| overnme | | | | | | | | | |
|---|---|----------------------|--------------------------|----------|---------------------|----------------|----------------|------------|--------|
| istrict of | And the solumbia 2006 D-40 SUB Individual Income Tax Return | | | | | | | | |
| | | | | | | | | | |
| Le | ave lines blank that do not apply. | · 1 | 0 | 0 | 0 | 0 | | | |
| | | | | | | | | | |
| You You You You A | rsonal information Mark if A Amended return | | | | | _ | | | |
| 5 | | | _ | | | _ | | | |
| Yo | rr social security number Spouse's social security number Your daytime phone number | | _ | | | _ | | | |
| ; 1: | 23456789 123456789 1234567890 | | _ | | | _ | | | |
| Yo | Ir first name M.I. Last name | | | | | _ | | | |
| | BCDEFGHIJKLABC A ABCDEFGHIJKLABCDEFGH | | _ | | | _ | | | |
| Sp | busels first name M.I. Last name | | | | | _ | | | |
| Sp A | BCDEFGHIJKLABC A ABCDEFGHIJKLABCDEFGH | | | | | | | | |
| | k if X this is your first return or your address is different from your last return. | | | | | | | | |
| Ho 12 Ci | ne address (number and street) If you have a foreign or in-care-of address use Schedule S. $2 \mathrm{D}\mathrm{BA}$ | D | 1 | 1 | | Т | J. | | |
| 12 | 2345ABCDEFGHIJKLABCDEFGH Apart # 12ABC 4 | | | ~ | | |). | Ľ | / |
| Ci | ty State Zipcode + 4 | | | | | | | | |
| | CDEFGHIJKLABCDEFGH AB 123456789 | | | | | | | | |
| - | | | | | | | | | |
| | Complete your federal return first - Enter your dependents' information on DC Sched | lule | 5 | | | | | | |
| Fi | ing status | | | | | | | | |
| | Mark only one: X Single X Married filing jointly X Married filing separately X Deper | ndent | clai | mec | d by | / 50 | ome | one | e else |
| | X Married filing separately on same return Enter combined amounts for lines | | | | | | | | |
| | X Head of household Enter the name of qualifying dependent or non-dependent or | | | | | | | [] | |
| 2 | Mark if you are: X Part-year resident In DC from 0.0 (month) to 0.0 (month), # of month | | | | inst | run | tion | s. | |
| | | | - | | | | | | |
| 1 2 In a b c d | | | | | | | | | |
| in | Come Information Round cents to the nearest dollar. If the am | | | | | | | nes | plank. |
| a | | 234 | | | | | | \square | |
| b | | 234 | 56' | / 8 ! | 9. | 00 | | \square | |
| 5 | Attach copy of federal 1040 Schedule C | | | | $\left \right $ | _ | | \square | |
| C | | 234 | | | | | | \square | |
| d | | 234 | 56 | 78 | 9. | 00 |) | \square | |
| 2 | Attach a copy of federal 1040 Schedule E | | | | \parallel | _ | | | |
| C | omputation of DC Gross Income | | | | | | | | |
| 3 | Federal adjusted gross income Mark if loss X | 3 | \$1 | 23 | 34 | 56 | 78 | 39. | 00 |
| | From 1040, Line 37; 1040A, Line 21; 1040EZ, Line 4. | | | | | | | | |
| A | dditions to DC Income | | | | | | | | |
| 4 | Franchise tax deduction see instructions | 4 | \$1 | 23 | 34 | 56 | 78 | 39. | 00 |
| 5 | Deductions for an S corporation from federal Schedule K-1, Form 1120S | 5 | \$1 | 23 | 34 | 56 | 78 | 39 | 00 |
| - 6 | Other additions from Schedule I, Calculation A see instructions | 6 | | | | | | | 00 |
| 7 | Add federal adjusted gross income and additions to DC Income Mark if loss X | | | | | | | | 00 |
| . / | (lines 3, 4, 5 and 6) | | | | - 1 | | 10 | | |
| - | omputation of DC Adjusted Gross Income | | | | | | | | |
| <u>C</u> | | | + | | $\uparrow \uparrow$ | | | \square | |
| 5 | | | + | ++- | | | | \vdash | |
| | Ibtractions from DC Income | 0 | 4 - | 2- | | | | | 00 |
| 8 | Income received during period of nonresidence see instructions | 8 | | | | | | | 00 |
| | Taxable refunds, credits or offsets of state and local income tax | 9 | Ş1 | 23 | 34 | 56 | ·7 8 | 39. | 00 |
| 9 | | | ++ | | | _ | | | |
| | Li Llovable empluet et espiral écolurity and tior 1 réiliged retirement 1040 line 206 10404 line 146 | 10 | | | | | | | 00 |
| 9 10 10 | | | S1 | 123 | 34 | 56 | 78 | 39. | 00 |
| 5 1(11 | | 11 | -T - | | | | | \square | |
| 5 1 (| Income reported and taxed this year on a DC franchise or fiduciary return | 11 | т - | | | | | 39. | 00 |
| 9 1(11 11 | Income reported and taxed this year on a DC franchise or fiduciary return | | | 23 | 34 | 56 | 78 | | |
| 5 1 (| Income reported and taxed this year on a DC franchise or fiduciary return DC and federal government pension and annuity exclusion | 12 | | | | | | 39. | 00 |
| | Income reported and taxed this year on a DC franchise or fiduciary return DC and federal government pension and annuity exclusion | 12 | \$1 | | | | | 39. | 00 |
| | Income reported and taxed this year on a DC franchise or fiduciary return DC and federal government pension and annuity exclusion DC and federal government survivor benefits | 12 13 | \$1 \$1 | 23 | 34 | 56 | 78 | | |
| | Income reported and taxed this year on a DC franchise or fiduciary return DC and federal government pension and annuity exclusion DC and federal government survivor benefits | 12 13 | \$1 | 23 | 34 | 56 | 78 | | |
| | Income reported and taxed this year on a DC franchise or fiduciary return DC and federal government pension and annuity exclusion DC and federal government survivor benefits Other subtractions from Schedule I, Calculation B see instructions | 12 13 14 | \$1 \$1 \$1 | 23 | 34 34 | 56 56 | 78 78 | 39. | 00 |
| | Income reported and taxed this year on a DC franchise or fiduciary return DC and federal government pension and annuity exclusion DC and federal government survivor benefits Other subtractions from Schedule I, Calculation B see instructions Add the subtractions from DC income lines 8 - 14 | 12 13 14 15 | \$1 \$1 \$1 \$1 | 23 23 | 34 34 34 | 56 56 56 | 78 78 78 | 39. 39. | 00 |
| | Income reported and taxed this year on a DC franchise or fiduciary return DC and federal government pension and annuity exclusion DC and federal government survivor benefits Other subtractions from Schedule I, Calculation B see instructions Add the subtractions from DC income lines 8 - 14 | 12 13 14 15 | \$1 \$1 \$1 \$1 | 23 23 | 34 34 34 | 56 56 56 | 78 78 78 | 39. 39. | 00 |
| | Income reported and taxed this year on a DC franchise or fiduciary return DC and federal government pension and annuity exclusion DC and federal government survivor benefits Other subtractions from Schedule I, Calculation B see instructions Add the subtractions from DC income lines 8 - 14 | 12 13 14 15 | \$1 \$1 \$1 \$1 | 23 23 | 34 34 34 | 56 56 56 | 78 78 78 | 39. 39. | 00 |
| | Income reported and taxed this year on a DC franchise or fiduciary return DC and federal government pension and annuity exclusion DC and federal government survivor benefits Other subtractions from Schedule I, Calculation B see instructions Add the subtractions from DC income lines 8 - 14 | 12 13 14 15 | \$1 \$1 \$1 \$1 | 23 23 | 34 34 34 | 56 56 56 | 78 78 78 | 39. 39. | 00 |
| | Income reported and taxed this year on a DC franchise or fiduciary return DC and federal government pension and annuity exclusion DC and federal government survivor benefits Other subtractions from Schedule I, Calculation B see instructions Add the subtractions from DC income lines 8 - 14 DC adjusted gross income Line 7 minus Line15. | 12 13 14 15 | \$1 \$1 \$1 \$1 | 23 23 | 34 34 34 | 56 56 56 | 78 78 78 | 39. 39. | 00 |

| | | | | | | | | | | | _ | ╞╇ | |
|----------|---|------------------|-----------|----------|------------------|--------------------|-------------|----------|----------|-----------|------|--------------|----------|
| | | | | | | | | H | | | + | ++ | |
| | | | | | | | | | | | | | |
| | your last name_ABCDEFGHIJKLABCDEFGH | | | | | | ίΨ | Ц | | | _ | | |
| Enter | your SSN 1234567879 | 4 Z | 0 | | 0 | 0 | , | 0 | _ | | | | |
| 16 | DC adjusted gross income. Entry adjusted gross income from Line 10, and 1 | | | | | | _ | _ | - | | | | |
| | DC adjusted gross income Enter adjusted gross income from Line 16, page 1 Mark if loss X | 16 | \$ | 1: | 23 | 34 | £5 | 56 | 57 | 8 9 | 9. | 00 |) |
| 17 | Deduction type Take the same type of deduction as you took on your federal return | | | _ | | | _ | _ | _ | | | | |
| | Mark which type: X Standard See instructions for amount to enter on Line 18 | | | _ | | | _ | _ | _ | | _ | | |
| | X Itemized See instructions. Attach fed Sch A and DC Sch S | | | _ | | | _ | _ | _ | | | | |
| 18 | DC deduction amount Do not copy from federal form. For amount to enter, see instructions. | 18 | \$ | 1 | . 2 | 34 | 4 ! | 56 | 67 | 18 | 9 | . 0 (| 0 |
| 19 | Number of exemptions If more than 1 (more than 2 if filing jointly), attach Calculation G, Schedule S | 19 | | _ | | | _ | _ | _ | 00 | 0 | | |
| _ | Also, if you or your spouse are over 65 or blind, complete and attach Calculation G, Schedule | | ¢ | | - | _ | _ | _ | _ | | _ | | _ |
| 20 | Exemption amount Multiply \$1,500 by line 19 amount. | 20 | \$ | 1 | .2 | 34 | 4 ! | 56 | 5. | /8 | 9. | . 0 0 | C |
| | Part-year DC residents use Calculation H to determine exemption amount. | | \square | | - | - | + | _ | + | H | _ | + | |
| 21 | Add Lines 18 and 20. | 21 | | | | | | | | | | . 0 (| |
| 22 | Taxable income Subtract Line 21 from Line 16. Enter result, if minus, mark if loss. Mark if loss X | 22 | \$ | 1 | 2 | 34 | 45 | 56 | 57 | 18 | 9 | . 0 (| 0 |
| | | | | | - | <u> </u> | + | + | + | +++ | - | <u>+</u> ++- | |
| | ax, credits and payments | | - | _ | - | - | + | _ | + | H | _ | + | |
| 23 | Tax If Line 22 is \$100,000 or less, use tax tables. If more, use Calculation I | 23 | \$ | 1 | 2 | 34 | 45 | 56 | 57 | / 8 | 9. | . 0 0 | D |
| Mark | X if married filing separately on same return. Complete Calculation J on Schedule S. | | + | _ | $\left \right $ | $\left + \right $ | + | + | + | ++ | _ | + | |
| 24 | | x .32 = | + | 2 | 4 | \$ | _1 | - 2 | : 3 | 4! | 5. | 00 | U |
| | a copy of your federal Form 2441 or 1040A, Schedule 2; if you are a part-year DC resident, attach DC Form D-2441 | | + | - | ⊢ | - | _ | + | - | + | + | | |
| 25 | Add other non-refundable credits from DC Schedule U | | + | | | | | | | | | . 0 (| |
| 26 27 | DC Low Income Credit <i>Complete Calculation L. Attach copy of your federal return.</i> Total non-refundable credits <i>Add Lines 24, 25 and 26.</i> | | | | | | | | | | | 00 | |
| | | | | 1 | 21 | 34 | | | | | | . 0 0 | |
| 28 | Total tax Subtract Line 27 from Line 23. If Line 23 is less than Line 27, leave blank. | 28 | \$ | + | + | \vdash | | | | | | . 00 | |
| 29 | DC Earned Income Tax Credit Enter your federal EIC <u>\$</u> x .35 = | 29 | \$ | + | + | \vdash | -1 | 12 | 13 | | | . 0 0 | J |
| 29a | Enter the number of qualified EITC dependents | 29a 30 | | - | + | \vdash | - | 1 - | | 0 | | ~ | |
| 30 | Property Tax Credit Complete and attach DC Schedule H | | ⊅ \$ | + | + | \vdash | | | | | | .00 .00 | |
| 31 | Other refundable credits from DC Schedule U Complete and attach DC Schedule U | | | 7 | 2 | 2 | | | | | | | |
| 32 | DC income tax withheld From Forms W-2 and 1099. Attach correct copies. | 32 | \$ | + | 4 | 4 د | ± 5 | ז כ | / כ | ð | ٦. | . 00 | |
| 33 | 2006 estimated income tax payments | 22 | \$ | 1 | 2 | 3. | 4 r | 5, | 6 - | 78 | 9 | . 0 (| 0 |
| | | | | | | | | | | | | . 0 (| |
| 34 | Payments made with an extension of time to file (or with original return if this is an amended return) | 57 | Ψ | ╧ | | | τÇ | | 1 | | 1 | | |
| 35 | | 35 | \$ | 1 | 2 | 3, | Δſ | 56 | 6 - | 78 | 9 | . 0 (| 0 |
| - 30 | Total payments and refundable credits Add lines 29 - 34. | | | Ť | | | 1 | | | Ŭ | 1 | | |
| You | refund Complete only if Line 35 is more than Line 28 Amount you owe Complete only if Line 35 is less | <u>s</u> than Li | ne 2 | 28. | | | | | _ | | | | |
| 26 | | | 1 | 1 | 4 | | 1 . | 2- | 2 / | | c | 00 | ` |
| 36 | Amount you overpaid 36 \$ 123456.00 41 Tax due Subtract Line 28 from Line 35. Subtract Line 35 from Line 28. | | 4 | 1 | \$ | - | ⊥ ∠ | 43 | 54 | : 2 | ο. | 00 | |
| 27 | | | | 2 | ~ | + | 7 | <u>,</u> | <u>,</u> | 1 - | C | <u>^</u> | |
| 37 | Amount you want to apply 37 \$ 123456.00 42 Enter contribution amount to your 2007 estimated tax from Schedule U, Part II | | 4 | 2 | \$ |) | 4 | 4 | 34 | FР | ь. | . 0 0 | |
| 38 | | | | 2 | \$ | + | 1, | 2. | 2/ | 1 5 | 6 | . 0 0 | |
| 50 | Enter contribution amount from 38 \$ 123456.00 43 Total amount due Schedule U, Part II Add Lines 41 and 42. | | 4 | <u>о</u> | ç | <u> </u> | - | | 54 | 2.5 | 5. | | |
| 39 | Add Lines 37 and 38. 39 \$ 123456.00 | | + | + | + | \vdash | + | + | + | + | + | + | |
| 40 | Defined encount 40 G 1 22 4 E C 0 0 Payment options | | \square | - | $\left \right $ | | + | + | + | + | + | + | |
| 40 | • Make check of from Line 26 | | | | | H | + | + | t | \square | + | + | |
| | • To pay by credit card, call 1- 800 - 27 www.officialpayments.com and enter [| | | | | | <u>5</u> 0(| 00 | | | | | |
| Third | party designee If you want to allow another person to discuss this return with the Office of Tax and Revenue, enter the name and phone number of that p | | | | | | | | T | | | | |
| | | | | | | | | | | | | | |
| | Under penalties of the law, I declare that I have examined this return and to the best of my knowledge it is correct. | 12 | 34 | 5 | 67 | 78 | 9 | 0 | | | | | |
| | Declaration of paid preparer other than taxpayer is based on all information available to the preparer. | Paid | | | | | | | nu | mbe | ər | | |
| | | 12 | | | | | | | | | | | |
| | signature Date Occupation | Paid | | | | | | | | ۱, о | r P | TIN | |
| Your | | | | | | | | | | | | | |
| | | 12 | :34 | ±υ | | | | | | | | | |
| | e's signature if filing jointly or separately on same return Date Occupation | 12 Paid | | | | | igna | atu | ıre | and | l da | ite | |
| | e's signature if filing jointly or separately on same return Date Occupation | | | | | | ign. | atu | ıre | and | l da | ate | |
| | e's signature if filing jointly or separately on same return Date Occupation | | | | | | ign | atu | Jre | and | sb t | ite | - |
| | e's signature if filing jointly or separately on same return Date Occupation 2006 D-40 SUB P2 Rev 11/16/06 | | | | | | ign | atu | Jre | anc | sb t | ate | |