Government of the District of Columbia

2005 SCHEDULE S Supplemental Information and Dependents

0 5 0 4 0 0 1 3 0 0 0 0

Unless directed otherwise –
If you fill in any part of this schedule, staple it to your D-40.
Print in CAPITAL letters using black ink.

*Enter your **last** name.* *Enter your social security number.*

Foreign address *Do not abbreviate country name.*

Home address (number and street) Apartment number

City

State/Province Daytime phone number

Country Postal code

Dependents *If you have more than 4 dependents, attach a statement to this schedule listing the name, relationship to you and social security number of each.*

First name M.I. Last Name

Social security number Relationship

First name M.I. Last Name

Social security number Relationship

First name M.I. Last Name

Social security number Relationship

First name M.I. Last Name

Social security number Relationship

Head of household filers

SSN of qualifying non-dependent person

First name of qualifying non-dependent person M.I. Last Name

Income from DC franchise or fiduciary tax return

Name of entity Federal employer ID number or SSN Your share of income $ 00

Name of entity Federal employer ID number or SSN Your share of income $ 00

Last name and SSN

0 5 0 4 0 0 1 4 0 0 0 0

Calculation G Number of exemptions

Do not attach this schedule to your D-40 if you only filled in Lines a, f and i of this Calculation and have not filled in any other section of Schedule S.

a	Enter 1 for yourself and	a
b	Enter 1 if you are filing as a head of household and	b
c	Enter 1 if you are age 65 or over and	c
d	Enter 1 if you are blind	d
e	Enter number of dependents	e
f	Enter 1 for your spouse if married filing jointly or married filing separately on same return	f
g	Enter 1 if you are married filing jointly or married filing separately on same return, and your spouse is age 65 or over	g
h	Enter 1 if you are married filing jointly or married filing separately on same return, and your spouse is blind	h
i	Total number of exemptions *Add Lines a–h, enter here and on D-40, Line 19.*	i

Calculation J Tax computation for married filing separately on same return

Enter separate amounts in each column. Do not combine amounts until you reach Line k.

			You	*Your spouse*
a	Federal adjusted gross income *If you and your spouse filed separate federal returns, enter amounts from 1040, Line 37 or 1040A, Line 21. If you and your spouse filed a joint federal return, enter each person's portion of federal adjusted gross income.*	a		
b	Total additions to federal adjusted gross income *Enter each person's portion of additions entered on D-40, Line 15.*	b		
c	***Add Lines a and b.***	c		
d	Total subtractions from federal adjusted gross income *Enter each person's portion of subtractions entered on D-40, Lines 13 and 13a.*	d		
e	DC adjusted gross income *Subtract Line d from Line c.*	e		
f	Deduction amount *Enter each person's portion of deductions entered on D-40, Line 18. (You may allocate this amount any way you like.)*	f		
g	Exemption amount *Enter each person's portion of the exemption amount entered on D-40, Line 20.*	g		
h	***Add Lines f and g.***	h		
i	Taxable income *Subtract Line h from Line e.*	i		
j	Tax. *If Line i is $100,000 or less, use tax tables on pages 49-58. If more than $100,000, use Calculation I, page 11.*	j		
k	***Add the amounts on Line j,*** *enter here and on D-40, Line 23.*	k		*Total tax*

Additional Information from Federal Form 1040 Schedule A (attach a copy)

a	Medical and Dental Expenses *from Schedule A, Line 4*	a $	00
b	Taxes Paid *from Schedule A, Line 9*	b $	00
c	Interest Paid *from Schedule A, Line 14*	c $	00
d	Gifts to Charity *from Schedule A, Line 18*	d $	00
e	Casualty and Theft Losses *from Schedule A, Line 19*	e $	00
f	Job Expenses and Most Other Miscellaneous Deductions *from Schedule A, Line 26*	f $	00
g	Other Miscellaneous Deductions *from Schedule A, Line 27*	g $	00