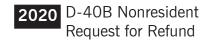


STAPLE W-2s AND OTHER WITHHOLDING STATEMENTS HERE ► STAPLE OTHER REQUESTED DOCUMENTS IN UPPER LEFT BEHIND THIS FORM





This is a FILL-IN format. Please do not handwrite any data on this form other than your signature.

This is a FILE-IN format. Flease do not handwrite any da	au on the form other than your dignature.	
Personal information		OFFICIAL USE ONLY
Your first name	M.I. Last name	Vendor ID#0002
Your Taxpayer Identification Number (TIN)	Your date of birth (MMDDYYYY)	aytime phone number
Current mailing address (number, street and suite/apar	tment number if applicable)	
City	State	Zip Code + 4
ony	State	Zip code i 4
Country or U.S. commonwealth/U.S. territory		
Review categories A - B below and attach	your withholding statements and/or DD Fo	rm 2058, JAN 2018. Indicate the state in the boxes below
A. Commuter/Domiciliary State Exemption: I declare that during the taxable year shown above I either commuted on a daily basis		
from my place of residence to work in the District of Columbia (DC) or I was a domiciliary or legal resident of the state listed		
and my only income from sources within DC was from wages and salaries, which are subject to taxation by (enter the 2 letter state abbreviation for your domiciliary or legal state of residency). I did not maintain a place of abode in DC for a total of more		
	or legal state of residency). I did not main tax was erroneously withheld from salary	
•		
		ed services during 2020, and you are not a DC
resident or elected to use the same residence as your non-resident military spouse, enter the state of domicile declared on DD Form 2058. You must complete and attach a copy of DD Form 2058, JAN 2018 with the D-40B.		
C. List the type and location of any DC real property you own.		
Type of property		
Address (number, street and suite/apar	tment number if applicable)	
Type of property		
Address (number, street and suite/apar	tment number if applicable)	
Refund request		Round cents to nearest dollar. If amount is zero, leave line blank.
1. DC income tax withheld Attach copies of you	ur withholding statements.	1 \$ .00
2. 2020 DC estimated income tax payment	nts	2 \$
. ,		3 \$ .00
3. Refund request Add Lines 1 and 2.		
Will the refund go to an account outside the US? Yes No See instructions.		
Refund Options: For information on the tax refund card and program limitations, see instructions or visit our website MyTax.DC.gov  Mark one refund choice: Direct Deposit or ReliaCard (see instructions) or Paper Check		
Direct Deposit If you want your refund deposite	d in your bank account, fill in type of account	checking savings and enter the routing number and account
number below.		
Routing Number	Account Number	
Fill in if you agree to receive your 1099-G Income Tax Refund Statement electronically (see instructions).		
Third party designee To authorize another person	to discuss this return with OTR, fill in here 🔵 and	enter the name and phone number of that person. See instructions.
Designee's name		Phone number
Signature Under penalties of law, I declare that I have examined this request and any attached statements and, to the best of my knowledge, they are correct.		
Your signature	Date Preparer's si	giiature
	Preparer's Tax	Identification Number (PTIN)