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ortant: Print in CAPITAL letters using black ink.			
Personal information Your telephone number		<i>I in if:</i> Filing an amended return	n. See instructions. OFFICIAL USE ONLY Vendor ID#000
Your taxpayer identification number (TIN) and Date of Birth (N	MMDDYYYY)	pouse's/registered domestic partner's TIN	and Date of Birth (MMDDYYYY)
Your first name M	I.I. Last name		
	.i. Last hame		Fill in if Deceas
pouse's/registered domestic partner's first name M.	.I. Last name		Fill in if Deceas
Home address (number, street and suite/apartment number if appl	icable)		
ity		State Zip Code +	-4
nail Address			
iling status			
Fill in only one: Single, Married filing	g jointly, 🔵 M	rried filing separately, 🛛 Depende	ent claimed by someone else
Married filing separately on	u same return <i>En</i> i	combined amounts for Lines 5–43. Se	ee instructions
Registered domestic partne for Lines 5-43. See instruc		filing separately on same return	Enter combined amounts
Head of household Enter q	ualifying depende	t and/or non-dependent information on	Schedule S.
Qualifying widow(er) with o	dependent child	ter qualifying dependent and/or non-de	ependent information on Schedule S.
Fill in if you are: Part-year resident in DC fro	om (MMD	YYYY) (MMDDYYYY)	See instructions.
Did you have qualifying health care coverage for all me If no, or if claiming an exemption, complete Schedule I			ear? Yes 🕖 No 🔵
 Complete your federal return firs 	t – Enter your	lependents' information on DC	Schedule S •
ncome Information		Round cents to nearest dollar. If amount is if minus, enter amount and fil	zero, leave line blank; I in oval.
Wages, salaries, unemployment compensation and	d/or tips,	a \$.00
see instructions. Business income or loss, see instructions.	Fill in if loss	b \$.00
		c \$	00
Capital gain or loss.	Fill in if loss		.00
Rental real estate, royalties, partnerships, etc.	Fill in if loss	d	00
computation of DC Gross and Adjusted Gross Inc	ome		
Federal adjusted gross income. From adjusted gross i		Fill in if loss4 \$	
Forms 1040, 1040-SR, 1040-NR or 1040-NR-EZ.			

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Enter your TIN

Enter your last name.

2	2	0 4	0	0 1	2 0	0 0	2

Add	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 9.	6 \$	00
7	Add Lines 4, 5 and 6.	7 \$	00
Sub	ptractions 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.	16 \$.00
17	Deduction type. Take the same type as you took on your federal return. Fill in which type: Standard O or	Itemized O	
10		See instructions for amount to enter on Lir	00
18	DC deduction amount.	19 \$	00
19	DC taxable income. Subtract Line 18 from Line 16.	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.	20\$	00
21	Fill inif filing separately on same return. Complete Calculation J on Schedule S. Credit for child and dependent care expenses .00 X .32	21\$	00
	From federal Form 2441; if part-year DC resident, from Line 5, DC Form 2441		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.		
21	Total holf-retundable credits. Add Line 21 and Line 22.	23\$	00
24	Subtract Line 23 from Line 20. If less than zero, enter zero.	23 \$ 24 \$	
24			00
	Subtract Line 23 from Line 20. If less than zero, enter zero.	24\$	00 00
25	Subtract Line 23 from Line 20. <i>If less than zero, enter zero.</i> DC Health Care Shared Responsibility See instructions. <i>If fully covered or fully exempt, enter zero.</i>	24 \$ 25 \$	00 00 00
25 26 27	Subtract Line 23 from Line 20. <i>If less than zero, enter zero.</i> DC Health Care Shared Responsibility <i>See instructions. If fully covered or fully exempt, enter zero.</i> Total tax and DC Health Care Shared Responsibility. <i>Add Line 24 and Line 25.</i>	24 \$	00 00 00
25 26 27 27	Subtract Line 23 from Line 20. <i>If less than zero, enter zero.</i> DC Health Care Shared Responsibility <i>See instructions. If fully covered or fully exempt, enter zero.</i> Total tax and DC Health Care Shared Responsibility. <i>Add Line 24 and Line 25.</i> DC Earned Income Tax Credit	24 \$ 25 \$ 26 \$ 27b \$ 27b \$	00 00 00 00
25 26 27 27 27	Subtract Line 23 from Line 20. <i>If less than zero, enter zero.</i> DC Health Care Shared Responsibility <i>See instructions. If fully covered or fully exempt, enter zero.</i> Total tax and DC Health Care Shared Responsibility. <i>Add Line 24 and Line 25.</i> DC Earned Income Tax Credit a Enter the number of qualified EITC children. 27b Enter earned income amount	24 \$ 25 \$ 26 \$ 27b \$ 27b \$	00 00 00 00
25 26 27 27 27 27 27	Subtract Line 23 from Line 20. <i>If less than zero, enter zero.</i> DC Health Care Shared Responsibility <i>See instructions. If fully covered or fully exempt, enter zero.</i> Total tax and DC Health Care Shared Responsibility. <i>Add Line 24 and Line 25.</i> DC Earned Income Tax Credit a Enter the number of qualified EITC children. 27b Enter earned income amount c For filers with qualifying children. Enter federal EIC	24 \$ 25 \$ 26 \$ 27b \$ 27d	00 00 00 00

	Ent	40 PAGE 3 er your last name. er your TIN						
	29	Refundable credits from DC Schedule U, Part 1b, Line 3. Attach Schedule U.	29 \$	00				
	30	Total refundable credits. Add Line 27d or 27e through Line 29.	30 \$	00				
	31	DC income tax withheld shown on Forms W-2 and 1099. Attach these forms.	31 \$	00				
	32	2022 estimated income tax payments and amount applied from 2021 return.	32 \$	00				
	33	Tax paid with Form FR-127 Extension of Time to File.	33 \$	00				
	34	If this is an amended 2022 return, enter payments made with original 2022 D-40 return.	34 \$	00				
	35	If this is an amended 2022 return, enter refunds requested with original 2022 D-40 return.	35 \$	00				
	36	Total payments and refundable credits. Add Line 30 through Line 34. (Do not include Line 35).	36 \$	00				
	37	Tax Due. Subtract Line 36 from Line 26.	37 \$	00				
ents	38	Amount overpaid. Subtract Line 26 from Line 36.	38 \$	00				
ayme	39	Amount to be applied to your 2023 estimated tax.	39 \$	00				
id br	40	Underpayment Interest. Fill in the oval and attach Form D-2210.	40 \$	00				
DC tax, credit and payments	41	Contribution amount from Schedule U, Part II, Line 5. (Cannot exceed amount on Line 38)	41 \$	00				
, cre	42	Total Amount Due. Add Lines 37, 40 and 41.	42 \$	00				
C tax	43	Net Refund*. Subtract total of Lines 39, 40 and 41 from Line 38	43 \$	00				
ă		Will this refund go to an account outside the U.S.? Yes No See instructions.						
	44	44 Fill in O if either spouse is claiming injured spouse protection. You must attach Form DC-8379.						
	Mar	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. To have your refund deposited to your checking or savings account, fill in oval and enter bank routing and account numbers. See instructions. Routing Number Account Number						
	Fill in 🔘 if you agree to receive your 1099-G Income Tax refund statement electronically (see instructions).							
		party designee To authorize another person to discuss this return with OTR, fill in here and enter the name and pho gnee's name Phone number	ne number of that person. See instructions.					
	Signature Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid preparer is based on information available to the preparer. Your signature Date Preparer's signature Date							
	Spous	e's/registered domestic partner's signature if filing jointly or separately on same return Date Preparer's Tax Identification Number (PTIN) PTIN telephone number					

*Pursuant to the "Earned Income Tax Credit as Basic Income Amendment Act of 2021", for tax year 2022, eligible EITC taxpayers with qualified children may have a portion of their EITC paid in 11 monthly payments. If you are a taxpayer receiving monthly EITC payments, OTR will calculate the distribution of your net refund amount for you and your initial lump sum payment received will differ from the Line 43 Net Refund amount. OTR shall send a notice to every individual whose refund, or any portion thereof, will be paid in monthly refund payments pursuant to the Act.

Eligible DC EITC part-year taxpayers with qualifying children, eligible DC EITC taxpayers without a qualifying child, and Schedule N DC Non-Custodial Parent EITC claimants will NOT have a portion of their EITC paid in monthly payments. They will receive their DC EITC refunds in one lump sum payment.

If you have selected the ReliaCard as your refund choice and are eligible to receive monthly EITC refund payments, please retain your U.S. Bank ReliaCard. Monthly payments will be reloaded onto the initial card that you received containing your initial lump sum refund payment.

All DC EITC credits are immediately subject to the offset provisions of DC Code § 47-4431.