Government of the District of Columbia

9 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33

2006 D-40EZ SUB Income Tax Return for Single and Joint Filers with No Dependents



62 63

77 78 79 80 81 82 83 84 85

39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61

			Single X Ma	arried filing jointly
'our first name ABCDEFGHIJKLABC	M.I. Last name A ABCD	EFGHIJKLABCDEF	2Н	
Spouse's first name	M.I. Last name			
		EFGHIJKLABCDEFO	ЧН	
our social security number	Spouse's social security nu		e phone number	
L23456789	123456789	123456		
lome address (number and street) Mark	if X this is your first return or if	your address is different from your 1	last return. A	Apartment number
2345ABCDEFGHIJKLAE				L2ABC
ity		State Zij	pcode + 4	
ABCDEFGHIJKLABCDEFO	H	AB 12	3456789	
DC Income tax Do not enter cen	ts. Round cents to the nearest dol	lar. If amount is zero, make		TER DOLLARS ONLY
	nemployment compensation, e	tc.		\$ 12345.00
2 Taxable interest and ordinary	dividends (If more than \$1500, ye	ou must file Form D-40.)	2 5	\$ 12345. 00
	d Lines 1 and 2. (If more than \$100,			\$ 12345.00
	nption amount If single, enter \$4		nter \$5,500. 4	\$ 12345. 00
If you can be claimed as a depende	nt on another's tax return, mark here	X and enter \$2,500.		
	ne 4 from Line 3. If Line 4 is equal to	o or more than Line 3, make no		5 12345.00
5 Tax Use tax tables to find the ta				12345.00
DC Low Income Credit If you	qualify for this credit and claimed an E			§ 12345. 00
	complete Calculation A to see if this of			
R Not tax Subtract line 7 form line	both DC credits. Attach a copy of your			12345.00
8 Net tax Subtract Line 7 from Line	e 6. If Line 7 is equal to or more than	Line o, make no entry.	Ö	$p \perp 2545.00$
a Voluntary contribution to the	Public Trust for Drug Prevention	on and Children at Risk		12345.00
-	DC statehood delegation fund			12345. 00
0 Tax and/or voluntary contribu	tion Add Lines 8, 9a and 9b.		10 \$	\$ 12345. 00
	From Forms W-2 and 1099 - attach	these forms		12345. 00
12 Payments made with an extension of time to file or paid with original return				5 12345. 00
if this is an amended return				
.3 DC Earned Income Tax Credi	t Enter your federal Earned	Income Credit \$1234	_x .35 = 13 \$	\$ 12345. 00
	f your Federal return. (Leave blank if y	ou took DC Low Income Credit	on line 7)	
Enter the number of EITC qu				
4 Total payments and credits	Add lines 11 - 13.		14 \$	\$ 12345.00
5 Your refund	15 \$ 12345. 00	16 Amount you ow		•
If Line 14 is larger subtract Line 10		If Line 10 is larger s	subtract Line 14 from Lir	ne 10.
Make your check or money order pa To pay by credit card, call !-800-27	2-9829 or visit www.official payments.	com and enter DC jurisduction of	ode 6000	
	/, I declare that, to the best of my knowledge, this			
Your signature	eparer is based on all the information available to Date	the preparer. Paid preparer's sign	ature	Date
Spouse's signature if filing jointly	Date	Paid preparer's FEIN	I, SSN, or PTIN Paid	preparer's phone number
		123456789) 10'	34567890
Send your signed and com	pleted original return to: Office of T			
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