



Important: Print in CAPITAL letters using black ink.

Personal information Fill in if: Filing an **amended return**. See instructions. OFFICIAL USE ONLY
Vendor ID#0000

Your telephone number

Your taxpayer identification number (TIN) **and** Date of Birth (MMDDYYYY) Spouse's/registered domestic partner's TIN **and** Date of Birth (MMDDYYYY)

Your first name M.I. Last name Fill in if Deceased

Spouse's/registered domestic partner's first name M.I. Last name Fill in if Deceased

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

City State Zip Code +4

Email Address

Filing status

1 *Fill in only one:* Single, Married filing jointly, Married filing separately, Dependent claimed by someone else

Married filing separately on same return *Enter combined amounts for Lines 5–43. See instructions.*

Registered domestic partners filing jointly filing separately on same return *Enter combined amounts for Lines 5-43. See instructions.*

Head of household *Enter qualifying dependent and/or non-dependent information on Schedule S.*

Qualifying widow(er) with dependent child *Enter qualifying dependent and/or non-dependent information on Schedule S.*

2 *Fill in if you are:* Part-year resident in DC from to *See instructions.*
(MMDDYYYY) (MMDDYYYY)

3 *Did you have qualifying health care coverage for all members of your shared responsibility family for the entire year? Yes No*
If no, or if claiming an exemption, complete Schedule HSR (see instructions).

● Complete your federal return first – Enter your dependents' information on DC Schedule S ●

Income Information

Round cents to nearest dollar. If amount is zero, leave line blank; if minus, enter amount and fill in oval.

a Wages, salaries, unemployment compensation and/or tips, <i>see instructions.</i>	a	\$	<input type="text"/>	.00
b Business income or loss, <i>see instructions.</i> Fill in if loss <input type="radio"/>	b	\$	<input type="text"/>	.00
c Capital gain or loss. Fill in if loss <input type="radio"/>	c	\$	<input type="text"/>	.00
d Rental real estate, royalties, partnerships, etc. Fill in if loss <input type="radio"/>	d	\$	<input type="text"/>	.00

Computation of DC Gross and Adjusted Gross Income

4 Federal adjusted gross income. From adjusted gross income lines on federal Forms 1040, 1040-SR, 1040-NR or 1040-NR-EZ. Fill in if loss 4 \$ 00

Enter your last name.

Enter your TIN



Additions to DC Income

- 5 Franchise tax deducted on federal forms, *see instructions*. 5 \$.00
- 6 Other additions from DC Schedule I, Calculation A, Line 9. 6 \$.00
- 7 Add Lines 4, 5 and 6. Fill in if loss 7 \$.00

Subtractions 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 Unemployment Insurance Benefits, *see instructions*. 13 \$.00
- 14 Other subtractions from DC Schedule I, Calculation B, Line 16. 14 \$.00
- 15 Total subtractions from DC income, Lines 8-14. 15 \$.00
- 16 DC adjusted gross income, Line 7 minus Line 15. Fill in if loss 16 \$.00

- 17 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 Line 17.
- 18 DC deduction amount. 18 \$.00
- 19 DC taxable income. *Subtract Line 18 from Line 16.* Fill in if loss 19 \$.00

- 20 Tax. *If Line 19 is \$100,000 or less, use tax tables to find the tax, if more, use Calculation I in instructions. Fill in if filing separately on same return. Complete Calculation J on Schedule S.* 20 \$.00
- 21 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 21 \$.00
- 22 Non-refundable credits from DC Schedule U, Part 1a, Line 7. *Attach Schedule U.* 22 \$.00
- 23 Total non-refundable credits. *Add Line 21 and Line 22.* 23 \$.00
- 24 Subtract Line 23 from Line 20. *If less than zero, enter zero.* 24 \$.00
- 25 DC Health Care Shared Responsibility *See instructions. If fully covered or fully exempt, enter zero.* 25 \$.00
- 26 Total tax and DC Health Care Shared Responsibility. *Add Line 24 and Line 25.* 26 \$.00
- 27 DC Earned Income Tax Credit Fill in if prior year (2019) earned income *See instructions.*
- 27a Enter the number of qualified EITC children. 27b Enter earned income amount 27b \$.00
- 27c For filers **with** qualifying children. Enter federal EIC \$.00 X .40 Enter result > 27d \$.00
- 27e For filers **without** qualifying children. *See instructions for special calculations.* Enter result > 27e \$.00
- 28 Property Tax Credit. *From your DC Schedule H; attach a copy.* 28 \$.00

