## Print Clear

$\star \star \star$ Government of the District of Columbia Information and Dependents
Unless instructed otherwise -
If you fill in any part of this schedule, attach it to your D-40.
Print in CAPITAL letters using black ink.
OFFICIAL USE ONLY Vendor ID\#0002

Enter your last name
Dependents If you have more than 8 dependents, list them on an attachment.

| First name |  | M.I. | Last Name |  |
| :---: | :---: | :---: | :---: | :---: |
| Taxpayer identification number | Relationship |  |  | Date of Birth (MMDDYYYY) |
| First name |  | M.I. | Last Name |  |
| Taxpayer identification number | Relationship |  |  | Date of Birth (MMDDYYYY) |
| First name |  | M.I. | Last Name |  |
| Taxpayer identification number | Relationship |  |  | Date of Birth (MMDDYYYY) |
| First name |  | M.I. | Last Name |  |
| Taxpayer identification number | Relationship |  |  | Date of Birth (MMDDYYYY) |
| First name |  | M.I. | Last Name |  |
| Taxpayer identification number | Relationship |  |  | Date of Birth (MMDDYYYY) |
| First name |  | M.I. | Last Name |  |
| Taxpayer identification number | Relationship |  |  | Date of Birth (MMDDYYYY) |
| First name |  | M.I. | Last Name |  |
| Taxpayer identification number | Relationship |  |  | Date of Birth (MMDDYYYY) |
| First name |  | M.I. | Last Name |  |
| Taxpayer identification number | Relationship |  |  | Date of Birth (MMDDYYYY) |


| Head of household filers <br> or qualifying widow(er) <br> Do not enter your information <br> First name of qualifying non-dependent person | Date of Birth of qualifying non-dependent person (MMDDYYYY) |
| :--- | :--- | :--- | :--- |

## Calculation G-1 Computation of Standard Deduction Calculation G-1 must be completed and submitted with the return except for dependent filers

 * If you were born before January 2, 1959, you are considered to be age 65 at the end of 2023a Basic standard deduction amount. See instructions.
b Enter 1 if you are age 65 or over *
c Enter 1 if you are blind
d Enter 1 if married or registered domestic partner filing jointly or filing separately on same return and your spouse or registered domestic partner is 65 or over *
e Enter 1 if married or registered domestic partner filing jointly or filing separately on same return and your spouse or registered domestic partner is blind
f Total number of additions to standard deductions. Add Lines b through e.
g Additional standard deduction amount. Multiply \$1,500 (\$1,850 if single or head of household) by number on Line $f$. See instructions.
h Total standard deduction. Add Lines a and g, enter here and on D-40, Line 18.
i Total number of dependents


List TINs associated with Income reported and taxed on Franchise and Fiduciary Returns for the amount listed on D-40, Line 11.
a

b
C


