,935	67,600 -	67,649	4,147
60	,150 -	60,199	3,514	62,650 -	62,699	3,726	65,150 -	65,199	3,939	67,650 -	67,699	4,151
60	,200 -	60,249	3,518	62,700 -	62,749	3,731	65,200 -	65,249	3,943	67,700 -	67,749	4,156
60	,250 -	60,299	3,522	62,750 -	62,799	3,735	65,250 -	65,299	3,947	67,750 -	67,799	4,160
60	,300 -	60,349	3,527	62,800 -	62,849	3,739	65,300 -	65,349	3,952	67,800 -	67,849	4,164
60	,350 -	60,399	3,531	62,850 -	62,899	3,743	65,350 -	65,399	3,956	67,850 -	67,899	4,168
60	,400 -	60,449	3,535	62,900 -	62,949	3,748	65,400 -	65,449	3,960	67,900 -	67,949	4,173
60	,450 -	60,499	3,539	62,950 -	62,999	3,752	65,450 -	65,499	3,964	67,950 -	67,999	4,177
60	,500 -	60,549	3,544	\$63,000 -	63,049	\$3,756	65,500 -	65,549	3,969	\$68,000 -	68,049	\$4,181
60	,550 -	60,599	3,548	63,050 -	63,099	3,760	65,550 -	65,599	3,973	68,050 -	68,099	4,185
60	,600 -	60,649	3,552	63,100 -	63,149	3,765	65,600 -	65,649	3,977	68,100 -	68,149	4,190
60	,650 -	60,699	3,556	63,150 -	63,199	3,769	65,650 -	65,699	3,981	68,150 -	68,199	4,194
60	,700 -	60,749	3,561	63,200 -	63,249	3,773	65,700 -	65,749	3,986	68,200 -	68,249	4,198
60	,750 -	60,799	3,565	63,250 -	63,299	3,777	65,750 -	65,799	3,990	68,250 -	68,299	4,202
60	,800 -	60,849	3,569	63,300 -	63,349	3,782	65,800 -	65,849	3,994	68,300 -	68,349	4,207
60	,850 -	60,899	3,573	63,350 -	63,399	3,786	65,850 -	65,899	3,998	68,350 -	68,399	4,211
60	,900 -	60,949	3,578	63,400 -	63,449	3,790	65,900 -	65,949	4,003	68,400 -	68,449	4,215
60	,950 -	60,999	3,582	63,450 -	63,499	3,794	65,950 -	65,999	4,007	68,450 -	68,499	4,219
\$61	,000 -	61,049	\$3,586	63,500 -	63,549	3,799	\$66,000 -	66,049	\$4,011	68,500 -	68,549	4,224
61	,050 -	61,099	3,590	63,550 -	63,599	3,803	66,050 -	66,099	4,015	68,550 -	68,599	4,228
61	,100 -	61,149	3,595	63,600 -	63,649	3,807	66,100 -	66,149	4,020	68,600 -	68,649	4,232
61	,150 -	61,199	3,599	63,650 -	63,699	3,811	66,150 -	66,199	4,024	68,650 -	68,699	4,236
61	,200 -	61,249	3,603	63,700 -	63,749	3,816	66,200 -	66,249	4,028	68,700 -	68,749	4,241
61	,250 -	61,299	3,607	63,750 -	63,799	3,820	66,250 -	66,299	4,032	68,750 -	68,799	4,245
61	,300 -	61,349	3,612	63,800 -	63,849	3,824	66,300 -	66,349	4,037	68,800 -	68,849	4,249
61	,350 -	61,399	3,616	63,850 -	63,899	3,828	66,350 -	66,399	4,041	68,850 -	68,899	4,253
61	,400 -	61,449	3,620	63,900 -	63,949	3,833	66,400 -	66,449	4,045	68,900 -	68,949	4,258
61	,450 -	61,499	3,624	63,950 -	63,999	3,837	66,450 -	66,499	4,049	68,950 -	68,999	4,262
61	,500 -	61,549	3,629	\$64,000 -	64,049	\$3,841	66,500 -	66,549	4,054	\$69,000 -	69,049	\$4,266
61	,550 -	61,599	3,633	64,050 -	64,099	3,845	66,550 -	66,599	4,058	69,050 -	69,099	4,270
61	,600 -	61,649	3,637	64,100 -	64,149	3,850	66,600 -	66,649	4,062	69,100 -	69,149	4,275
61	,650 -	61,699	3,641	64,150 -	64,199	3,854	66,650 -	66,699	4,066	69,150 -	69,199	4,279
61	,700 -	61,749	3,646	64,200 -	64,249	3,858	66,700 -	66,749	4,071	69,200 -	69,249	4,283
61	,750 -	61,799	3,650	64,250 -	64,299	3,862	66,750 -	66,799	4,075	69,250 -	69,299	4,287
61	,800 -	61,849	3,654	64,300 -	64,349	3,867	66,800 -	66,849	4,079	69,300 -	69,349	4,292
	,850 -	61,899	3,658	64,350 -	64,399	3,871	66,850 -	66,899	4,083	69,350 -	69,399	4,296
61	,900 -	61,949	3,663	64,400 -	64,449	3,875	66,900 -	66,949	4,088	69,400 -	69,449	4,300
61	,950 -	61,999	3,667	64,450 -	64,499	3,879	66,950 -	66,999	4,092	69,450 -	69,499	4,304
\$62	,000 -	62,049	\$3,671	64,500 -	64,549	3,884	\$67,000 -	67,049	\$4,096	69,500 -	69,549	4,309
62	,050 -	62,099	3,675	64,550 -	64,599	3,888	67,050 -	67,099	4,100	69,550 -	69,599	4,313
62	,100 -	62,149	3,680	64,600 -	64,649	3,892	67,100 -	67,149	4,105	69,600 -	69,649	4,317
62	,150 -	62,199	3,684	64,650 -	64,699	3,896	67,150 -	67,199	4,109	69,650 -	69,699	4,321
62	,200 -	62,249	3,688	64,700 -	64,749	3,901	67,200 -	67,249	4,113	69,700 -	69,749	4,326
62	,250 -	62,299	3,692	64,750 -	64,799	3,905	67,250 -	67,299	4,117	69,750 -	69,799	4,330
62	,300 -	62,349	3,697	64,800 -	64,849	3,909	67,300 -	67,349	4,122	69,800 -	69,849	4,334
	,350 -	62,399	3,701	64,850 -	64,899	3,913	67,350 -	67,399	4,126	69,850 -	69,899	4,338
62	,400 -	62,449	3,705	64,900 -	64,949	3,918	67,400 -	67,449	4,130	69,900 -	69,949	4,343
62	,450 -	62,499	3,709	64,950 -	64,999	3,922	67,450 -	67,499	4,134	69,950 -	69,999	4,347

- 1	Taxable income		Amount of tax	Taxable income		mount of tax	Taxable income		mount of tax			Amount of tax
	\$70,000 - 72,49			\$72,500 - 74,9			\$75,000 - 77,49			\$77,500 - 79,9		
	\$70,000 -	70,049	\$4,351	\$72,500 -	72,549	\$4,564	\$75,000 -	75,049	\$4,776	\$77,500 -	77,549	\$4,989
	70,050 -	70,099	4,355	72,550 -	72,599	4,568	75,050 -	75,099	4,780	77,550 -	77,599	4,993
	70,100 -	70,149	4,360	72,600 -	72,649	4,572	75,100 -	75,149	4,785	77,600 -	77,649	4,997
	70,150 -	70,199	4,364	72,650 -	72,699	4,576	75,150 -	75,199	4,789	77,650 -	77,699	5,001
	70,200 -	70,249	4,368	72,700 -	72,749	4,581	75,200 -	75,249	4,793	77,700 -	77,749	5,006
	70,250 -	70,299	4,372	72,750 -	72,799	4,585	75,250 -	75,299	4,797	77,750 -	77,799	5,010
	70,300 -	70,349	4,377	72,800 -	72,849	4,589	75,300 -	75,349	4,802	77,800 -	77,849	5,014
	70,350 -	70,399	4,381	72,850 -	72,899	4,593	75,350 -	75,399	4,806	77,850 -	77,899	5,018
	70,400 -	70,449	4,385	72,900 -	72,949	4,598	75,400 -	75,449	4,810	77,900 -	77,949	5,023
	70,450 -	70,499	4,389	72,950 -	72,999	4,602	75,450 -	75,499	4,814	77,950 -	77,999	5,027
	70,500 -	70,549	4,394	\$73,000 -	73,049	\$4,606	75,500 -	75,549	4,819	\$78,000 -	78,049	\$5,031
	70,550 -	70,599	4,398	73,050 -	73,099	4,610	75,550 -	75,599	4,823	78,050 -	78,099	5,035
	70,600 -	70,649	4,402	73,100 -	73,149	4,615	75,600 -	75,649	4,827	78,100 -	78,149	5,040
	70,650 -	70,699	4,406	73,150 -	73,199	4,619	75,650 -	75,699	4,831	78,150 -	78,199	5,044
	70,700 -	70,749	4,411	73,200 -	73,249	4,623	75,700 -	75,749	4,836	78,200 -	78,249	5,048
	70,750 -	70,799	4,415	73,250 -	73,299	4,627	75,750 -	75,799	4,840	78,250 -	78,299	5,052
	70,800 -	70,849	4,419	73,300 -	73,349	4,632	75,800 -	75,849	4,844	78,300 -	78,349	5,057
	70,850 -	70,899	4,423	73,350 -	73,399	4,636	75,850 -	75,899	4,848	78,350 -	78,399	5,061
	70,900 -	70,949	4,428	73,400 -	73,449	4,640	75,900 -	75,949	4,853	78,400 -	78,449	5,065
	70,950 -	70,999	4,432	73,450 -	73,499	4,644	75,950 -	75,999	4,857	78,450 -	78,499	5,069
	\$71,000 -	71,049	\$4,436	73,500 -	73,549	4,649	\$76,000 -	76,049	\$4,861	78,500 -	78,549	5,074
	71,050 -	71,099	4,440	73,550 -	73,599	4,653	76,050 -	76,099	4,865	78,550 -	78,599	5,078
	71,100 -	71,149	4,445	73,600 -	73,649	4,657	76,100 -	76,149	4,870	78,600 -	78,649	5,082
	71,150 -	71,199	4,449	73,650 -	73,699	4,661	76,150 -	76,199	4,874	78,650 -	78,699	5,086
	71,200 -	71,249	4,453	73,700 -	73,749	4,666	76,200 -	76,249	4,878	78,700 -	78,749	5,091
	71,250 -	71,299	4,457	73,750 -	73,799	4,670	76,250 -	76,299	4,882	78,750 -	78,799	5,095
	71,300 -	71,349	4,462	73,800 -	73,849	4,674	76,300 -	76,349	4,887	78,800 -	78,849	5,099
	71,350 -	71,399	4,466	73,850 -	73,899	4,678	76,350 -	76,399	4,891	78,850 -	78,899	5,103
	71,400 -	71,449	4,470	73,900 -	73,949	4,683	76,400 -	76,449	4,895	78,900 -	78,949	5,108
	71,450 -	71,499	4,474	73,950 -	73,999	4,687	76,450 -	76,499	4,899	78,950 -	78,999	5,112
	71,500 -	71,549	4,479	\$74,000 -	74,049	\$4,691	76,500 -	76,549	4,904	\$79,000 -	79,049	\$5,116
	71,550 -	71,599	4,483	74,050 -	74,099	4,695	76,550 -	76,599	4,908	79,050 -	79,099	5,120
	71,600 -	71,649	4,487	74,100 -	74,149	4,700	76,600 -	76,649	4,912	79,100 -	79,149	5,125
	71,650 -	71,699	4,491	74,150 -	74,199	4,704	76,650 -	76,699	4,916	79,150 -	79,199	5,129
	71,700 -	71,749	4,496	74,200 -	74,249	4,708	76,700 -	76,749	4,921	79,200 -	79,249	5,133
	71,750 -	71,799	4,500	74,250 -	74,299	4,712	76,750 -	76,799	4,925	79,250 -	79,299	5,137
	71,800 -	71,849	4,504	74,300 -	74,349	4,717	76,800 -	76,849	4,929	79,300 -	79,349	5,142
	71,850 -	71,899	4,508	74,350 -	74,399	4,721	76,850 -	76,899	4,933	79,350 -	79,399	5,146
	71,900 -	71,949	4,513	74,400 -	74,449	4,725	76,900 -	76,949	4,938	79,400 -	79,449	5,150
	71,950 -	71,999	4,517	74,450 -	74,499	4,729	76,950 -	76,999	4,942	79,450 -	79,499	5,154
	\$72,000 -	72,049	\$4,521	74,500 -	74,549	4,734	\$77,000 -	77,049	\$4,946	79,500 -	79,549	5,159
	72,050 -	72,099	4,525	74,550 -	74,599	4,738	77,050 -	77,099	4,950	79,550 -	79,599	5,163
	72,100 -	72,149	4,530	74,600 -	74,649	4,742	77,100 -	77,149	4,955	79,600 -	79,649	5,167
	72,150 -	72,199	4,534	74,650 -	74,699	4,746	77,150 -	77,199	4,959	79,650 -	79,699	5,171
	72,200 -	72,249	4,538	74,700 -	74,749	4,751	77,200 -	77,249	4,963	79,700 -	79,749	5,176
	72,250 -	72,299	4,542	74,750 -	74,799	4,755	77,250 -	77,299	4,967	79,750 -	79,799	5,180
	72,300 -	72,349	4,547	74,800 -	74,849	4,759 4,763	77,300 -	77,349	4,972	79,800 -	79,849	5,184
	72,350 -	72,399	4,551	74,850 -	74,899	4,763	77,350 -	77,399	4,976	79,850 -	79,899	5,188
	72,400 -	72,449	4,555	74,900 -	74,949	4,768	77,400 -	77,449	4,980	79,900 -	79,949	5,193
	72,450 -	72,499	4,559	74,950 -	74,999	4,772	77,450 -	77,499	4,984	79,950 -	79,999	5,197

Та	axable income	А	mount of tax	Taxable income		Amount of tax	Taxable income	A	mount of tax	Taxable income		Amount of tax
\$	80,000 - 82,499	9		\$82,500 - 84,9	99		\$85,000 - 87,49	99		\$87,500 - 89,9	99	
	\$80,000 -	80,049	\$5,201	\$82,500 -	82,549	\$5,414	\$85,000 -	85,049	\$5,626	\$87,500 -	87,549	\$5,839
	80,050 -	80,099	5,205	82,550 -	82,599	5,418	85,050 -	85,099	5,630	87,550 -	87,599	5,843
	80,100 -	80,149	5,210	82,600 -	82,649	5,422	85,100 -	85,149	5,635	87,600 -	87,649	5,847
	80,150 -	80,199	5,214	82,650 -	82,699	5,426	85,150 -	85,199	5,639	87,650 -	87,699	5,851
	80,200 -	80,249	5,218	82,700 -	82,749	5,431	85,200 -	85,249	5,643	87,700 -	87,749	5,856
	80,250 -	80,299	5,222	82,750 -	82,799	5,435	85,250 -	85,299	5,647	87,750 -	87,799	5,860
	80,300 -	80,349	5,227	82,800 -	82,849	5,439	85,300 -	85,349	5,652	87,800 -	87,849	5,864
	80,350 -	80,399	5,231	82,850 -	82,899	5,443	85,350 -	85,399	5,656	87,850 -	87,899	5,868
	80,400 -	80,449	5,235	82,900 -	82,949	5,448	85,400 -	85,449	5,660	87,900 -	87,949	5,873
	80,450 -	80,499	5,239	82,950 -	82,999	5,452	85,450 -	85,499	5,664	87,950 -	87,999	5,877
	80,500 -	80,549	5,244	\$83,000 -	83,049	\$5,456	85,500 -	85,549	5,669	\$88,000 -	88,049	\$5,881
	80,550 -	80,599	5,248	83,050 -	83,099	5,460	85,550 -	85,599	5,673	88,050 -	88,099	5,885
	80,600 -	80,649	5,252	83,100 -	83,149	5,465	85,600 -	85,649	5,677	88,100 -	88,149	5,890
	80,650 -	80,699	5,256	83,150 -	83,199	5,469	85,650 -	85,699	5,681	88,150 -	88,199	5,894
	80,700 -	80,749	5,261	83,200 -	83,249	5,473	85,700 -	85,749	5,686	88,200 -	88,249	5,898
	80,750 -	80,799	5,265	83,250 -	83,299	5,477	85,750 -	85,799	5,690	88,250 -	88,299	5,902
	80,800 -	80,849	5,269	83,300 -	83,349	5,482	85,800 -	85,849	5,694	88,300 -	88,349	5,907
	80,850 -	80,899	5,273	83,350 -	83,399	5,486	85,850 -	85,899	5,698	88,350 -	88,399	5,911
	80,900 -	80,949	5,278	83,400 -	83,449	5,490	85,900 -	85,949	5,703	88,400 -	88,449	5,915
	80,950 -	80,999	5,282	83,450 -	83,499	5,494	85,950 -	85,999	5,707	88,450 -	88,499	5,919
	\$81,000 -	81,049	\$5,286	83,500 -	83,549	5,499	86,000 -	86,049	\$5,711	88,500 -	88,549	5,924
	81,050 -	81,099	5,290	83,550 -	83,599	5,503	86,050 -	86,099	5,715	88,550 -	88,599	5,928
	81,100 -	81,149	5,295	83,600 -	83,649	5,507	86,100 -	86,149	5,720	88,600 -	88,649	5,932
	81,150 -	81,199	5,299	83,650 -	83,699	5,511	86,150 -	86,199	5,724	88,650 -	88,699	5,936
	81,200 -	81,249	5,303	83,700 -	83,749	5,516	86,200 -	86,249	5,728	88,700 -	88,749	5,941
	81,250 -	81,299	5,307	83,750 -	83,799	5,520	86,250 -	86,299	5,732	88,750 -	88,799	5,945
	81,300 -	81,349	5,312	83,800 -	83,849	5,524	86,300 -	86,349	5,737	88,800 -	88,849	5,949
	81,350 -	81,399	5,316	83,850 -	83,899	5,528	86,350 -	86,399	5,741	88,850 -	88,899	5,953
	81,400 -	81,449	5,320	83,900 -	83,949	5,533	86,400 -	86,449	5,745	88,900 -	88,949	5,958
	81,450 -	81,499	5,324	83,950 -	83,999	5,537	86,450 -	86,499	5,749	88,950 -	88,999	5,962
	81,500 -	81,549	5,329	\$84,000 -	84,049	\$5,541	86,500 -	86,549	5,754	\$89,000 -	89,049	\$5,966
	81,550 -	81,599	5,333	84,050 -	84,099	5,545	86,550 -	86,599	5,758	89,050 -	89,099	5,970
	81,600 -	81,649	5,337	84,100 -	84,149	5,550	86,600 -	86,649	5,762	89,100 -	89,149	5,975
	81,650 -	81,699	5,341	84,150 -	84,199	5,554	86,650 -	86,699	5,766	89,150 -	89,199	5,979
	81,700 -	81,749	5,346	84,200 -	84,249	5,558	86,700 -	86,749	5,771	89,200 -	89,249	5,983
	81,750 -	81,799	5,350	84,250 -	84,299	5,562	86,750 -	86,799	5,775	89,250 -	89,299	5,987
	81,800 -	81,849	5,354	84,300 -	84,349	5,567	86,800 -	86,849	5,779	89,300 -	89,349	5,992
	81,850 -	81,899	5,358	84,350 -	84,399	5,571	86,850 -	86,899	5,783	89,350 -	89,399	5,996
	81,900 -	81,949	5,363	84,400 -	84,449	5,575	86,900 -	86,949	5,788	89,400 -	89,449	6,000
	81,950 -	81,999	5,367	84,450 -	84,499	5,579	86,950 -	86,999	5,792	89,450 -	89,499	6,004
	\$82,000 -	82,049	\$5,371	84,500 -	84,549	5,584	\$87,000 -	87,049	\$5,796	89,500 -	89,549	6,009
	82,050 -	82,099	5,375	84,550 -	84,599	5,588	87,050 -	87,099	5,800	89,550 -	89,599	6,013
	82,100 -	82,149	5,380	84,600 -	84,649	5,592	87,100 -	87,149	5,805	89,600 -	89,649	6,017
	82,150 -	82,199	5,384	84,650 -	84,699	5,596	87,150 -	87,199	5,809	89,650 -	89,699	6,021
	82,200 -	82,249	5,388	84,700 -	84,749	5,601	87,200 -	87,249	5,813	89,700 -	89,749	6,026
	82,250 -	82,299	5,392		84,799	5,605	87,250 -	87,299	5,817	89,750 -	89,799	6,030
	82,300 -	82,349	5,397	84,800 -	84,849	5,609	87,300 -	87,349	5,822	89,800 -	89,849	6,034
	82,350 -	82,399	5,401	84,850 -	84,899	5,613	87,350 -	87,399	5,826	89,850 -	89,899	6,038
	82,400 -	82,449	5,405	84,900 -	84,949	5,618	87,400 -	87,449	5,830	89,900 -	89,949	6,043
	82,450 -	82,499	5,409	84,950 -	84,999	5,622	87,450 -	87,499	5,834	89,950 -	89,999	6,047

Tax tables for Income of \$100,000 or less continued

\$90,000 - 90,049 6,055		Taxable income	А	mount of tax	Taxable income		Amount of tax	Taxable income	F	mount of tax	Taxable income		mount of tax
90,050 - 90,099 6,056 92,550 - 92,599 6,288 95,050 - 95,099 6,080 97,550 - 97,599 6,693 90,100 - 90,149 6,060 92,600 - 92,649 6,272 91,510 - 95,150 - 95,199 6,064 92,650 - 92,699 6,276 95,150 - 95,199 6,064 92,650 - 90,249 6,068 92,700 - 92,749 6,285 95,250 - 95,249 6,483 97,650 - 97,700 - 97,749 6,710 93,000 - 90,349 6,077 92,800 - 92,849 6,281 95,350 - 95,349 6,500 97,800 - 97,849 6,714 90,350 - 90,349 6,081 92,850 - 92,849 6,283 95,350 - 95,349 6,506 97,850 - 97,899 6,718 90,450 - 90,449 6,085 92,900 - 92,449 6,283 95,350 - 95,449 6,851 97,900 - 97,449 6,725 90,850 - 90,599 6,081 92,850 - 92,949 6,302 98,450 - 95,449 6,810 97,900 - 97,849 6,727 90,550 - 90,599 6,089 93,550 - 93,099 8,636 95,500 - 95,649 6,610 97,900 - 97,949 6,727 90,500 - 90,549 6,089 93,550 - 93,099 8,039 93,00		\$90,000 - 92,499			\$92,500 - 94,9	99		\$95,000 - 97,49	9		\$97,500 - \$99,	999	
90,100 - 90,149 6,060 92,600 - 92,649 6,276 91,00 - 95,449 6,485 97,600 - 97,649 6,867 90,250 - 90,249 6,068 92,700 - 92,749 6,286 95,250 - 95,259 6,497 97,760 - 97,749 6,706 90,250 - 90,249 6,068 92,700 - 92,749 6,286 95,250 - 95,259 6,497 97,760 - 97,749 6,706 90,250 - 90,249 6,077 92,800 - 92,849 6,285 95,250 - 95,259 6,497 97,760 - 97,749 6,706 90,300 - 90,349 6,071 92,850 - 92,899 6,283 95,300 - 95,349 6,502 97,800 - 97,849 6,714 90,350 - 90,449 6,085 92,900 - 92,899 6,283 95,300 - 95,499 6,506 97,850 - 97,899 6,723 90,450 - 90,449 6,085 92,900 - 92,999 6,302 95,450 - 95,499 6,151 90,500 - 90,449 6,094 93,060 - 93,049 56,306 95,500 - 95,549 6,519 96,904 96,740 90,609 90,649 6,102 93,100 - 93,149 6,315 96,500 - 95,649 6,522 98,050 - 92,999 6,732 90,600 - 90,449 6,100 93,150 - 93,199 6,310 95,550 - 95,699 6,630 96,094 90,649 6,111 93,260 - 30,249 6,321 95,550 - 95,699 6,631 98,000 - 93,049 6,740 90,750 - 90,799 6,111 93,260 - 32,249 6,327 95,750 - 95,749 6,536 98,000 - 98,049 6,748 90,700 - 90,749 6,111 93,260 - 32,249 6,327 95,750 - 95,799 6,531 98,150 - 93,199 6,748 90,750 - 90,799 6,113 93,250 - 93,259 6,327 95,750 - 95,799 6,531 98,150 - 93,150 - 9		\$90,000 -	90,049	6,051	\$92,500 -	92,549	\$6,264	\$95,000 -	95,049	\$6,476	\$97,500 -	97,549	\$6,689
90,150 - 90,199 6,064 92,650 - 92,699 6,226 6,227 6,286 6,281 95,200 - 95,249 6,483 97,600 - 97,699 6,706 90,249 6,068 92,705 - 92,799 6,285 95,280 - 95,289 6,487 97,750 - 97,799 6,710 90,340 90,349 6,087 92,800 92,849 6,289 95,300 - 95,349 6,500 97,800 - 97,899 6,718 90,400 - 90,449 6,085 92,900 - 92,949 6,289 95,400 - 95,449 6,510 97,900 - 97,999 6,727 90,500 - 90,549 6,089 92,950 - 92,999 6,302 95,400 - 95,449 6,510 97,900 - 97,999 6,727 90,500 - 90,549 6,094 893,000 - 93,049 85,300 95,500 - 95,549 6,512 980,000 - 90,449 6,089 93,950 - 30,999 6,302 95,500 - 95,549 6,522 980,000 - 90,649 6,008 93,050 - 93,149 6,311 90,550 - 95,549 6,522 98,000 - 98,049 8,735 90,600 - 90,649 6,106 93,150 - 93,149 6,319 96,560 - 95,649 6,527 98,000 - 98,049 6,735 90,600 - 90,749 6,111 93,200 - 32,499 6,323 95,700 - 95,749 6,524 98,150 - 98,149 6,744 90,750 - 90,749 6,111 93,200 - 33,349 6,327 95,800 - 95,849 6,544 98,200 - 98,249 6,752 90,800 - 90,949 6,123 93,350 - 93,399 6,334 95,800 - 95,849 6,544 98,500 - 98,849 6,757 90,900 - 90,949 6,123 93,350 - 93,399 6,349 6,340 95,900 - 90,949 6,132 93,450 - 93,499 6,340 95,600 - 96,699 6,574 98,500 - 98,899 6,751 99,900 - 91,049 86,136 93,550 - 93,599 6,340 94,460		90,050 -	90,099	6,055	92,550 -	92,599	6,268	95,050 -	95,099	6,480	97,550 -	97,599	6,693
90,200 - 90,249 6,068 92,700 - 92,748 6,281 95,200 - 96,249 6,497 97,750 - 97,749 6,776 90,300 - 90,349 6,077 92,800 - 92,848 6,288 95,300 - 85,449 6,502 97,800 - 97,849 6,714 90,350 - 90,349 6,081 92,800 - 92,848 6,283 95,350 - 85,389 6,506 97,850 - 97,849 6,718 90,400 - 90,449 6,085 92,990 - 82,999 6,300 - 93,449 6,510 97,900 - 97,944 6,723 90,500 - 90,549 6,094 393,000 - 93,049 6,360 95,500 95,549 6,511 97,900 - 97,999 6,727 90,500 - 90,649 6,102 93,050 - 93,099 6,310 95,550 - 95,649 6,522 98,050 - 98,049 6,740 90,700 - 90,749 6,111 93,250 - 93,299 6,329 6,320 95,649 6,522 98,050 - 98,049 6,740 90,750 - 90,749 6,111 93,250 - 93,299 6,329 6,320 95,649 6,524 98,000 - 98,249 6,748 90,900 - 90,449 6,119 93,050 - 93,349 6,310 95,650 - 95,649 6,640 98,250 - 98,259 6,749 6,740 90,850 - 90,849 6,119 93,050 - 93,349 6,321 95,650 - 95,649 6,527 98,000 - 98,249 6,748 90,900 - 90,449 6,119 93,050 - 93,349 6,321 95,650 - 95,649 6,527 98,050 - 98,259 6,749 6,748 90,900 - 90,449 6,116 93,250 - 93,259 6,327 95,750 - 95,799 6,749 6,536 98,200 - 98,249 6,748 90,900 - 90,849 6,115 93,250 - 93,350 6,332 95,850 - 95,899 6,564 98,250 - 98,299 6,735 90,999 6,122 93,450 - 93,499 6,341 93,450 - 93,499 6,341 93,450 - 93,499 6,341 93,450 - 93,499 6,341 93,450 - 93,499 6,341 93,450 - 93,499 6,341 93,450 - 93,499 6,341 93,450 - 93,499 6,341 93,450 - 93,499 6,341 93,450 - 93,499 6,361 93,490 - 93,499 6,361 93,490 - 93,499 6,361 93,490 - 93,499 6,361 93,490 - 93,499 6,361 93,490 - 93,499 6,361 93,490 - 93,499 6,361 93,490 - 93,499 6,361 93,490 - 93,499 6,361 93,490 - 93,499 6,361 93,490 - 93,499 6,361 93,490 - 93,499 6,361 93,490 - 93,499 6,361 93,490 - 93,499 6,361 93,490 - 93,499 6,361 93,490 - 93,499 6,361 93,490 -		90,100 -	90,149	6,060	92,600 -	92,649	6,272	95,100 -	95,149	6,485	97,600 -	97,649	6,697
90,250 - 90,299 6,077 92,670 - 92,799 6,285 95,250 - 95,299 6,497 97,750 - 97,799 6,710 90,339 90,349 6,077 92,800 - 22,849 6,238 95,350 - 95,349 6,506 97,850 - 97,899 6,718 90,450 - 90,449 6,085 92,900 - 92,949 6,238 95,450 - 95,449 6,610 97,800 - 97,849 6,743 90,550 - 90,549 6,089 32,950 - 93,049 86,306 95,550 - 95,549 6,519 97,850 - 97,999 6,727 90,500 - 90,549 6,089 32,950 - 93,049 86,306 95,550 - 95,559 6,553 98,600 - 98,050 - 98,099 6,735 90,600 - 90,649 6,102 93,100 - 93,149 6,315 95,600 - 96,649 6,527 98,100 - 98,149 6,740 90,650 - 90,649 6,102 93,100 - 93,149 6,315 95,600 - 96,649 6,527 98,100 - 98,149 6,740 90,750 - 90,749 6,111 93,200 - 93,249 6,323 95,700 - 95,749 6,556 98,250 - 98,299 6,727 90,800 - 90,899 6,115 93,250 - 93,399 6,330 95,550 - 95,799 6,549 6,536 98,200 - 98,249 6,748 90,750 - 90,789 6,115 93,300 - 93,349 6,332 95,700 - 95,749 6,556 98,200 - 98,249 6,748 90,750 - 90,789 6,115 93,250 - 93,299 6,327 98,850 - 95,899 6,548 98,300 - 98,449 6,761 90,900 - 90,899 6,123 93,300 - 93,349 6,332 95,800 - 98,849 6,544 98,300 - 98,449 6,761 90,900 - 90,949 6,128 93,400 - 93,449 6,340 95,950 - 90,999 6,132 93,400 83,400 93,499 6,331 95,950 - 95,999 86,557 98,650 - 98,600 - 98,499 6,761 90,900 - 90,949 6,132 93,400 83,499 6,331 95,950 - 95,999 86,557 98,650 - 98,600 - 98,449 6,761 90,900 - 90,949 6,132 93,450 - 93,499 6,331 96,301 95,950 - 90,999 6,132 93,450 - 93,499 6,337 96,000 - 90,449 6,140 93,500 - 93,499 6,331 96,300 - 96,490 96,550 - 96,999 6,132 93,490 - 93,499 6,331 96,300 - 96,490 6,565 98,600 - 98,699 6,778 91,100 - 91,149 6,149 93,500 - 93,599 6,331 96,500 - 96,600 96,600 98,600 - 98,699 6,778 91,100 - 91,149 6,149 93,500 - 93,599 6,331 96,500 - 96,600 96,600 98,600 - 98,699 6,786 91,100 - 91,449 6,170 93,500 - 93,599 6,331 96,500 - 96,699 6,651 98,800 - 98,899 6,786 91,100 - 91,449 6,170 93,500 - 93,599 6,331 96,500 - 96,699 6,600 99,600 - 99,899 6,800 99,899 6,800 99,800 - 99,899 6,800 99,899 6,800 99,899 6,800 99,899 6,800 99,899 6,800 99,999 6,800 99,999 6,800 99,999 6,800 99,999 6,		90,150 -	90,199	6,064	92,650 -	92,699	6,276	95,150 -	95,199	6,489	97,650 -	97,699	6,701
90.300 - 90.349 6.077 92.800 - 92.849 6.288 95.300 - 95.349 6.502 97.800 97.809 6.714 90.400 - 90.449 6.085 92.900 - 92.949 6.232 95.350 - 95.399 6.506 90.499 6.089 32.950 - 32.999 6.302 95.400 - 95.449 6.510 97.800 - 97.949 6.723 90.500 - 90.549 6.089 \$2.950 - 32.999 6.302 95.500 - 95.500 - 95.549 6.514 90.500 - 90.549 6.089 93.050 - 93.099 6.310 95.500 - 95.509 6.523 90.600 - 90.649 6.102 93.100 - 93.149 6.315 95.600 - 95.604 98.000 98.009 98.049 8.735 90.600 - 90.649 6.102 93.100 - 93.149 6.315 95.600 - 95.604 96.531 98.100 - 98.149 6.744 90.650 - 90.699 6.106 93.150 - 93.399 6.331 95.600 - 95.600 - 95.649 6.531 98.100 - 98.149 6.744 90.750 - 90.749 6.111 93.250 - 93.299 6.327 90.800 - 90.749 6.113 93.250 - 93.299 6.327 90.800 - 90.849 6.119 93.300 - 93.349 6.332 95.800 - 95.899 6.540 98.250 - 98.299 6.752 90.800 - 90.849 6.113 93.300 - 93.449 6.334 95.800 - 95.899 6.540 98.250 - 98.299 6.752 90.800 - 90.849 6.113 93.300 - 93.449 6.334 95.800 - 95.899 6.540 98.250 - 98.299 6.752 90.800 - 90.849 6.113 93.300 - 93.449 6.334 95.800 - 95.899 6.540 98.250 - 98.399 6.751 90.900 - 90.949 6.128 93.300 - 93.449 6.334 95.900 - 95.949 6.553 98.400 - 98.449 6.765 90.950 - 90.999 6.102 93.500 - 93.949 6.327 91.100 - 91.049 \$6.132 93.500 - 93.549 6.334 95.900 - 95.949 6.553 98.400 - 98.449 6.765 91.100 - 91.049 \$6.130 93.500 - 93.549 6.334 95.900 - 96.49 \$6.550 98.600 - 98.699 6.774 91.100 - 91.449 6.145 93.600 - 93.649 6.337 96.000 - 96.049 \$6.601 98.500 - 98.699 6.778 91.100 - 91.249 6.153 93.700 93.649 6.357 96.000 - 96.499 6.550 98.000 - 98.649 6.782 91.150 - 91.249 6.157 93.750 - 93.799 6.337 96.500 - 96.499 6.550 98.000 - 98.649 6.782 91.150 - 91.249 6.157 93.7500 - 93.799 6.337 96.500 - 96.499 6.501 98.900 - 98.649 6.782 91.150 - 91.249 6.157 93.7500 - 93.799 6.370 96.500 - 96.649 6.579 98.000 - 98.649 6.782 91.150 - 91.249 6.157 93.7500 - 93.799 6.337 96.500 - 96.649 6.591 98.000 99.099 6.820 91.500 - 91.449 6.150 93.8500 - 93.899 6.337 96.500 - 96.649 6.551 98.000 99.909 6.820 91.700 - 91.449 6.160 93.8500 - 94.4		90,200 -	90,249	6,068	92,700 -	92,749	6,281	95,200 -	95,249	6,493	97,700 -	97,749	6,706
90,350 - 90,399 6,081 92,850 - 92,899 6,233 95,350 - 95,399 6,506 97,850 97,890 6,718 90,490 90,449 6,085 92,950 - 92,999 6,302 95,450 - 95,499 6,514 97,900 - 97,049 6,723 90,500 - 90,549 6,089 92,950 - 93,049 56,306 95,500 - 95,549 6,519 \$80,000 - 98,049 6,731 90,550 - 95,590 6,523 90,600 - 90,649 6,102 93,100 - 93,149 6,315 95,600 - 95,649 6,527 98,100 - 98,149 6,740 90,750 - 90,749 6,111 93,200 - 93,249 6,323 95,700 - 95,749 6,536 98,200 - 98,249 6,748 90,750 - 90,799 6,115 93,300 - 93,249 6,323 95,700 - 95,749 6,536 98,200 - 98,249 6,748 90,750 - 90,899 6,123 93,330 - 93,339 6,336 95,800 - 95,849 6,544 98,300 - 98,349 6,757 90,850 - 90,949 6,123 93,350 - 93,399 6,336 95,800 - 95,849 6,544 98,300 - 98,349 6,761 90,900 - 90,949 6,128 34,00 - 34,49 6,340 95,900 - 95,049 6,536 98,400 - 98,449 6,769 91,100 - 91,149 6,145 93,560 - 35,600 - 35,600 - 36,649 6,544 98,350 - 98,399 6,761 91,100 - 91,149 6,145 93,560 - 33,649 6,341 95,900 - 90,999 6,132 93,460 - 33,499 6,344 95,600 - 96,049 85,557 98,550 - 98,599 86,567 91,000 - 91,009 86,140 93,550 - 33,499 6,344 95,500 - 96,049 86,557 98,500 - 98,699 6,778 91,100 - 91,149 6,145 93,600 - 33,649 6,341 93,550 - 91,099 6,132 93,600 - 96,049 86,557 98,500 - 96,049 86,559 91,000 - 91,049 86,136 93,600 - 93,649 6,550 - 96,049 86,550 - 96,099 86,550 - 96,099 81,550 - 96,099 81,550 - 91,199 6,140 93,550 - 93,599 6,361 96,500 - 96,049 86,557 98,500 - 96,049 86,550 - 96,099 81,550 - 96,090 81,550		90,250 -	90,299	6,072	92,750 -	92,799	6,285	95,250 -	95,299	6,497	97,750 -	97,799	6,710
90.400		90,300 -	90,349	6,077	92,800 -	92,849	6,289	95,300 -	95,349	6,502	97,800 -	97,849	6,714
90,450		90,350 -	90,399	6,081	92,850 -	92,899	6,293	95,350 -	95,399	6,506	97,850 -	97,899	6,718
90,450		90,400 -	90,449	6,085	92,900 -	92,949	6,298	95,400 -	95,449	6,510	97,900 -	97,949	6,723
90,500 - 90,549 6,094 \$33,000 93,049 \$6,306 95,500 - 95,549 6,523 \$98,000 96,731 \$96,550 - 90,599 6,098 93,100 - 93,149 6,315 \$95,550 - 95,599 6,523 \$98,050 - 98,099 6,735 \$96,050 - 90,049 6,102 \$93,100 - 93,149 6,315 \$95,600 - 95,649 6,527 \$98,100 - 98,149 6,740 \$90,650 - 90,049 6,111 93,200 - 93,249 6,323 \$95,700 - 95,749 6,536 \$92,000 - 98,249 6,748 \$90,750 - 90,749 6,111 93,200 - 93,249 6,323 \$95,700 - 95,749 6,536 \$92,000 - 98,249 6,752 \$90,800 - 90,849 6,119 93,300 93,349 6,332 \$95,800 - 95,849 6,544 \$98,300 - 98,349 6,752 \$90,800 - 90,899 6,123 93,350 - 93,399 6,330 \$95,800 - 95,949 6,553 \$96,400 - 98,449 6,765 \$90,950 - 90,999 6,132 93,450 93,499 6,344 \$95,950 - 95,999 \$65,557 \$96,400 - 98,449 6,765 \$90,950 - 90,999 6,132 93,450 93,499 6,344 \$95,950 - 96,049 \$6,561 \$95,000 - 91,049 \$6,136 \$93,500 - 93,649 6,345 \$96,000 - 96,049 \$6,561 \$95,000 - 91,049 \$6,136 \$93,500 - 93,649 6,357 \$96,000 - 91,049 \$6,140 \$93,550 - 93,699 \$6,351 \$96,000 - 96,049 \$6,561 \$96,000 - 91,049 \$6,167 \$93,500 - 93,649 6,357 \$96,000 - 91,049 \$6,167 \$93,500 - 93,649 6,357 \$96,000 - 91,049 \$6,167 \$93,500 - 93,649 6,357 \$96,000 - 96,049 \$6,561 \$96,500 - 96,049 \$6,762 \$96,000 - 91,049 \$6,167 \$93,500 - 93,649 6,357 \$96,000 - 96,049 \$6,561 \$96,500 - 96,049 \$6,762 \$96,000 - 91,049 \$6,167 \$93,500 - 93,649 6,357 \$96,000 - 96,049 \$6,561 \$96,500 - 96,049 \$6,762 \$96,000 - 91,049 \$6,167 \$93,500 - 93,649 6,300 - 93,649 6,300 - 93,649 6,300 - 93,649 6,300 - 93,649 6,300 - 93,649 6,300 - 93,649 6,300 - 93,649 6,300 - 93,649 6,300 - 93,649 6,300 - 93,649 6,300 - 93,649 6,300 - 93,649 6,300 - 93,649 6,300 - 93,649 6,300 - 93,649 6,300 - 93,849 6,300 -		90,450 -	90,499	6,089	92,950 -	92,999	6,302	95,450 -	95,499	6,514	97,950 -	97,999	6,727
90,600 - 90,649 6,102 93,100 - 93,149 6,315 95,600 - 95,649 6,527 98,100 - 98,149 6,744 90,700 - 90,749 6,111 93,200 - 93,249 6,323 95,700 - 95,749 6,536 98,200 - 98,249 6,748 90,700 - 90,749 6,111 93,200 - 93,249 6,323 95,700 - 95,749 6,546 98,200 - 98,249 6,758 90,800 - 90,849 6,119 93,300 - 93,349 6,332 95,800 - 95,849 6,644 98,300 - 98,349 6,757 90,850 - 90,899 6,123 93,400 - 93,449 6,340 95,900 - 95,849 6,644 98,300 - 98,349 6,757 90,850 - 90,999 6,122 93,450 - 93,499 6,346 95,900 - 95,849 6,654 98,350 - 98,399 6,768 90,950 - 90,999 6,132 93,450 - 93,499 6,344 95,900 - 95,899 6,655 98,550 - 98,899 6,768 91,000 - 91,009 6,140 93,550 - 93,549 6,332 96,800 - 96,099 6,655 98,550 - 98,699 6,768 91,000 - 91,009 6,140 93,550 - 93,549 6,335 96,050 - 96,099 6,655 98,550 - 98,599 6,778 91,100 - 91,149 6,145 93,600 - 93,649 6,357 96,100 - 96,149 6,655 98,550 - 98,699 6,778 91,000 - 91,029 6,153 93,700 - 93,749 6,366 96,200 - 96,249 6,578 98,700 - 98,649 6,786 91,200 - 91,249 6,153 93,700 - 93,749 6,366 96,200 - 96,249 6,578 98,700 - 98,749 6,791 91,250 - 91,299 6,157 93,750 - 93,799 6,370 96,300 - 96,249 6,578 98,700 - 98,749 6,791 91,350 - 91,399 6,162 93,800 - 93,849 6,374 96,300 - 96,449 6,570 98,800 - 98,849 6,799 91,300 - 91,349 6,162 93,800 - 93,849 6,374 96,300 - 96,449 6,570 98,800 - 98,809 6,799 91,300 - 91,349 6,162 93,800 - 93,899 6,378 96,370 96,370 96,399 6,531 98,500 - 98,850 - 98,879 6,795 91,300 - 91,349 6,162 93,800 - 93,899 6,378 96,350 - 96,399 6,591 98,800 - 98,800 - 98,899 6,803 91,460 - 91,499 6,162 93,800 - 94,499 6,803 91,460 - 91,499 6,183 94,400 - 94,449 6,400 96,650 - 96,699 6,699 98,900 - 99,049 98,819 6,833 91,600 - 91,499 6,181 94,500 - 91,499 6,181 94,500 - 91,499 6,200 91,499 6,2		90,500 -	90,549	6,094	\$93,000 -	93,049	\$6,306	95,500 -	95,549	6,519	\$98,000 -	98,049	\$6,731
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Save for tuition and save on taxes.

Savings can be used for:

- Post-secondary education: Tuition, room & board, books, and computers
- K-12: Tuition up to \$10k/year/student

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*Earnings on non-qualified withdrawals may be subject to federal income tax and a 10% federal penalty tax, as well as state and local income taxes and recapture of DC tax deductions. Tax and other benefits are contingent on meeting other requirements and certain withdrawals are subject to federal, state, and local taxes.

Before you invest, consider whether your or the beneficiary's home state offers any state tax or other benefits that are only available for investments in that state's qualified tuition program.

For more information about The DC College Savings Plan ("The Plan"), call 800.987.4859, or visit dccollegesavings.com to obtain a Program Disclosure Booklet, which includes investment objectives, risks, charges, expenses, and other important information; read and consider it carefully before investing.

The Plan is administered by the District of Columbia Office of the Chief Financial Officer, Office of Finance and Treasury. Ascensus College Savings Recordkeeping Services, LLC, the Program Manager, and its affiliates, have overall responsibility for the day-to-day operations, including recordkeeping and administrative services. Ascensus Investment Advisors, LLC serves as the Investment Manager.

The Plan's Portfolios invest in: (i) exchange-traded funds, (ii) mutual funds and (iii) a funding agreement. Investments in The Plan are municipal securities that will vary with market conditions. Investments are not guaranteed or insured by the Government of the District of Columbia, the District of Columbia College Savings Program Trust, the District of Columbia Chief Financial Officer, the District of Columbia Treasurer, the Trustee for the District of Columbia College Savings Program Trust or any co-fiduciary or instrumentality thereof, the Federal Deposit Insurance Corporation or any instrumentality thereof.

INVESTMENTS ARE NOT FDIC INSURED, MAY LOSE VALUE AND ARE NOT BANK GUARANTEED.

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[Spanish] Si necesita ayuda en Español, por favor llame al <u>(202) 727-4829</u> para proporcionarle un intérprete <u>de manera gratuita</u>.

[Vietnamese] Nếu quý vị cần giúp đỡ về tiếng Việt, xin gọi (202) 727-4829 để chúng tôi thu xếp có thông dịch viên đến giúp quý vị miễn phí.

[French] Si vous avez besoin d'aide en Français appelez-le (202) 727-4829 et l'assistance d'un interprète vous sera fournie gratuitement.

[Amharic] በአጣርኛ አርዳታ ከፈለጉ በ (202) 727-4829 ይደውሉ። የ<u>ነፃ</u> አስተርንሚ ይመደብልዎታል።

[Korean] 한국어로 언어 지원이 필요하신 경우 <u>(202) 727-4829</u> 로 연락을 주시면 <u>무료로</u> 통역이 제공됩니다.

[Chinese] 如果您需要用(中文)接受幫助,請電治 (202) 727-4829 將**免費**向您提供口譯員服務。