STAPLE OTHER REQUESTED DOCUMENTS IN UPPER LEFT

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## 2005 D-40 SUB Individual Income Tax Return



Leave lines blank that do not apply to you.

Personal information	Mark if	X Amended return OFFICIAL USE ONLY
	Mark if	X Filing for a deceased taxpayer
Your social security number	Spouseís social security number	Your daytime phone number
123456789	123456789	1234567890
Your first name	M.I.	Last name
ABCDEFGHIJKLABC	A	ABCDEFGHIJKLABCDEFGH
Spouseís first name	M.I.	Last name
ABCDEFGHIJKLABC	A	ABCDEFGHIJKLABCDEFGH

Mark if X this is your first return or if your address is different from your last return. Home address (number and street) If foreign address use Sched S.

12345ABCDEFGHIJKLABCDEFGH

12ABC

ABCDEFGHIJKLABCDEFGHIJKLABC

2D BARCODE

29

31

62

Zipcode ABCDEFGHIJKLABCDEFGH AB 123456789

	<u>Filir</u>	ng	<u>status</u>
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- X Married filing jointly 1 Mark only one: X Single x Married filing separately x Dependent claimed by someone else
  - Married filing separately on same return Enter combined amounts for lines 3 through 43. See instructions. X
  - X Head of household Enter the name of qualifying dependent or non-dependent on Schedule S.
- 2 Mark if you are: X Part-year resident Enter number of months of DC residency See instructions. 00

Filing status			
1 Mark only one: X Single X Married filing jointly X Married X Married filing separately on same return E X Head of household Enter the name of qualifying	nter combined amounts for line	s 3	
2 Mark if you are: X Part-year resident Enter number of months of			
Income Copy the amounts for Lines 3 -12 from your federal return.			Round cents to the nearest dollar.
Information Some income lines on your federal return may not need to be	e copied		If amount is zero, leave the line blan
<ul><li>3 Wages, salaries, tips, unemployment compensation, etc.</li><li>4 Taxable interest</li></ul>		3	\$123456789. <b>00</b> \$123456789. <b>00</b>
5 Ordinary dividends		5	\$123456789.00
6 Business income or loss Attach copy of Federal Schedule C or C-EZ	Mark if loss: X	6	\$123456789.00
If you had farm income, see instructions. Attach a copy of Federal Schedule Federal employer ID 123456789			V 123 130 703 1 <b>0</b>
7 Capital gain or loss Attach copy of federal Schedule D.	Mark if loss: X	7	\$123456789.00
8 Rental real estate, royalties, partnerships, S corporations, trusts, e  Attach copy of federal Schedule E.	tc. Mark if loss: X	8	\$123456789.00
9 Pension and annuity. IRA distribution and other income	Mark if loss: X	9	\$123456789.00
10 Federal total income From 1040, Line 22.	Mark if loss: X	10	\$123456789.00
11 Adjustments From 1040, Line 36 or 1040A, Line 20 Attach copy of page 1 Computation of DC Adjusted Gross Income	1 of 1040 or 1040A.	11	\$123456789.00
12 Federal adjusted gross income	Na. 1. (4)	10	¢122456780 <b>00</b>
From 1040, Line 37; 1040A, Line 21; 1040EZ, Line 4.	Mark if loss: X		\$123456789.00
13 Subtractions from federal adjusted gross income From Line I, Calcu	Maximum \$6000	13	\$123456789. <b>00</b> 1234. <b>00</b>
13a Amount you paid (or carried over) to DC college savings plan in 20 (Part-year residents see instructions)	005 (for joint filers)	13a	1234.00
13b Part-year residents (information only)			
	456789. <b>00</b>	$\Box$	41004555
14 Add Lines 13 and 13a, subtract the total from Line 12, enter result.	Mark if loss: X	14	\$123456789.00
15 Additions to federal adjusted gross income From Line h, Calculation E		15	
16 DC adjusted gross income Add Lines 14 and 15.	Mark if loss: X	16	\$123456789. <b>00</b>

Enter your SSN 1234567879

Enter your SSN 1234567879

17 Deduction type:   X Standard Sentance trains a part code on your 1946.	DC:	adjusted gross income Etter adjuted gro	s income fin	om Line 16 (from pa	ge 1).		Mark if loss: X	16 \$	123	3456	5789	.00
X   Itemized   Petach Congret from Footband   Petach Street   Control, proc Internations   18 \$ 123456789   .00	17	Deduction type Take the same type of	deduction	as you took or	your 1	040.						
18   123456789   00	1	ark which type: X Standard See	instructio	ons for amount t	o enter	on Lin	ne 18.					
19   Number of exemptions		X Itemized Att	ach copy o	of federal Sch A	; attach	DC Sc	h S, enter on Line 18.					
Asso, if you or your spouse are over 65 or blind, complete and attach Calculation G, Schedule S   20 \$ 123456789   .00	18	DC deduction amount Do not copy fi	rom federa	l form .For a	mount to	o ente	er, see instructions.	18 \$	123	3456	6789	.00
Asso, if you or your spouse are over 65 or blind, complete and attach Calculation G, Schedule S   20 \$ 123456789   .00	19	Number of exemptions of more than 1	(mme the	n 2 if filim -	ioint (x)	at t	ach Calculation G. Schedule S.	19			00	
20   \$ 1.23456789   .00												
21 Add Lines 18 and 20.  22 Tax delincome axtrace: Line 22 from tains 15, 22 langue than Line 16, Jenne Mach I June 18.  23 Tax III Line 22 is 100,000 or less. Use tax hables on pages 49-58. If more, use Calculation 1, page 11.  24 Out-of-state tax credit From Calculation X. Altisch copy of state return.  25 Credit for child and dependent care expenses Enter from 62.4441, line 27 is amount x32 > 25 123456789.  26 DC police first time homebuyer credit  27 DC Low Income Credit Complete calculation 1, page 12, attach a copy of your 1040. 1040A or 1040E2.  28 Total non-refundable credits Add Lines 28 - 27.  29 STOTAL ASS Mark M. 25 Mark M. 25 Mark M. 25 Mark M. 28 Mark M. 25 Ma	20								123	3456	5789	.00
Total payments   Tota				<i>J.</i> 1410 year 10	-DIGCIIC	o caoc						
DC   tax. credits and payments			ine 16. I	f Line 21 is mor	e than 1	ine 1	6, leave blank. Mark if loss: X					
Tax	-											
Near   X   if married filing separately on same return. Complete Calculation J on Schedule S.			use tav ta	hles on nages	19-58	If m	ore use Calculation I page 11	22 4	121	2156	5789	00
24	23							23 9		) <del>T</del> J (	5709	.00
25   Credit for child and dependent care expenses Enter from fed. 2441, line 9 or 1040A, Sch.2 amount	24							24		1.	2345	00
Attach copy of federal Form 2441 or 1040A, Sch. 2. if part-year DC resident, attach DC Form D-2441.  26 DC police first time homebuyer credit 7 DC Low Income Credit Complete calculation 1, page 12, attach a copy of your 1040, 1040A or 1040E2 27 12345 .00 28 Total non-refundable credits Add Lines 24 - 27. 28 12345 .00 29 Total tax Subtract Ins 28 Ins 21 kes tan Ins 21 Ins 21 kes tan Ins 21 Ins 21 kes tan Ins 23 Ins 21 kes tan Ins 24 Ins					1							
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27   DC Low Income Credit   Complete calculation   L. page 12, attach a copy of your 1040, 1040A or 1040EZ   27   12345   .00   28   12345   .00   29   Total tax   Subtract   Line 32 file 28 fish in the 28   Ease blenk   29   \$123456789   .00   30   Property tax credit   Attach   DC   Schedule   H   .     30   12345   .00   30   .00   .	26			sii. z; ii pait-ye	ar DC r	esiuei	ni, attacii DC Foini D-2441.		26	1	2345	00
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29 \$ 123456789 .00  30	1_ L					icii a	copy or your 104d, 1040A or 1040L2					
30 12345 .00  31 DC Earned Income Tax Credit Enter your federal EIC \$1234.00 x .35 = 31 123456.00  32 DC income tax withheld From Forms R-2 and 1099. Attach correct copies. 32 \$123456789 .00  33 2005 estimated income tax payments  34 Payments made with an extension of time to file. (or with original return if this is an amended return).  35 Total payments and refundable credits. Add lines 30 - 34. 35 \$123456789 .00  36 Amount you overpaid 36 \$123456.00 41 Tax due 35 is more than Line 29. Amount you wee Complete only if Line 35 is less than Line 29.  36 Amount you overpaid 36 \$123456.00 41 Tax due 41 \$123456.00  37 Amount you want to apply 37 \$123456.00 42 Contribution to the Public Trust for your 2006 estimated tax  38 Contribution to the Public Trust 38 \$123456.00 43 Total amount due 43 \$123456.00  38 Contribution to the Public Trust 38 \$123456.00 43 Total amount due 43 \$123456.00  39 Add Lines 37 and 38 39 \$123456.00 43 Total amount due 43 \$123456.00  30 Refund amount 40 \$123456.00 41 Tax due 41 \$123456.00  31 And Lines 37 and 38 39 \$123456.00 41 Total payment options to the Public Trust of Declaration and Children at Risk 100 Lines 31 and 42.  39 Add Lines 37 and 38 39 \$123456.00 41 Total payment options to the payable to DC Treasurer 100 Declaration of paid preparers in the law, I declare that I have examined this return with the Office of fax and Revenue, enter the name and phone number of that person.  20 Under penalties of the law, I declare that I have examined this return and to the best of my knowledge it is correct. 1234567890  20 Declaration of paid preparers Elin, SN, or PTIN 123456789						n bbn	u u	20 5				
DC Earned Income Tax Credit  Complete calculation L, page 12, attach a copy of your federal return.  DC income tax withheld \$\text{Firms N-2}\$ and \$1099\$. Attach coxxect copies.  32 \$ \$ 123456789 .00  33 \$ 2005 estimated income tax payments  33 \$ \$ 123456789 .00  34 Payments made with an extension of time to file (or with original return if this is an amended return)  35 Total payments and refundable credits \$Add lines 30 - 34.  36 \$ \$ 123456789 .00  37 Amount you overpaid  36 \$ \$ 123456 .00 41 Tax due  Subtract Line 29 from Line 35.  Amount you want to apply  37 \$ \$ 123456 .00 42 Contribution to the Public Trust for your Prevention and Children at Risk  Contribution to the Public Trust 38 \$ 123456 .00  Drug Prevention and Children at Risk  Contribution to the Public Trust 38 \$ 123456 .00  Add Lines 37 and 38. 39 \$ 123456 .00  Refund amount  40 \$ 123456 .00  Payment options  Add Lines 37 and 38. 39 \$ 123456 .00  Payment options  Drug Prevention and Children at Risk  Contribution to the Public Trust 38 \$ 123456 .00  Drug Prevention and Children at Risk  Contribution to the Public Trust 38 \$ 123456 .00  Add Lines 37 and 38. 39 \$ 123456 .00  Refund amount  40 \$ 123456 .00  Payment options  Add Lines 37 and 38. 39 \$ 123456 .00  Drug Prevention and Children at Risk  Contribution to the Public Trust of the payment options  Add Lines 37 and 38. 39 \$ 123456 .00  Drug Prevention and Children at Risk  Drug Prevention and Children at Risk to the payment options  Add Lines 37 and 38. 39 \$ 123456 .00  Drug Prevention and Children at Risk to the payment options  Drug Prevention and Children at Risk to the payment options  Drug Prevention and children at Risk to the payment options  Drug Prevention and Children at Risk to the payment options  Drug Prevention and Children at Risk to the payment options  Drug Prevention and Children at Risk to the payment options  Drug Prevention and Children at Risk to the payment options  Drug Prevention and Children at Risk to the payment options  Drug Prevention and Children at Risk to the					o, i <del>ta</del> l	e uan						
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