

OFFICIAL USE ONLY

Four empty boxes for identification numbers.

STAPLE OTHER REQUESTED DOCUMENTS IN UPPER LEFT

Personal information

X Amended return X Filing for a deceased taxpayer

Your first name AAAAAAAAAAAAAAAAAA M.I. A Last name AAAAAAAAAAAAAAAAAA

Spouse's first name AAAAAAAAAAAAAAAAAA M.I. A Last name AAAAAAAAAAAAAAAAAA

Your social security number 999-99-9999 Spouse's social security number 999-99-9999 Daytime phone number 999-999-9999

Home address (number and street) If foreign address use Schedule S. 99999AAAAAAAAAAAAAAAAAAAAAAAAAAAAAA Apartment number 99AAA

City AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA State AA Zip 99999-9999

Filing status

1 X Single X Married filing jointly X Married filing separately X Dependent claimed by someone else

X Married filing separately on same return Lines 3 through 43 are combined amounts. Attach Calculation J.

X Head of household Name of qualifying person who is not your dependent appears on Schedule S. Attach Schedule S.

2 X Part-year resident Number of months of D.C. residency: 99

STAPLE W-2s AND OTHER WITHHOLDING STATEMENTS HERE

Income Amounts for lines 3 through 12 are from your federal return. Some types of income reported on your federal return are not listed on your D.C. return, but are included in your federal adjusted gross income. If amount is zero, line is left blank.

3 Wages, salaries, tips, etc. 3 \$ 999999999

4 Taxable interest 4 \$ 999999999

5 Ordinary dividends 5 \$ 999999999

6 Business income or loss Attach copy of federal Schedule C, C-EZ or F. Mark if loss: X 6 \$ 999999999 Federal employer ID 99-9999999

7 Capital gain or loss Attach copy of federal Schedule D. Mark if loss: X 7 \$ 999999999

8 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach copy of federal Schedule E. Mark if loss: X 8 \$ 999999999

9 Other income From 1040, line 21. Mark if loss: X 9 \$ 999999999

10 Federal total income Mark if loss: X 10 \$ 999999999

11 Adjustments Attach copy of page 1 of 1040 or 1040A. 11 \$ 999999999

12 Federal adjusted gross income 12 \$ 999999999

13 Subtractions from federal adjusted gross income From Calculation A. 13 \$ 999999999 For part-year residents, income received while residing outside D.C. \$ 999999999

14 Line 12 minus line 13 14 \$ 999999999

15 Additions to federal adjusted gross income From Calculation B 15 \$ 999999999

16 D.C. adjusted gross income Line 14 plus line 15. 16 \$ 999999999

STAPLE CHECK OR MONEY ORDER HERE



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Your last name. AAAAAAAAAAAAAAAAAAAAAA

Your social security number 999-99-9999

File order 2

D.C. taxable income			Amount from line 16 on the previous page.	16	\$	999999999
17 Deduction type	X Standard	X Itemized	Attach copy of federal Schedule A.			
18 D.C. deduction amount				18	\$	999999999
19 Number of exemptions				99		
20 Exemption amount	\$1,370 multiplied by line 19. If part-year resident, from calculation H.			20	\$	999999999
21	Line 18 plus line 20.			21	\$	999999999
22 Taxable income	Line 16 minus line 21.			22	\$	999999999

D.C. tax, credits, and payments						
23 Tax	X From Calculation J for married filing separately on same return.			23	\$	999999999
24 Out-of-state tax credit	State AA	Attach copy of state return.		24	\$	99999
25 Credit for child and dependent care expenses			Attach copy of federal Form 2441 and if part-year resident, D.C. Form D-2441.	25	\$	99999
26 D.C. Metropolitan Police Department housing credit				26	\$	9999
27 D.C. Low Income Credit	Attach copy of 1040, 1040A or 1040EZ.			27	\$	9999
28 Total non-refundable credits	Total of lines 24 through 27.			28	\$	99999
29 Total tax	Line 23 minus line 28. If line 23 is less than line 28, enter 0.			29	\$	999999999
30 Property tax credit	Attach D.C. Schedule H.			30	\$	99999
31 D.C. Earned Income Tax Credit	Your federal EIC	\$ 9999		31	\$	9999
32 D.C. income tax withheld	From Forms W-2 and 1099.			32	\$	999999999
33 2001 estimated income tax payments				33	\$	999999999
34 Payments made with an extension of time to file	Attach copy of D.C. Form FR-127.			34	\$	999999999
35 Total payments and refundable credits	Total of lines 30 through 34.			35	\$	999999999

Your refund			Amount you owe			
36 Amount you overpaid	36	\$ 999999	41 Tax due	41	\$ 999999	
37 Amount you want to apply to your 2002 estimated tax	37	\$ 999999	42 Contribution to the public trust for drug prevention and children at risk	42	\$ 999999	
38 Contribution to the public trust for drug prevention and children at risk	38	\$ 999999	43 Total amount due	43	\$ 999999	
39 Line 37 plus line 38.	39	\$ 999999	Payment options			
40 Refund amount	40	\$ 999999	<ul style="list-style-type: none"> • Attach check or money order payable to D.C. Treasurer • To pay by credit card, call 1 800 272 9829 or visit www.officialpayments.com and enter jurisdiction code 6000. 			

Third party designee Do you want to allow another person to discuss this return with the Office of Tax and Revenue? Yes No
 Name and phone number of third party. AAAAAAAAAAAAAAAAAAAAAA 999-999-9999

Signature Under penalties of the law, I declare that I have examined this return and to the best of my knowledge it is correct.
 Declaration of paid preparer other than taxpayer is based on all information available to the preparer.

Your signature _____ Date _____ Paid preparer's signature _____ Date _____
 Spouse's signature _____ Date _____ Paid preparer's Federal ID, SSN, or PTIN 99-9999999 Paid preparer's phone number 999-999-9999



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X No longer send D.C. tax forms by mail.