





Important: Print in CAPITAL letters using black ink.

| <b>▲</b>                                     |  | ersonal information<br>our telephone number   |            | Fill in if: Filing an amended return. See instructions. |            |         |          |         |         |                   |        |        | OFFICIAL USE ONLY Vendor ID#0000 |        |                     |
|--|--|---|------------|---|------------|---------|----------|---------|---------|-------------------|--------|--------|----------------------------------|--------|---------------------|
| N BAC  | Υοι  | our taxpayer identification number (TIN) and Date of Birth (MMDDYYY   | /Y)        | Spouse  | 's/regis   | tered d | omesti   | ic part | ner's 1 | ΓIN               | and    | Date   | of Bi                            | rth (M | MDDYYYY)            |
|  | L  |   |            |   |            |         |          |         |         |                   | L      |        |                                  |        |                     |
| ER LE  | You  | our first name M.I. Last  | name       |   |            |         |          |         |         |                   |        |        |                                  |        | Fill in if Deceased |
| UPP  | Spc.   | pouse's/registered domestic partner's first name M.I. Last  | nama       |   |            |         |          |         |         |                   |        |        |                                  |        |                     |
| N S  | Spo  | oouse's/registered domestic partner's first name M.I. Last  | name       | П   |            |         |          |         |         |                   |        |        |                                  |        | Fill in if Deceased |
| MEN  | Hor  | ome address (number, street and suite/apartment number if applicable)   |            |   |            |         |          |         |         |                   |        |        |                                  |        |                     |
| OCO  |  |   |            |   | Т          |         | Т        | Т       | Т       |                   |        |        |                                  |        |                     |
| ER D   | H  |   |            |   |            |         |          |         |         |                   |        |        |                                  | =      |                     |
| STAPLE OTHER DOCUMENTS IN UPPER LEFT IN BACK | City   |   |            |   |            | Ct      | to       | 7:      | n Coo   | do 1 /            |        |        |                                  | _      |                     |
| FAPLE  | City   | y   |            |   |            | Sta     | ile      | Z1      | р Сос   | 16 ±2             |        | Т      |                                  |        |                     |
|  |  |   |            |   |            |         |          |         |         |                   |        |        |                                  |        |                     |
|  | Emai   | ail Address   |            |   |            |         |          |         |         |                   | Ţ      |        |                                  |        |                     |
| ı,   |  |   |            |   | Ш          |         |          |         |         |                   | _      | ᆚ      |                                  | _      |                     |
| Γ  | Filir  | ing status  |            |   |            |         |          |         |         |                   |        |        |                                  |        |                     |
| 1  | 1  | Fill in only one: Single, Married filing jointly,   |            | Marriad t   | filing     | oporo   | toly     |         | Dono    | ndor              | t old  | imad   | lby                              | como   | one else            |
| HERE   | -  | Fill in only one: Single, Married filing jointly,   |            | Married 1   | illilig s  | ерага   | tery,    |         | Depe    | nuei              | IL CIC | iiiieu | шуз                              | SUITIE | one else            |
| NTS  |  | Married filing separately on same return Enter combined amounts for Lines 5–43. See instructions.   |            |   |            |         |          |         |         |                   |        |        |                                  |        |                     |
| TEME   |  | Registered domestic partners filing jointly filing separately on same return Enter combined amounts   |            |   |            |         |          |         |         |                   |        |        |                                  |        |                     |
| STA  |  | for Lines 5-43. See instructions.   |            |   |            |         | -        |         |         |                   |        |        |                                  |        |                     |
| DING   |  | Head of household Enter qualifying  | depend     | ent and/  | or non     | -depei  | ndent    | inforn  | nation  | on S              | Sche   | dule : | S.                               |        |                     |
| HHO  |  | Qualifying widow(or) with dependen  | nt shild   | Entor   | ıalifuir   | a don   | andan    | t and   | lar na  | n do              | oond   | ont in | form                             | action | an Sahadula S       |
| _ WIT  |  | Qualifying widow(er) with dependen  | it Cilliu  | Enter qu  | lalliyli   | g uep   | enaen    | L allu/ | OF HOI  | n-ue <sub>l</sub> | Jenu   | ent n  | IIOIII                           | iation | on schedule s.      |
| AND ANY OTHER WITHHOLDING STATEMENTS HERE    |  |   |            |   |            |         |          |         |         |                   |        |        |                                  |        |                     |
| N O  | 2  | Fill in if you are: Part-year resident in DC from   |            |   |            | to      | П        |         |         |                   |        | See i  | nstru                            | ıction | S.                  |
| ND A   | _  | · · · · · · · · · · · · · · · · · · ·   | (MMI       | DDYYYY  | )          |         | 1)       | MMDI    | DYYY    | Y)                |        |        | ,,,,,,,                          |        | <b>.</b>            |
| -2s  | 3  | Did you have qualifying health care coverage for all members of   | f vour sh. | ared resi   | oonsih     | litv fa | milv fo  | or the  | entire  | o vea             | r? Y   | 25     |                                  | No     |                     |
| STAPLE W                                     | 0  | If no, or if claiming an exemption, complete Schedule HSR (see  |            |   | 50113151   | nty ru  | iiiiy i  | or tire | CHEIR   | , yeu             |        |        |                                  | 740    | ,                   |
| STAP -                                       | <ul> <li>Complete your federal return first – Enter your dependents' information on DC Schedule S ●</li> </ul> |   |            |   |            |         |          |         |         |                   |        |        |                                  |        |                     |
|  |  |   |            |   |            |         |          |         |         |                   |        |        |                                  |        |                     |
|  | Inco   | come Information  |            | 4   | Jana cci   | if m    | inus, er | nter am | ount ar | nd fill           | in ova | I.     |                                  |        |                     |
|  | a  | Wages, salaries, unemployment compensation and/or tips, see instructions.   | ,          | а   |            | Ш       |          |         | 4       |                   | 4      | 4      |                                  | 00     |                     |
|  | b  |   | if loss    | b   |            |         |          |         | _       |                   |        |        |                                  | 00     |                     |
|  | С  | Capital gain or loss.   | if loss    | ) c   |            |         |          |         |         |                   |        |        |                                  | 00     |                     |
|  | d  | Rental real estate, royalties, partnerships, etc. Fill in   | if loss    | ) d   |            |         |          |         |         |                   |        |        |                                  | 00     |                     |
|  |  |   |            |   |            |         |          |         |         |                   |        |        |                                  |        |                     |
|  |  |   |            |   |            |         |          |         |         |                   |        |        |                                  |        |                     |
|  | Cor  | moutation of DC Gross and Adjusted Gross Income   |            |   |            |         |          |         |         |                   |        |        |                                  |        |                     |
|  |  | omputation of DC Gross and Adjusted Gross Income  Federal adjusted gross income From adjusted gross income line   | es on fed  | leral   | Fill in if | loss    |          | 4 \$    |         |                   |        |        |                                  |        | .00                 |
|  | <u>Cor</u><br>4  | reputation of DC Gross and Adjusted Gross Income Federal adjusted gross income. From adjusted gross income line Forms 1040, 1040-SR, 1040-NR or 1040-NR-EZ. | es on fed  | leral   | Fill in if | loss    |          | 4 \$    |         |                   |        |        |                                  |        | .00                 |

| D-40 PAGE 2  Enter your last name.  Enter your TIN  2 3 0 4  |   |
|--|---|
| Additions to DC Income  5 Franchise tax deducted on federal forms, see instructions.  6 Other additions from DC Schedule I, Calculation A, Line 9.  7 Add Lines 4, 5 and 6.  Fill in if loss   | 5 \$ .00<br>6 \$ .00<br>7 \$ .00  |
| Subtractions from DC Income  Part year residents, enter income received during period of nonresidence, see instructions.  Taxable refunds, credits or offsets of state and local income tax.  Taxable amount of social security and tier 1 railroad retirement  Income reported and taxed this year on a DC franchise or fiduciary return.  DC and federal government survivor benefits, see instructions.  Unemployment Insurance Benefits, see instructions.  Other subtractions from DC Schedule I, Calculation B, Line 16.  Total subtractions from DC income, Lines 8-14.   | 8       \$       .00         9       \$       .00         10       \$       .00         11       \$       .00         12       \$       .00         13       \$       .00         14       \$       .00         15       \$       .00 |
| DC adjusted gross income, Line 7 minus Line 15.  Fill in if loss  Deduction type. Take the same type as you took on your federal return. Fill in which type: Standard or  DC deduction amount.  DC taxable income. Subtract Line 18 from Line 16.  Fill in if loss   | Itemized See instructions for amount to enter on Line 17.  18\$ .00  19\$ .00   |
| 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.  Credit for child and dependent care expenses  From federal Form 2441; if part-year DC resident, from Line 5, DC Form 2441  | 20 \$       .00         21 \$       .00   |
| Non-refundable credits from DC Schedule U, Part 1a, Line 7. Attach Schedule U.  Total non-refundable credits. Add Line 21 and Line 22.  Subtract Line 23 from Line 20. If less than zero, enter zero.  DC Health Care Shared Responsibility See instructions. If fully covered or fully exempt, enter zero.  Total tax and DC Health Care Shared Responsibility. Add Line 24 and Line 25.  | 22 \$ .00<br>23 \$ .00<br>24 \$ .00<br>25 \$ .00<br>26 \$ .00   |
| 27 DC Earned Income Tax Credit *  27a Enter the number of qualified EITC children.  27b Enter earned income amount  27c For filers with qualifying children.  Enter calculated federal EIC amount > .00 X .70 Enter result >  27e For filers without qualifying children. See instructions for special calculations.  Enter result > .00 X .70 Enter resul |   |
| * 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.   |   |

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| D-40 PAGE 3   |   | 8   <b>88</b>     88  <b>8</b>      <b>88</b>            <b>88</b>     <b>88</b>     <b>88</b>     <b>88</b> |   |  |  |  |  |  |  |
|---|---|--|---|--|--|--|--|--|--|
| Enter your last name.   |   |  |   |  |  |  |  |  |  |
| Enter your TIN  | 2 3 0 4   | 0 0 1 3 0 0 0 0  |   |  |  |  |  |  |  |
| 29 Refundable cre   | edits from DC Schedule U, Part 1b, Line 3. Attach Schedule U.   | 29 \$ .0   | 0 |  |  |  |  |  |  |
| 30 Total refundab   | le credits. Add Line 27d or 27e through Line 29.  | 30 \$ .0   | 0 |  |  |  |  |  |  |
| 31 DC income tax  | withheld shown on Forms W-2 and 1099. Attach these forms.   | 31 \$ .0   | 0 |  |  |  |  |  |  |
| 32 2023 estimate  | d income tax payments and amount applied from 2022 return.  | 32 \$ .0   | 0 |  |  |  |  |  |  |
| 33 Tax paid with  | Form FR-127 Extension of Time to File.  | 33 \$  | 0 |  |  |  |  |  |  |
| 34 If this is an am   | nended 2023 return, enter payments made with original 2023 D-40 return.                                 |  | 0 |  |  |  |  |  |  |
| 35 If this is an am   | nended 2023 return, enter refunds requested with original 2023 D-40 return.                             |  | 0 |  |  |  |  |  |  |
| 36 Total payment  | s and refundable credits. Add Line 30 through Line 34. (Do not include Line 35).                        |  | 0 |  |  |  |  |  |  |
| 37 Tax Due. Subtr   | act Line 36 from Line 26.   |  | 0 |  |  |  |  |  |  |
| 38 Amount overpa  | aid. Subtract Line 26 from Line 36.   |  | 0 |  |  |  |  |  |  |
| 39 Amount to be   | applied to your 2024 estimated tax.   |  | 0 |  |  |  |  |  |  |
| 40 Underpayment   | t Interest. Fill in the oval and attach Form D-2210.  |  | 0 |  |  |  |  |  |  |
| 41 Contribution a   | mount from Schedule U, Part II, Line 5. (Cannot exceed amount on Line 38)                               |  | 0 |  |  |  |  |  |  |
| 42 Total Amount   | Due. Add Lines 37, 40 and 41.   | 42 \$ .0   | 0 |  |  |  |  |  |  |
| 43 Net Refund*.   | Subtract total of Lines 39, 40 and 41 from Line 38.   | 43 \$ 0  | 0 |  |  |  |  |  |  |
| Will this refund go to an account outside the U.S.? Yes No See instructions.  |   |  |   |  |  |  |  |  |  |
| 44 Fill in if eit   | 44 Fill in if either spouse is claiming injured spouse protection. You <b>must</b> attach Form DC-8379. |  |   |  |  |  |  |  |  |
| Refund Options: Fo  | or information on the tax refund card and program limitations, see instructions or visit our            | website MyTax.DC.gov.  |   |  |  |  |  |  |  |
| Mark one refund ch  | noice: Direct deposit or Reliacard (See instructions) or Pa   | per check  |   |  |  |  |  |  |  |
| Direct Deposit. To ha   | ave your refund deposited to your ochecking or savings account, fill in oval and enter bank rou         | iting and account numbers. See instructions.   |   |  |  |  |  |  |  |
| Routing Nun   | Routing Number Account Number   |  |   |  |  |  |  |  |  |
| Fill in if you agn  | ree to receive your 1099-G Income Tax refund statement electronically (see instru                       | uctions).  |   |  |  |  |  |  |  |
| 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 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  Date |   |  |   |  |  |  |  |  |  |
| Spousa's /ragistavad damestis   |   |  |   |  |  |  |  |  |  |
| Spouse's/registered domestic partner's signature if filing jointly or separately on same return  Date  Preparer's Tax Identification Number (PTIN)  PTIN telephone number   |   |  |   |  |  |  |  |  |  |
|   |   |  |   |  |  |  |  |  |  |

\*Compare your Line 43 Net Refund amount with your DC EITC refund amount. If your Line 43 Net Refund amount is equal to or greater than your DC EITC refund amount, and your DC EITC refund amount is at least \$1200 or more, the DC EITC portion of your refund will be paid in 12 monthly payments. If your DC EITC refund or Line 43 Net Refund amount is less than \$1200, you will receive the entire amount of the refund as a lump sum.

OTR will calculate the distribution of your net refund amount for you and if you are a taxpayer receiving monthly DC EITC payments, your initial lump sum payment will differ from the Line 43 Net Refund amount.

Pursuant to legislation, OTR shall send a notice to every individual whose refund, or any portion thereof, will be paid in monthly refund payments.

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.