



Important: Print in CAPITAL letters using black ink.

STAPLE OTHER DOCUMENTS IN UPPER LEFT IN BACK

Personal information

Your telephone number

Fill in if: Filing an amended return. See instructions.

OFFICIAL USE ONLY Vendor ID#0000

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

STAPLE W-2s AND ANY OTHER WITHHOLDING STATEMENTS HERE

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, Registered domestic partners filing jointly, Head of household, Qualifying widow(er) with dependent child

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

3 Did you have qualifying health care coverage for all members of your shared responsibility family for the entire year? Yes No

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.

Table with 4 rows: a Wages, salaries, unemployment compensation and/or tips; b Business income or loss; c Capital gain or loss; d Rental real estate, royalties, partnerships, etc. Each row has a dollar sign and a grid for amount.

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 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 *
 - 27a Enter the number of qualified EITC children. 27b Enter earned income amount 27b \$.00
 - 27c For filers **with** qualifying children. *Enter calculated federal EIC amount* > \$.00 X .70 *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

* If you or your spouse do not possess a valid SSN but are otherwise eligible for the federal earned income credit and are filing your DC return using an ITIN, you may claim the DC earned income credit by calculating the federal earned income credit disregarding the SSN requirement. To calculate your earned income credit amount refer to Tax Year 2023 IRS Publication 596, Earned Income Credit (EIC), and the EIC Worksheet in the instructions for IRS Form 1040 and 1040-SR for Tax Year 2023.

