

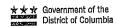
2013 DC-1436

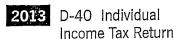
District of Columbia MeF Test Package for Individual Income Tax Return for TY2013 Part Ia

November 2013

		É O			9		Ė			∞				W					0	5			υī			4		1 -	w		,_	1/2	2		100	10	,
Bal Due with payment	Sch U contribution	10 MFS on the same return	even return	LIC	9 Single	by c	EITC	childcare credit (line 23)	sch S	8 HOH	refund by refund card	Sch-U contribution	part year	7 MFS on the same return	Balance Due no pymt	D2210 attached	Sch I	Sch S		per	FR147 attached	Dependent claimed by someone else	5 deceased - no oval completed	refund	Sch H	4 MFS (secondary SSN from 3)	Refund applied to next year	Sch I	3 MFS	refund by refund card	Sch S calc G	Sch U contribution	2 JNTV	refund by direct deposit	Sch U EITC	Sch N	1 Single
,	Sch U	Sch S calc J									-			sch S calcJ								-							편 ·						**		
		400-00-7311			400-00-7310					400-00-7309				400-00-7307 Partyear, Primar			(400-00-73 0 6, i				400-00-7305			400-00-7304 Separate, Wife			400-00-7 303 S			-	400-00-7301 J				400-00-7300
		400-00-7311 Balance Due, Filer			Income, Low	•				Singleparent, Head				Partyear, Primary					400-00-7306, Nondependent, Parent				Deceased, Taxpayer						Separate, Husband				Jointfiler, Husband		. 3		400-00-7300 Parent, Non Custodial
4		400-00-7312												400-00-7308												400-00-7303			400-00-7304				400-00-7 302				
		Balance Due, Spouse		-				4						Partyear, Spouse				,								400-00-7303 Separate, Husband			400-00-7304 Separate, Wife				400-00-7302 Jointfiler Wife				

	2		14		10		12]
with payment	15 D-40ES 2014	no payment	14 FR-127 zero	with payment	.13 (FR-127 W/Je/mi:	Sch S	12 MFS on the same return 2012	PTIN	refund applied to next year	Sch S	EITC	31 HOH 2012	PTIN	
nent	TT.	nt	0	1ent) Dynnt		e same		plied to			1.50		
	. A.						return		next ye			1.		
							2012		ear					
							3							
												0-,		
					O THE SECOND		S.							
							90							
	784													
	14,000		,		2		7						_	
	400-00-7318 Taxpayer, Estima		400-00-7317 Nopayment, exte		400-00-7316Withpayment, Ex		400-00-7314 Year, Prior	-				400-00-7313 Sitter, Baby		
_	7318 Т		7317 N		7316 V		7314 Y					7313 S		
	axpayer		opayme		/ithpayı		ear, Pric					tter, Ba		
	, Estima		ent, ext		nent, E		זר		-			by		
	ated		ension		xtension					· ·				
	s.Ž							ļ				e i		
							400-00		٠					
	: .						-7315	;				:		
		1.54.54.5				ACAGE TO A	400-00-7315 Year, spouse	•		:				
							ouse							
						_								







Print in CAPITAL letters using black ink. Leave lines blank that do not apply.

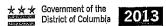
Rersonal information (202) 111-1111 Your social security number (SSN) and DOB (MMDD	Filling of Spouse's/registered don	n, amended; return, See instructions; praideceased; taxpayer, See instructions; restic partners SSNv. and DOB*(MMDDYMY)
NON CUSTODIAL	MII Lastiname PARENT MIII Lastiname PARENT	
Home address (number street and apartment number if applica	ble).	
CIDY WASHINGTON	Siace Siace DC	Zip coge +480 2000.1
Elling status. Single, Married fill Fills Fills in only ones. Married filling separately.	ng-jointly; Married filing is eparately on same return. Enter combined amounts ners filing is eparately on filing separately	
2 Fart-year resident in DC f	rsz-Entervour dependents alnie	nonth); numbe, of months in DC Ree/Instructions martion, on DO Schedtile S.
ncome:Information a Wages, salaries, unemployment compensation a see instructions. b. Business, income or loss, see instructions.	Roundicents ito nearest adili nd/or tips;	. 35000 00 00
C Capitaligain (or loss) d' Rental real estate, royalties, partnerships, etc. Computation of DC Gross and Adjusted Gross II	Fillinifioss Q d	
3. Federal adjusted gross income: 2040Filine 37; 10 1040FZ, Line 4: 1040NR, Line 36; plus Sch NEC, Line 13 Additions to DC/Income.	40A: Line 21: Fill in If loss (30000 00
A Firanchise tax deducted on federal forms; see may 5. For other additions from DC Schedule II; Galculati 6. Addi Pines 3, 4 and 5.		1 4 5 00 65 5 00 3 6 3 1
Subtractions from DCMncomes in a specific state and Branch Taxable refunds, credits or offsets of state and		77 00 8 7 00
9 Taxable amount of social security and tier 1 ra Forms 1040, Line 20b or 1040A, Line 14b. 10 Income reported and taxed this year on a DC	illroad retirement franchise or flauciary return	00
The DC and federal government pension and annual an	pouse/domestic partner is 62 or older	- 513
13 Other subtractions from DC Schedule I. Calculud 14 Total subtractions from DC Income; Unes 7-13: 15 TDC adjusted, gross income; Une 6 minus une 14:		13 00 14 5 00 15 3000 00
Revised 09/13	2013 D-40 Pi	建设设置,美国国际公共的国际国际的国际

D-40 PAGE 2

Enter your last name. PARENT

400007300

ATTEMPT OF THE ATTEMPT CAN COMPANY AND ATTEMPT OF THE ATTEMPT OF T	nosen x 1971-1982 (1982) se 186 (2011/2017) (1972)	CONTROL CONTRO	
16 Deduction type: Take the same type as you took Standard or Itemized: "See inst			
17 DC deduction amount. Do not copy from feder			
18 Number of exemptions. It more than 1 (more spouse) spouse) if more than 1 (more spouse) for the spouse of the spouse) is the spouse of the	than 2 if filling jointly), or if you or your ich a completed Calculation G. Schedule	1 18 1 1 S	
19 Exemption amount: Wultiply \$1:675 by number	n on line 18. Part-year DC residents see Cal	culation Eyrsee Instructions: 1913	
20 Add Lines 17 and 19		20.5	5775 00
21 DC taxable income subtract Line 20 from Une	15 Enter result		24225
DC taxi-credits and payments			1254 00
22 Tax: If Line 21 is \$100,000 or less use tax tables Filling separately on same retur		nstructions 22 ft	1254 00
23. Credit for child and dependent care expens		X .32 Enter result > :23 %	
From Line 9 of fed: Form 2441; from Line 5; DC form	n D:2441, if-part-year DC resident;	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
24, Non-refundable credits from DC Schedule 25, DC Low Income Credit. Use Calc. USE 1700			
25a Enter the number of exemptions claimed o		25a 162	
26. Total non-refundable credits. Add Lines 23:2		26-5	E0 (
27 Total tax Subtract/Line 26 from Line 22 If Line	22 is less than Line 26 leave Line 27 blank.	27	1254 00
28 DC Earned Income Tax Credit: Enter yourst		40 Enter result > 28 %	
28a Enter the number of qualified EITC child		28a 1	
29 Property Tax Gredit: From your DC Schedule Hr.	attach,a.copy.	29 i	<u> </u>
30 Refundable credits from DC Schedule U.R		30 kg	
31. DC income tax withheld shown on Forms W.2	and 1099. Attach these forms	31.hi	500 00
32 2013 estimated income tax payments		ded return	200 0
33 Tax paid with extension of time to file or w 34 / Total payments and refundable credits. Add	Salar Sandar Barraga and Salar Barraga	34	1702 00
54 / IQIA payrie/ICS aligner undable/ereuts / About			
Refund — Complete if Line 34 is more than Line 27.		<u>owed</u> = Complete if Line 34	
35 Amount you overpaid 35 & Subtract une 27 from Line 84	440 MARKET MARKE	Ue Subtract Line 4 m'Line 27 8 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
36. Amount to be applied.	00 42 Cont	ibution amount 42	<u> </u>
to your 2014 estimated tax 1988	from Sched	U, Part II, Line 7 Toyal if Form D-2210 is	attached C
Fill in the oval if Form D-2240 is attached (37. Penalty See instructions 37.5	00 43a Péna	SO THE TRANSPORT OF THE PROPERTY OF THE	
38 Retund: Subtract sum of \$38 St	0.0 43b inter		00
Lines:36 and 37 from Line 35			
39 Contribution amount 10 392 (from Scheo. U. Part III Une 6	400 00		
Can not exceed refund anti-on Line 38: Put additional amt. on Line 42	Add Lines		
40 Net refund	48.00		
	od you requested go to an account outsi		
Refund Options For information on the tax refund Mark one refund choice: • Direct deposites.	Tax-refund card C Paper C	heck	
Direct Deposit: To have your refund deposited to your ch	ecking CR savings () account, fill in	ovalland enter bank routing an 5515105000	diaccount numbers See Instructions
Routing Number 05400030	Reference Annie and Reference and Control of Street Series	P99,	cof that cerson See instructions
Third party designee To authorize another derson to discuss it Designee's n	HISAGHIHI:WHIFEDI.KAHIFIDHIGIFIDHIGIFIDH 2007-2017 2017-2017 2017-2017 2017-2017 2017-2017 2017-2017 2017-2017 2017-2017 2017-2017 2017-2017 2017-2017 2017-2017 2017-2017 2017-2017 2017-2017 2017-2017 2017-2017 2017-2017 2017-2017 2017-2017-2017 2017-2017-2017-2017 2017-2017-2017-2017-2017-2017-2017-2017-	Phone number	
Signature: Under penalties of law, I declare that II have examined this	s relum and; to the best of my knowledge litis corre	cti Declaration of paid preparer is bas signature	ed on information available to the preparers
Your signature	A STATE OF THE PARTY OF THE PAR	A CONTRACTOR CONTRACTO	ENGLES CONTROL
Spolise's/domestic partner's signature if filling jointly or separately on sa	me relum Preparers	Tax Identilication Number (PTIN)	AX BTIN: telephone number : AX REAL CONTROL OF THE PROPERTY OF
	2013 D·40 P2		ii.

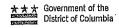


SCHEDULE U Additional Miscellaneous Credits and Contributions

di way a said Important: Print in CAPITAL letters using black ink. Attach to D-40. NOTE: Contribution(s) will either decrease a refund or increase the tax owed by the amount of the contribution(s).

	17,00												
OFF Vei	الماما	H		NI.	V	Ш	Щ		M	W.		Ħ	M
							H		ille			H	
atmentene almandel	100	[S#1]]	ン#	ninate	ariner:	rang		1111111	usan	enere e	i de de	ile t	agentale

Enteryour last name: PARENT			Social Security Numb	
Part I. Credits a. Nonrefundable Credits 1: DC Government Employee in	st-time DC homebuyer cr	edit, see page 17.		(A)
Dependents cannot claim this c 2 Enter state income tax credit	redit: List additional states on a (Enter total of <u>all</u> state ta	i separate sheet, atta	e/ow.)	
State (c)	(OO (a)		00 3 17	
3 Total of Line 2 state tax credi	is and any additional tax	credits from the at	facoments 3 S	00
	lis: enter here and on Fo	om D-403 line 24.	40	
b. Refundable Credits				502 00
1: DG Non-custodial parent EITO	J(See Schedule) NJ		2	90°C
3 4 Total your refundable credits,	enter here and on Form	D-40 Line 30:		500 600 7
Part II Contributions: The minimum co				200 00
2 Rublic Fund for Drug Preventi 3 Anacostia River Cleanup and			2/ 3	100 - 90 100 - 90
4.3			5 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	. 90
6 If due a refund total your cont				200 200 200 200
7. If you owe tax iteral your con If you are not due a refund and do not If you owe tax, make the payment plu	owe:additionalitax, total	your contribution(s) andsenter on Form: DF40	Line:42



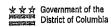


Important	Print in CAPITAL le Attach to Schedule	tters using black i U. File Schedules	nk. N and U with you	r D-40.	official use only Vendor ID#	official and a serious surface surface and a serious surface and a serious surface and a serious surface and a	imumamuminin in indirak
Non C	ne of non-custodial pai Custodial (number/street and ar Mass Ave NW	partment)	M.I.e.	tast namer Parent			
gity Wash	ington		Date of birth (MV	State DC	Zip.Codex+:4 20001		
	400007300		01011990				
DG Non-	Custodial Parent EITC	Eligibility - Pleas	e complete this ch	ecklist to determ	able to claim the DC Ear line your eligibility to file he following questions.		Credit.
\$37	7.Federal Adjusted Gro 48701(\$43,210 mani 1038:(\$48,378 mani	ed filing jointly) w	ith one qualifying o			YES	NO -
\$46 2 Were	;227 (\$51 567 marri you a DG resident taxp	ed filing jointly) was	ith three or more c ear?	ualifying children			
4. Are yo	you between the ages u, a parent of a minor	child(ren): with wi	omiyou do not res	ide?			
. 6 Was tl	u under a court order ne effective date of the number child support	ehild support pav	yment order on or	sefore:6/30/201			
. 8. Did yo	ou pay all of the court.	ordered child supp	oort due for 2013	oy December 31.	20137		
	Schedule N and attac						

	Qualifying Child Inform	ation: Eirst Name	M.I. Last Name	
The made they don't have been	1: Child's name; #1	Child	Parent*	NAMES AND STATEMENT OF THE PROPERTY OF THE PRO
	Child's name; #2	r programme w presentación con conservamente de ser presentación de la conservación de la conservación de la c	anthematical designation of the second secon	72.23 12.23
	Ghild's name; #3			
in bear on Signer Colombia	If you have more than th	ncee qualifying children kyousonly need to list	three to get the maximum credit.	
	2. Childs	40007395		A THE RESIDENCE OF THE PROPERTY OF THE PROPERT
	STATES N. S. C.	$\#_1$		Name of the state
	3. Child's date of birth	09152010		
	4. Custòdjan¦s name:≥	First Name Miles Miles Market	Miller Custodial	
er e		Number street and apairment rumber.		
	5. Gustodian's address		10012001000000000000000000000000000000	500000000000000000000000000000000000000
		<u>CIT</u>	State Zip.Code H	
		Washington	DC 20001	
:	6.: Custodianis SSN	400-00-7394		
	7. Location of the	#II DC		
•	Court that ordered support payments if	0(i, 1, #2)		
	8. Case or Docket nun	nbertor:	49 Name of government agency to:	which you make payments for:
• •	#1 1000000		# OFT	Annual state from suprangue sa caracteristica de la servicio della
	#2		#21 -	
	#32		#3	
	210. Address of	#1 441 4th St		
	the government agency for		Contraction of the contraction	
	ABORDA TOTAL	[#2] 20	n silanan Terrapikan pilikan milen prisinan Samusikan mil	
•	1-1-Amount of #	#1/\$ 350 00 per month	#3.\$	00 per month
	payment):	#2,\$ 100 per month		
	12: Date payments were	e #4. (MM DD YYYM).	#2(MMDDYYYY)	#3/(MMDDYYYY)
	ordered to start	10012010		
		#1	(2)	
	13: Total payments mad	se during 2013 \$ 4200 o	00	
	14 Computation: Usin	g the amount on Line 3 of Form: D-40 find the orn booklet. Multiply that amount by 40 fordete	correct:Earned Income Credit (El@);an	rount from the El©table in the
	Part 1b; Line-1: If yo	um oookiels Multiply tija earhourisby, 40 to dete u-are a part year filer part year resident instructi	ons in the D.40 booklet on prorating th	ercredit to be claimed

2013 SCHEDULE N P2
DC Non-Custodial Parent EITC Claim

File order 10



2013 D-40 Individual Income Tax Return



Print in CAPITAL letters using black ink. Leave lines blank that do not apply.

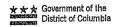
Personal information Your telephone number	Brain de Conse al Brain (1997)) if: Filing for a c	ended return. See instructions: leceased: axpayer, See instruct	
Your social security number (SSN) 400007301 Your first name	11281955	4	vregistered domestic 107302	partner's SSN - and DOB (MM 0120196	307
HUSBAND Spouse's/registered domestic partner.	1929. A. C. S. C.	JOINTFILER			
WIFE Home address (number, street and ap		JOINTFILER			
1101 4TH ST SW		Planta engineras propositivos del compositivos	ezanzejanioch i przy zazaniem	erich ischentaungen erkeitigkeit die kommunische Staten (beschen beschieder der der der der der der der der de	
City — 27 m 2000 100 100 100 100 100 100 100 100 10			State	Zip Code + 4	
WASHINGTON		Maria Maria	DC	20024 Dependent claimed by s	omeone alse
Fill:in only one.	the second of th	same return <i>Enter combin</i>	ned amounts for Li	nes 4-42. See Instructions	
	gistered domestic partier ad of household s <i>enter au</i> rt-year, resident in DC fron	alifying dependent and/or	non-dependent in		See instruction
Control of the Proceedings of the Control of the Co	-10C\$/20 -240006/stp.sstary25000/04206039-02006-2-	- Enter your depend	ients' informat	ion on DC Schedule,S ero leave the line blank	
a Wages Salaries unemployi			rjeitiskliskuudsjukteelliniins; i i i i	100000	
D Business income of loss, se C Capital gain (or loss).	e instructions.	Fillin If loss • C		5000 2500	
d Rental real estate; loyaltie				7500 (
Computation of DC Gross and 3 rederal adjusted gross inco	ime: 1040; Line 37; 1040A	Line 21)	in if loss 0.3		70000 0
1040EZ, Line 4; 1040NR, Line 3 Additions to DG:Income	6 plus Sch NEC; Line:15; 10	4UNR-EZY LINE LUC AND			
[4] Franchise tax deducted on 5 Other additions from DC S			, T	The state of the s	
6: 14 Add Lines 3; 4 and 5 4 Subtractions from DC Income			iniffloss C.16		(
7 Part year residents, enter					3000 (
8 Taxable refunds credits or 9 Taxable amount of socials	ecurity and tier 1 railro		8 - 19		
Forms 1040; Line 20b. or 1040 10: Income reported and taxed	l this year on a DC fran			a garanta and produce the state of the state	10) 10) 11)
.i.l. _{en} DC.and.federal.governmer 	older if your spou	se/domestic partner is 62	or olders		
12 DC and federal governmen			12 13 13	5 200 5 200 5 7 200 5 200 5 7 200 5 200 5 700 5 200 5	00 00
14 Total subtractions from DC	income, <i>Lin</i> ës 7-13;		14 #88889_2		3000 90 67000 00
15 DC adjusted gross income	Line 6 minus Line 14.		inifiloss 15		

D-40 PAGE 2

Enter your SSN. JOINTFILER
400007301

Enter your	SSN.
Citter your	3314.

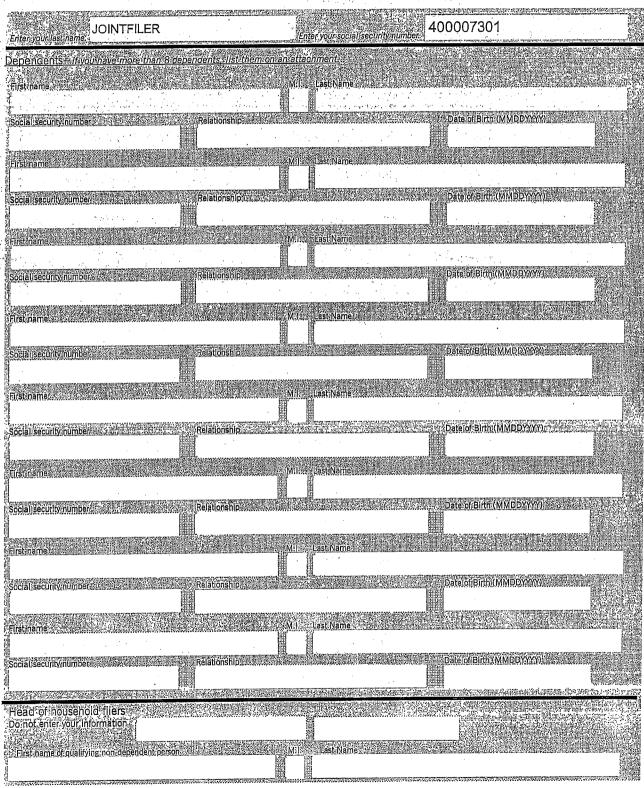
16: Deduction type: Take the same type as you took on your rederal return. Fill Standard or		
17. DC deduction amount: Do not copy from federal return; For amount to en	er, see instructions.	4100 90
18 Number of exemptions. If more than 1 (more than 2 if filing jointly), or if spouse/domestic partner are over 65 or blind; attach a completed Calculation. Exemption amount. Multiply \$1:675 by number on lines 18 part-year DC.	on G, Schedule S	5025.00
20 Add:Lines:17 and 19:	202	9125 00
21 DC taxable income: Subtrect Line 20 from Line 15, Enter result.	Fillingios O. 211	57875 00
DC tax. credits and payments 22 Tax: If Line 21/is \$100,000 or less use tax tables to find the tax; If more, use		3719 (00)
Fills in, if-filing separately on same return; complete Calculation U. 23. Gredit for child and dependent care expenses:	on Schedule S: 23/5 -00 X: 32 Enterresult > 23/5	CO
From Line 9 of fed. Form:2441; from Line:5, DC Form:D-2441; If part-year DC re 24: Non-refundable credits from:DC-Schedule:U1; Part-Tai; Line:6, At	sident. ach Schedule U - 24:	
25 DC Low Income Credit. Use Calc LICIETC to see If LIC of ETC is a greate	The second secon	
25a Enter the number of exemptions claimed on your federal return. 26. Jotal non-refundable credits. Add Unes 23: 24 and 25:	26.	[00]
27. Total tax: Subtract Line 26 from Line 22. If Line 22 is less than Line 26 leav	e;Line:27; blank: 27 .00 X::40 Enter; result!> 28 %	37 19 00
28. DC Earned income Tax Oredit Enter your federal EIC;	288	
29: Property Tax Credit: From your DC Schedule H; attach acopy. 30: Refundable credits from DC Schedule U; Part 1 by Line 4: Attach S	29 20 20 20 20 20 20 20 20 20 20 20 20 20	100 00
3.1. DC-income tax-withhelds shown on Forms W-2 and 1099: Attach these form	ns. I said control of the said	4000 00
32 2013 estimated income tax payments. 33 Tax paid with extension of time to file or with original return if the	32 s is an amended return 33	2000 000 000
34: Total payments and refundable credits: Add Unes 28, 29-33:	34	6000 00
Refund - complete if Line 34 is more than Line 27/	Amount owed = Complete If Fine 34	is equal to or less than tine 27
35 Amount you overpaid 35 Subtract Line 27/from Line 34 Subtract	34 from Line 27 and 37	999 164 174
to:your 2014 estimated tax	42 Contribution amount: 4.	
Fill in the oval if:Form D-2210 is attached C	Fill in the oval if Form D.2210 is 0 43a Penalty	O TOTAL
38 Refund subtract sym of \$38 \$ Lines: 36 and 37 from Line 35 \$4.		
39: Contribution:amount 39: 50 from Schedi Ul Part II: Une 6:	① Entectotal P& 4 4 4 Total amount due: 44	
Cannot exceed refund amt. on Line 38. Put additional amt. on Line 42. 40. Net refund	Add Lines 41–43	
Subtract Line 39 from Line 38	1 41 14 14 14 14 14 14 14 14 14 14 14 14 14	No See instructions
Refund: Obtions: For information on the tax refund (card and program limitate Mark one refund choice: Direct deposit: Tax refund card Direct Deposit. To have your refund deposited to your checking. Of savings	2 Paper check	
Routing Number	count Number	· · · · · · · · · · · · · · · · · · ·
Third party designee To authorize another person to discuss this return with OTR fill in he Designee's n	Phone number	
Signature Under penalties of law, i declare that I have examined this return and to the best of my, kn You'r signature	owledge, it is correct; Declaration of paid preparer is bas The Preparer's signature 1	ed on information available to the preparer.
Spouse's/domestic partner's signature if filing jointly or separately on same return **** Date ************************************	Preparer's Tax: Identification Number (P.T.IN)	etik elebione number
2013 D-40 P2	Á	



2013

SCHEDULE S Supplemental Information and Dependents

Unless instructed otherwise – If you fill in <u>any part</u> of this schedule, attach it to your D-40. Print in CAPITAL letters using black ink.



Last name and SSN JOINTFILER

~400007301

Calculation Gli Number of exemptions Do not attach Schedule S to your D 40 If you only a Enter 1 for yourself and b Enter 1 if you are filing as a head of house		any other section of Schedule'S (*)	1
c: Enter II-if you are age 65 or over and d: Enter II-if you are blind e: Enter number of dependents fr Enter 1 for your spouse or registered dome	Stickartner (filling jointly of filing separat	ivionisame return	1
g Enter 1- if you are married filing jointly or if he Enter 1- if you are married filing jointly or if it Total number of exemptions : Add Lines a-b)	narried filing separately on same return an narried filing separately on same return an	d your spouse/partner is 65 or over g	3,
Calculation: J. Tax computation for mairied Enter separate amounts in each column: Combine ai. Federal adjusted gross income. If you and your spouse filed a your federal returns.	ramounts on iline k	parately, on the same DC return. You: DO: 45	0C
portion of federal adjusted gross income. Regil. should entar the federal AGI reported on their b. Total additions to federal adjusted gross in Entar each person's portion of additions enters. c. Add Lines a and b.	separate federal-returns: come: bis	100 E 100 E	00
d. Total subtractions from federal adjusted gr Enter each person's portion of subtractions enter e. DC adjusted gross income. Subtractiline of f. Deduction amount. Enter each person's portion of the amount enter	eredion D-40, Une 14 from Une cit	001	00 00 00
(You may allocate this amount as you wish.) g Exemption amount. Enter each person's portion of exemption amount h Add Lines f and g. Taxable income: Subtract Line h from Line is Tax. If Line is \$100,000 or less, use tax tab.	Fillin Itilos C	00 00 00	000
If more than \$100,000 use calculation If ins K #Add the amounts on Line I, enter here and on the line is associated with home reported and ta	troctions. 0-40, Line 22	ine amount listed on D240, Line: 10.	tax
a b			
g ph			



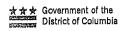


SCHEDULE U Additional Miscellaneous Credits and Contributions

Important: Print in CAPITAL letters using black ink. Attach to D-40. NOTE: Contribution(s) will either decrease a refund or increase the tax owed by the amount of the contribution(s).

rein maidialdifida en 19	PH . a. va	HOLDER PROBLEMENT	ode Samula 2.17	- Hilliam
Ven		II V. IPHPELIER ICE	THE MANUAL PROPERTY OF	Lallande
m、mit 特别的 UF fil	CIAL DOE OI			100131111
the contract of the contract o	100	to the state of the state of	Charles and the said	4-1-1-0-1
Tel Speke & that F \ / o re			to the salares Com a let	dation 187
**** VCI	(00:00:00	err at rea restablish	ecusion chirome	17.35-35-2-11

Enter your last name			Social Security 400007301	Number C	
JOINTFILER Part I Credits			6 400007301		
a. Nonrefundable Credits 1 DC:Government Employee flist-tin	ne.DC homebuyer c	redit see oage	17.		00
Dependents cannot claim this credit 2 Enter state income tax-credit. Lis	t additional states on	a separate sheet	attach it to this Schedule		
(£7	iter totali of all state to	ax credits on Line	13. <i>below:</i>) 00:25		
State (c))00°(a)				
3 Total of Line 2 state tax credits an	d any additional tax	credits from th	e attachments.		
Enter amount:			4		00 00
5. S.					JOÇ
6 Total your nonrefundable credits,	enter here and on Fo	orm D-40, Line	24, (1911), 61		i- 00
b.: Refundable Credits 1: DC:Non-custodial parent EITC (se	e Schedille N				00
2			2		00
3			3:-		00
4 Total your refundable credits, ente	r here and on Form	D-40, Line 30	4		00
Part II Contributions (The minimum contrib	oution (s.\$1,00.)			The state of the s	
1 DC Statehood Delegation Fund.				30	-00
2 Public Fund for Drug Prevention a				101 10	-00 00
3 Anacostia River Cleanup and Pro	Tection Fund			TO	_00
			1.7.5	ng sayanan ng mga ganggangga (sangganggangan mga gangganggangganggangganggangganggangg	.00
	on(s), enter-here and	on-Form D-40.	Line 39. 6	50	00
7 If you owe tax, total your contribu					.00
If you are not due a refund and do not owe			on(s) and enter on Form		



D-40 Individual Income Tax Return



Print in CAPITAL letters using black ink. Leave lines blank that do not apply.

The property of the property o	Personal information Your telephone number A	FIIIINX XIT FIIINGTORA (dec	
### SEPARATE Promise screens of primeric promotes of the promise screens of primeric promotes of primeric promotes of the primeric promote	400007303 10011978	400007304	
WIFE Perceased states from the states and sent medical medical policy and the states of the states	HUSBAND	SEPARATE	
WASHINGTON DC 20002	WIFE	SEPARATE	
Filing status. Single Marries fling separately of same refling to my fire status Marries fling separately of same refling to my fire status Marries fling separately of same refling to my fire status Marries fling separately of same refling to my fire status Marries fling separately of same refling to my fire status Marries fling separately of same refling to my fire status Marries fling separately of same refling to my fire status Marries fling separately of same refling to my fire status Marries fling	5.7	DIB / Section of the	
### WASHINGTON DC 20002		State Service	Zip Code: FA
Selection of DC 970S* and Adjusted Gross Income Computation of DC 970S* and Adjusted Gross Income Incom	C 200425 sür 186. Sprin kindliva filköli bildinglisi planslim adılla vind dedinadlinin ildə kildi bildin bildi C 18	DC 2	20002
A complete your face the first content of the conte	(1) 10 10 10 10 10 10 10 10 10 10 10 10 10		
Polympier you'redata return first - Enter you'reprofus into mail or on DE Schedule's enter in Jacobie Information Polypretry grows and allow it is a S8000 GO. Polympier is a Second or of the Second			
Accomputation of DC Spreading Francisco C Accomputation C Acco	Valuable Selection of the Selection of t	E_ARMON THREE CAPACITATION CO. APPLICATION CO.	MrgK 3000 Tay US 2015 00 Committee yet meny company of the second of the
Buildings Designed	Income Information	Round cents to nearest dollar: If zero	o <u>(eave the line blank)</u>
Gaptal gain, en lossile. Group training and estate, royalties; partnerships, etc. Fill in lifess of 1 Computation of DC Gross and Adjusted Gross Income. Federal adjusted gross income: Doc Line 37 1040A Line 21 1	see instructions		OO TOO TOO TOO TOO TOO TOO TOO TOO TOO
Computation of DC Gross and Adjusted Gross Income 3 Federal adjusted gross income; 2040 Une 37, 1040 A, Line 24, 1040 B, Concept Line 4, 1040 B, time 35 plus Sch NCg, Line 37, 1040 B, Concept Line 4, 1040 B, time 35 plus Sch NCg, Line 37, 1040 B, Est Line 10 6 Additions to DC Lincome 4 Franchise tax deducted on federal forms, see minutent. 5 Other additions from DC Schedule J; Calculation A; Line 8. 6 Additines 3, 4 and 6. 6 Additines 3, 4 and 6. 6 Additines 3, 4 and 6. 6 Subtractions from DC Income 7 Part Year residents, enter-income received during period of horresidence is entertween. 8 Taxable refunds, credits or offsets of state and local lincome tax. 8 2500 00 9 Taxable amount of social security and tier 1 railmad refirement. 6 Final Concept Line 20 or 1040 A, Line 4 B; 10 Income reported and taxed this year on a DC franchise or fiduciary return. 10 Income reported and taxed this year on a DC franchise or fiduciary return. 11 DC and federal government pension and annuity limited; exclusion, see instructions. 12 DC and federal government survivor benefits; see instructions. 13 Other subtractions from DC Schedule J. Calculation B. Line 16 Line 16. 14 Total subtractions from DC income. Lines 7:13 15 SECOND FORM			
## Federal and State and Spokes Centres, Line 13, 1040NR EZ, Line 19. ## IndoCz. Line 4, 1040NR Sine 36, pus Set. NEC, Line 13, 1040NR EZ, Line 19. ## Hanchise tax deducted on federal forms, are instructors: ## Common			
4 Franchise tax deducted on federal forms, see instructions. 5 Other, additions from DC Schedule Ir. Calculation; Ar., Line 8; 6 Add Lines 3: 4 and 5: 6 Add Lines 3: 4 and 5: 6 G3000 8 Subtractions from DC Income 7 Part year residents, enter income received during period of nonresidence, see instructions 7 8 Taxable refunds, credits or offsets of state and local lincome tax. 8 2500 9. Taxable amount of social security and tier 1 failroad retirement 9 Forms 1040; Line 20b on 10404 Line 44b; 10 Income reported and taxed this year on a DC franchise or diductary return. 10 Income reported and taxed this year on a DC franchise or diductary return. 11 DC and federal government pension and annuity limited exclusion, see instructions. 11 DC and federal government survivor benefits, see instructions. 12 DC and federal government survivor benefits, see instructions. 12 DC and federal government survivor benefits, see instructions. 13 Other subtractions from DC Schedule Ir., Calculation B., Line 116. 14 Total subtractions from DC income. Lines 37-13. 15 Endow		+UA-LIIE-Z-17844()-35-51-2-55-63-18-18-18-18-1	58000 00
5. Other additions from DC Schedule I, Calculation A, Line 8. 6. Add Lines 3, 4 and 5. 6. Add Lines 3, 4 and 5. 6. Subtractions from DC Income 7. Part year residents, enter income received during period of nonresidence, is a natural or subtractions. 8. Taxable refunds, credits of offsets of state and local income tax. 8. 2500 00 9. Taxable amount of social security and tier I railroad retirement. 9. Forms 1040; Line 20b or 1040A; Line 14b. 10. Income reported and taxed this year on a DC franchise or fiduciary return. 11. DC and federal government pension and annuity limited exclusion, see instructors. 11. DC and federal government survivor benefits, see instructors. 12. DC and federal government survivor benefits, see instructors. 12. DC and federal government survivor benefits, see instructors. 12. DC and federal government survivor benefits, see instructors. 13. Other subtractions from DC Schedule I, Calculation B, Line 16. 14. Total subtractions from DC income, Lines 7:313.		A STATE OF THE STA	00
Subtractions from DC Income 7. Part year residents, enter income received during period of honresidence, see instructions 7. 8. Taxable refunds, credits or offsets of state and local income tax. 9. Taxable amount of social security and tier. If railroad retirement Forms, 1040, Une 20b or 1040A, Une 44b; 10. Income reported and taxed this year on a DC franchise or fiduciary return: 10. DC and federal government pension and annulty limited exclusion, see instructions Fill inif you are 62 or olderif your spouse/domestic partner is 62, or older. 12. DC and federal government survivor benefits, see instructions. 12. OC and federal government pensionif your spouse/domestic partner is 62, or older. 13. Other subtractions from DC Schedule I. Calculation 8. Line 16. 14. Total subtractions from DC income, Lines 7-13.		on A Line 8.	The same and the s
8: Taxable refunds, credits or offsets of state and local income tax: 9: Taxable amount of social security and tier I railroad retirement 9: Forms, 1040 Line; 20b; or , 1040 A, kine; 4b; 1. 10: Income, reported, and taxed; this lyear, on a DC transmise or fiduciary, return 10: DC and federal government pension and annuity limited; exclusion, see instructions Fill, in if you are 62 or older, if your spouse/domestic partner is 62, or older 12: DC and federal government survivor benefits, see instructions 12:		Filling III	03000
9 Taxable amount of social security and tier 1 railroad retirement 9 1 1 10 10 Income reported and taxed this year on a DC franchise or iliduciary return 10 10 DC and federal government pension and annuity limited exclusion, see instructions 11 1 11 DC and federal government pension and annuity limited exclusion, see instructions 11 1 11 11 11 11 11 11 11 11 11 11 11			
10 Income reported and faxed this year on a DC tranchise or fiduciary return. 11 DC and federal government pension and annuity limited exclusion, see instructions. Fill, in if you are 62 or older, if your spouse/domestic partner is 62 or older. 12 DC and federal government survivor benefits, see instructions. 13 Of her; subtractions from DC Schedule Calculation B, Line 16			Generalisation seconomicalmente esta contrata de la contrata de la contrata de la contrata de la contrata de l
Fill, in	Forms:1040; Line:20b; or:1040A; Line:14b;	ranchise or fiduciary return: 10)	00
DC and federal government survivor benefits; see instructions 12 500 00 13 Other subtractions from DC Schedule I, Calculation B, Lune 16 5500 00 14; (Total subtractions from DC) income, Lines 213; 5500 00 55000 00 55000 00 00 00 00 00 0	A CALANTE A DESCRIPTION OF THE PROPERTY SERVICES TO LEGISLATURE AND LINES AND AND AND AND AND ADDRESS OF THE PROPERTY OF THE P		
14: (Total subtractions from DC income; Lines v. 13:			00
55000 move			Tilla 170 et 1820. Till 1820 i 1820 et 1 Till 1820 i 1820 et 18
			is in the control of

D-40 PAGE 2

Enter your last name. SEPARATE

Enter your SSN.

400007303

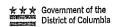
6 Deduction type! Take the same type as you	took on your federal return: fill in which type:	
.7 DC deduction amount. Do not copy from	federal return. For amount to enter, see instructions:	4000 00
.8 Number of exemptions, If more than 1 (r	more than 2 it filling jointly); or if you of your. 18: Is attach a completed Calculation G. Schedule S.	
	umber on line 18 : Part-year DC residents see Calculation E see instru	
20 Add:Lines 17 and 19:		5675 00 5 21 49325 00
21 DC taxable income. Subtractione 20 from	n/Line 15: Enter result.	- 49320 2年
OC tax credits and payments 22 Tax In Line 21 is \$100,000 or less use tax to	ables to find the tax iffimore, use Calculation I in Instructions.	2993 00
Fill in if if it ing separately on same r	return, complete Calculation Jon Schedule S:	15 23 I
23. Credit for child:and dependent care ex From Line 9 of fed. Form 2441; from Line 5.3D0	Form D-2441, if part-year DC resident.	
24 Non-refundable credits from DC Scheo	ITIIE U FPart 1a, Line 6, Attach Schedule U. TC to see If UC or EITC is a greater benefit. See instructions	24 00 25 25 00
25a Enter the number of exemptions claim	TOTAL PROPERTY AND THE PROPERTY OF THE PROPERTY AND THE PARTY.	
26 Total non-refundable credits Add Lines		265
7- Total tax. Subtract Line 26 from Line 22 III		2993 00 28: 28: 00
28 - DC Earned Income Tax Credit Enter by 28 - Enter the number of qualified EMC		
29 Property Tax Credit. From your DC Schedu		29
30 : Refundable credits from DC Schedule	Ű, Part⊮1b, Line 4. Atlach Schedule Ü	30 1 2350 00
31 DC income tax withheld shown on forms		3150 00 3250 00
32 2013 estimated income tax payments 3 Tax paid with extension of time to file.	or with original return if this is an amended returns	3313
34 Total payments and refundable credits		3250 00
Refunds—complete in Line 34 is more than Line 27	Amount owed comple	te if Line 34 is equal to or less than Line 27
35 Amount you overpaid: 35 3	257 00 41 Tax due subtract Line 34 from Line 27	2
ubtract Line 27-from Une 34?	257 90 42 Contribution amount	#42 sa ≥00.
o your 2014 estimated tax:	from Sched: U, Part II, Line 7;	
17. Penalty see instructions 37	OO: 43a Penalty	00
18: Refund subtract sum of 38	00 436 lijteresta	
ines 36 and 37 from Line 35	OO Enter total/	P88/1 4/3 000
om Sched: U; Part II; Line 6 an not exceed retund, amt. on Line 38.	44 Total amount due	744 3
ut additional amt, on Une 42 10 Net refund	0 00	
A DESCRIPTION OF THE PROPERTY	ring production of the production of the first including the contract of the c	es See Instructions and See In
dark one refund choice . Direct deposi	und-card and program limitations, see instructions or visit of the Tax refund card Paper, check	
Direct Deposit: To have your refund deposited to your Routing Number	ur checking OR savings account, fill in oval and enter ban Account Number	Refouung:ano:aecounisnumbeisa:Seemistructions appallation chaige
hird party designee To authorize another person to disc		inone numberior that oerson See instructions
lesignee's n	Phone number ad this return and to the best of my knowledge, it is correct Declaration of paid	preparer s based on information available to the preparer.
on signature	Preparer's signature	Date of the second seco
pouse's/domestic partner's signature if filling jointly of separately	on same, elum Dates Preparers, Tax Identification; Number	ber (PTIN) : :: PTIN lelephone number (1)
23 CC CLINANCE Throat Continues and rode to be properly on an experimental processing examples of the continues of the contin	2013 0.40 92	L L L L L L L L L L L L L L L L L L L

	Government of the
esuance executed	District of Columbia

2013 SCHEDULE I Additions to and Subtractions from Federal Adjusted Gross Income

Make entries using black ink. Attach to your D-40.

Last name Service SEPARATE	Social Security Number 400007303		
	usted gross income. Fill in only those that apply.	Dollars only, do not entericents	
1 Part-year DC resident = enter the p	ortion(of adjustments (from Line 36; Form 1040;		0
For Lines 2 - 7 below include only the an	NR) that relate to the time you resided outside IDC nountsirelated to the time you resided in DC:		
2 Income distributions eligible for inc from federal Form 4972, Lines 6 and 8 7	ome averaging on your-federal tax return lad-Lines 6 and 8 and enter here.		
The state of the s	tion:and/or extra:IRC §1.79 expenses claimed	(<u>0</u>	0
4. Any part of a discrimination award	subject to income averaging.	0	0
5: Deductions for S Corporations from	Schedule:K ^a l, Form 1:120:S	0	
64 Other (see instructions on other sid		665	
7		0) 5000 0	
8- Total additions. Addientries on Lines 1 Calculation B. Subtractions from feder	=7. Enter the total here and on 0-40, Line 5. ***********************************	ing digital para panggangangan panggangan panggangan panggangan panggangan panggangan panggangan panggangan pa A panggangan panggangan panggangan panggangan panggan panggan panggan panggan panggan panggan panggan panggan	
1. Taxable interest from US Treasury b	onds and other obligations. See instructions on othe		HH
21 Disability income exclusion from DC31 Interest and dividend income of a c	Form D-2440, Line 10. See instructions on other side. hild from federal Form 8814*.		- 137
4 : Awards, other than front and back (0	Ō
employment discrimination. 5Excess of DC allowable depreciation	n over federal allowable depreciation. See <i>instructio</i>	765 - 15 D	0
6. Long-term care insurance premium	paid in 2011, \$500 annual limit per person.	6:3	
7. Amount paid (or carried over) to DC person, \$8,000 for joint filers if each is a	College Savings plan in 2011 (maximum \$4,000) in account owner). <i>Part-year residents</i> see <i>instructions</i> .	per 7/2 4000 9/	
18 Exclusion of up to \$10,000 for DC r	esidents (certified by the Social Security Adm. nold income of less than \$100,000. See Instruction	0	0
91: Expenditures by DC teachers for nec	essary classroom teaching materials,	0(
\$500 annual limit per person: See instruc	tions on other side. tain tuition and fees, \$1500 annual limit per per	son 10 1500 0	0
See Instructions on other side:			
111 Loan repayment awards received by See instructions on other side.	/ihealth-care professionals from DC government,		
domestic partner or same sex spouse.	id by an employer for an employee's registered	125 00	到
Make no entry if the premium was deducted on	your federal return, see instructions on other side		
13 DC Poverty Lawyer Loan Assistance	See instructions on other side.		44
14 Other See instructions on other side: 1 15 Military Spouse Residency Relief Ac	See:Instructions on other side.	00	
	es 1=15. Enter the total-here and on D=40, Line 13;	5500 00	



2013 D-40 Individual Income Tax Return



Print in CAPITAL letters using black ink. Leave lines blank that do not apply.

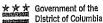
Personal Information Your telephone number	Filling C) if: Filing for a dec	nded return See instructions cased taxpayer See instruction	
Your social security number (SSN) and DOB (MMDDYY 400007304 Your flirst name M	4000(ither's SSN and DOB (MMDI	Professional Contract of the C
Spouse's/registered domestic/pertner/s/first name	SEPARATE			
HUSBAND Home address (number street and apartment number if applicable	SEPARATE	adalis (Salaka) 1900 (Andropera da 1907)		
441 4TH ST NW	apolitainin kan ikala-matranting population i	i in which have to the mathematical properties and the second second second second second second second second	adentino en entre de la companya de	
i Oliva			Zip Code #43 (1)	
WASHINGTON		1932 1932 1935 1935 1935 1935 1935 1935 1935 1935 1935 1935 1935 1935 1935 1935 1935 1935	20002	
Elling status Single Married filing 1 Fill in only one Married filing separately on Registered domestic partner	same return. Enter combine	d.amounts for Line	s 4–42; See Instructions	(IEU IC GISE
Head of household. Enter que.	jalifying dependent and/og i	on-dependent infor		See: Instructions.
e Complete your federal return first Income information			n on DC Schedule S. o leave the line blank	
a Wages, salaries, unemployment compensation and see instructions. D. Business income or loss, see instructions.	/or.tips / alis		20000 ^{@(}	
C : Capital gain (or loss)	Fill in f loss O	1413-1413-1413-1413-1413-1413-1413-1413	O (
d Rental real estate, joyalties, partnerships, etc. Computation of DC Gross and Adjusted Gross Incomp	Fili jujir ioss () () () () () () () () () (
3 Federal adjusted gross income #1040; Line 37, 1040 1040EZ, Line 4; 1040NR, Line 36 plus SchiNEC, Line 13, 10	Ay Line 21 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ilfloss (3)		20000 #00
Additions:to:DC income 4: Franchise:tax:deducted on federal forms, seemstreet	ions:	Δ.		00
5 Other additions from DC Schedule I, Galculation 6 Add Lines 3, 4 and 5	to the ten are a series of the series of the series of	ilf.loss () 6		
Subtractions from DC Income 7. Part year residents, enter Income received during	period of nonresidence	see instructions. 7		0.0
8 Taxable refunds; credits or offsets of state and log. 9 Taxable amount of social security and tier 1 railro	新闻,以《中国文学》,《	### - 8 18 	THE CONTRACTOR OF THE PROPERTY	
Taxable amount of social security and tier 1 railro forms:1040; Line 20b; or 1040A; Line:14b; 10b; Income reported; and taxed this year on a DO frail to the come reported; and taxed this year on a DO frail to the come reported; and taxed this year on a DO frail to the come reported; and taxed this year on a DO frail to the come reported; and taxed this year.				
#11 DC and federal government pension and annuity ### Fill in				
. 12. DC and federal government survivor benefits, see 1.13. Other subtractions from DC Schedule. Calculations	?可以并未的的Prostation。如此	12) 13		1001 1001
.13. Other subtractions from UC Schedule 1, Calculate 14. Total subtractions from DC income, <i>Lines</i> 7-13.		14:		
:15 DC:adjusted gross income Line 6 minus Line 14		nifiloss (** 15.		20000 00

D-40 PAGE 2

Enter your last name. SEPARATE

400007304

Enter your SSN.	700007007	Commission of the Commission o		file state	
	ype: Take the same type as you tool				
	lard or ltemized See ins on amount: Do not copy from fede			ningari arendaren 1920an 1920an 1920an 1731 1431	2050 ^{O(}
18 Number of a	exemptions, If more than 1-(more	than 2 if filing jointly), or if you or	our 3 18 12 1		
	tic partner are over 65 or blind, att amount: Multiply \$1,675 byznumb			ijududubudububusususu T	1675 00
字 H.J. 4- Y. 4 Y A M. A.M.		er on imesto: Fail-year Deviesiden	s see carculator, E, see institutions T.D.		3725 0
20 Add Lines 1					16275
21 DC taxable	ncome: Subtract Line 20 from Lin	e ro. Enler (esul lingle a militari a lingle a	Fillin II loss		10275
DC tax, credits a	the country and conserved for providing the first place of the first first				777 0
	1 is \$100,000 or less; use tax tables filing separately on same retui				
	ijid and dependent care expen		100 Xii:32 Enter result > 23	566 And And And And And And And And And And	. 0 (
From Line 9 of	fed: Form 2441; from Line 5; DC Forn	m D-2441, if part-year DC-resident.			
	ble credits from DC Schedule			U karangan karangan karangan ng pangan manangan nangan manangan karangan manangan ma	 .0(
n that in the court to the large	ome Gredit: <i>Use:Calc: LIC/EITC</i> to		t. See Instructions. 129		
n Valuet But Manda vitte	mber of exemptions claimed o		26		300
	fundable credits. Add:lines:23)				777 00
WAS THE WAS THE REAL	ubtract Line 26 from Line 22: If Line		://biank :00:X::40!Enter:result > 28	The second such as decently common and the second s	in produce in the second of th
新华·维尔格别572家里	ncome.Tax:Credit: Enter your umber of qualified;EITC child		28a 0 %		
	Credit From your DG Schedule H		4.1		750 o
CAN MANAGEMENT PROBES	credits from DC Schedule U. I		41742	A later transferred from the control of the control	Fo C
· 用了:"你不是我便不無行時間沒	ax.withheld shown on Forms W.2				1000 00
	ated income tax payments:		32.	7 C	# 0 0
· · · · · · · · · · · · · · · · · · ·	h:extension of time to file or w	rith original return if this is a	n amended return: 33		200
ani katang Kabupatèn	nts and refundable credits. Add		34		1750 00
Dag de Story Hollen			nount owed — Complete if Line		
<u>Refund — Complet</u> 35. Amount you	e if Line 34 is more than Une 27 loverpaid 35			77 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	6653 23 25 25 25 25 25 25 25 25 25 25 25 25 25
ubtract Line 27 from			34 from Line 27		
36: Amount to be	applied 36-b	00 42	Contribution amount	1256 1256	003
your 2014 estima		Element in the second of the s	m Sched: U; Pert II, Une 7 I in the oval if Form: D-2210	is attached y	
ni in the oval in 37. Penalty See ins	Form D-2210 is attached (00	
88. Refund Subtrac			PONT BARACTER BARACTE	00-2	
ines 36 and 37 from	TATES A CONTROL OF THE PERSON		Enter total P/& /		
9 Contribution a		00	Enter Idial P. & 1.	311	#00 #11#
om Sched. U; Part II, I an not exceed refund am	it: on Line 38		i Total amount due Z d Lines 41-43		
ut additional amit; on Uni 10 Net refund	40 3	973 00			
ubtract Line 39 from	Line 38 Will the refu	nd you requested go to an accou	nt outside the U.S.?	No () See instru	ictions.
Refund Options F	or information on the tax refund.	card and program limitations, s	ee instructions or visit our website	otrac gov/refundorepaids	ards
Mark one refund o Direct Deposit '70'	choice C Direct deposit	ax retund card 21	aper-cneck nt, fill in oval and enter bank routing a	nd account numbers. See instr	uctions
Routing Nu	ude a de C	Account:			
hird party designee 70	authorize another person to discuss t	his return with OTR fill in here of	and enter the name and phone numb	er of that person. See instructi	ons.
esigneë's n			Phone number	Sold and Children Concerns all and the first	
Signature Under penalt our signature	ies of law, I declare that I have examined th	s return and, to the best of my knowledge Date	It is correct. Declaration of paid preparer is b	ased on information avallable to the Dat	preparer.
	PACHELLA METERSONICA DECLARACEMENTORIA METERSONICA MET	in the state of th			STATE OF THE STATE
nouse's/domestic partner	's signature II filing jointly or separalely on sa	ime return Date	Preparer's Tax:Identification:Number:(PTIN)::	Serve at riverse lebuous unumber	
		2013 D-40 P2		Ę	•



District of Columbia 2013 SCHEDULE H Homeowner and Renter Property Tax Credit Important: Read eligibility requirements before completing. Print in CAPITAL letters using black ink.

### Committee	Print in Capital letters using black link.	дикорициациантарину тукат (учирастаничания очиния пинанерналикания населения за отого от составления учиния у Д
WIFE SEPARATE 400007303 HUSBAND SEPARATE 441 4TH ST NW WASHINGTON DC 20002 WASHINGTON DC 20002 Fig. 10 and 10	Personal information FIII, In Ir you are 62 or older 62 or older	Blind of disabled
WIFE ### Despitation of the property of the p	400007304 Your daylimetel	phone number.
HUSBAND SEPARATE		
HUSBAND SEPARATE 441 4TH ST NW WASHINGTON DC 20002 SINGLE ARREST SERVICE		
MASHINGTON DC 20002 WASHINGTON DC 20002 Later of the property in 2013 and the property in 20		
MASHINGTON DC 20002 WASHINGTON DC 20002 Later of the property in 2013 and the property in 20	LUISDAND	
WASHINGTON DC 20002 Care and Disposition of the second part of the s		
WASHINGTON Correspond to when you are committee the state of the median control of the	441 4TH ST NW	
WASHINGTON Correspond to when you are committee the state of the median control of the	Son tentrational mentional more described and antique of the services of the s	The state of the s
Consideration of the property owned by a government set use of worship of the property owned by a government set use of worship of the property owned by a government set use of worship of the property owned by a government set use of worship of the property owned by a government set use of worship of the property owned by a government set use of worship of the property owned by a government set use of worship of the property owned by a government set use of worship of the property owned by a government set use of worship of the property owned by a government set use of worship of the property owned by a government set use of worship of the property of the property of the property of the property owned the tree insulant owned claim the creek. The property tag could be the worship of the property of the property of the property owned to the property of the property of the property owned to the property of the property owned to the property of the	City The Control of t	
Apartment (apartment forward) for which you be a properly owned by a government, a house of work floor and the street of the properly and the properly and the street of the properly and the pro	A CONTRACTOR OF THE PROPERTY O	
Consider this credit for a property owned by a government a house of worship or a property control organization. Lection A (credit calaminased on Febt peld of the property in 2019). Refit pald on the property in 2019. Refit pald o	AUG (SSIONS CORIODE) WARMING STIESTED IN THE PROPERTY OF THE P	
Consider this credit for a property owned by a government a house of worship or a property control organization. Lection A (credit calaminased on Febt peld of the property in 2019). Refit pald on the property in 2019. Refit pald o		
ection A Credit claim based on recipioals Total household gross income. From the workage 3. (Rover \$20,000.ca. not claim, this credit.) Refit pald on the property in 2013. Refit pald on the property ax credit. Use the worksheet. Reporty ax credit. Use the worksheet. Refit pald on the property ax credit. Subject time 4 from time 3, 6-40 files enterfiere and on time 29 of 6-40. Refit pald on the property tax credit. Subject time 4 from time 4, 6-40 files enterfiere and on time 29 of 6-40. Refit pald on the property tax credit. Subject time 4 from time 4, 6-40 files enterfiere and on time 29 of 6-40. Refit pald on the property tax credit. Subject time 4 from time 4, 6-40 files enterfiere and on time 29 of 6-40. Refit pald on the property tax pald time 4 from time 4 from time 4 from time 5, 6-40 files enterfiere and on time 29 of 6-40. Refit pald on the property tax pald time 4 from time 4 from time 4 from time 4 from time 5 from time 5 from time 5 from time 6 from 1 from 5 from 1 files worksheet. Refit pald on the property tax bald time 5 from time 6 from time 6 from 1 from 5 from 1 files 6 from 1 f	typsiotiproperty for which you are claiming the credit cill in only one: :: (*) House: :: (*) Apar	ment (Acoming house)
ection A Credit claim based on recipioals Total household gross income. From the workage 3. (Rover \$20,000.ca. not claim, this credit.) Refit pald on the property in 2013. Refit pald on the property ax credit. Use the worksheet. Reporty ax credit. Use the worksheet. Refit pald on the property ax credit. Subject time 4 from time 3, 6-40 files enterfiere and on time 29 of 6-40. Refit pald on the property tax credit. Subject time 4 from time 4, 6-40 files enterfiere and on time 29 of 6-40. Refit pald on the property tax credit. Subject time 4 from time 4, 6-40 files enterfiere and on time 29 of 6-40. Refit pald on the property tax credit. Subject time 4 from time 4, 6-40 files enterfiere and on time 29 of 6-40. Refit pald on the property tax pald time 4 from time 4 from time 4 from time 5, 6-40 files enterfiere and on time 29 of 6-40. Refit pald on the property tax pald time 4 from time 4 from time 4 from time 4 from time 5 from time 5 from time 5 from time 6 from 1 from 5 from 1 files worksheet. Refit pald on the property tax bald time 5 from time 6 from time 6 from 1 from 5 from 1 files 6 from 1 f	nor claim this credit for a property owned by a government, a house of worsh	D 07 Round cents to the nearest dollar
Total household gross income income incomes and income inc	a non-profit organization:	if the amount is 290, <u>leave the line blank</u> .
### Property tax credit. Use the worksheet. Property tax credit. Use the worksheet.	1. Total household gross income. From Line wion page 3. If lover \$20,000; do not clain	harisaniaidheacann (1995) 1
Property tex credit. Use the worksheet. Rent supplements received in 2013 by you or your landlord on your benalt. Property tax credit. Subract tine 4 from tine 3,040 filessener here and or tine 29 of 0.40. Landlord's name. Apartment number. Apartment number. Ity State Zip Code +4 Total household gross income. From tine worp page 3. If over \$20,000, do not claim this credit. 7.3. Do real property tax paid by you on the property in 2013. Property tax credit. Use the worksheet. 9 Enter information from your real property tax bill or assessment. It is section is blank on your property tax bill, leave it blank here.	7(1)0)16(Pailette 16.20 pt 20 pt 2 pt 2 pt 2 pt 2 pt 2 pt 2 p	
Property, tax credit. Subvact Line 4 from Line 3, 0-40 fliersente; here and on Line 29 of 0-40. Landlord staddress (number and istreet) Apartment number: Landlord's telephone number (ity) State: Zipicode +43 Coping in ousehold: gross income. From Line w on page 3. If over \$20,000, do not claim this credit. 7. Do: real property tax paid toby you on the property in 2013. Property tax credit. Use the worksheet: 9. Coping information from your real property tax ball, or assessment. (traissection is blank on your property tax bill, leave tit blank nere.		
andlord's address (number and street). Landlord's feleprone number By Landlord's feleprone number State Zip:Code: +4 Total' household gross income: From Line worr page 3: If over \$20,000, do not claim this credit: // Do real: property: tax-paid; by you; on the property: in 2013 Property tax credit: Use the worksheet: 9 O Enter information from your real property tax bill or assessment: If a section is blank on your property, tax bill, leave it blank nece		
Endlord's address (number and street). Landlord's telephone number Candlord's telephone number	5 Property tax credit: "Subract Line 4 from Line 3; D-40 filers enter here and on Line 29 of D-4	09
ection B. Credit claim based on real property tax paid Jotal nousehold gross income. From Line won page 3: If over \$20,000, do not claim this credit. DC:real property tax-paid by you on the property. In 2013. Property tax credit: Use the worksheet. DE:tetainformation from your real property tax billion assessment: If a section is blank on your property tax bill, leave it blank nere:	6-Landlord's:name;	
ection: B. Credit claim based on real property tax paid Total: household gross income: From Line won page 3. If over \$20,000, do not claim this credit. // DC real: property tax-paid: by you on the property in 2013. Property tax credit: Use the worksheet. DEnter information: from your real: property tax billion assessment: If taisection is blank on your property tax bill.	andlord's address (number and street)	Apartment number
ection: B. Credit claim based on real property tax paid Total: household gross income: From Line won page 3. If over \$20,000, do not claim this credit. // DC real: property tax-paid: by you on the property in 2013. Property tax credit: Use the worksheet. DEnter information: from your real: property tax billion assessment: If taisection is blank on your property tax bill.	er over in a men of the contract of the contra	
ection: B= Credit claim based on real property tax paid Total household gross income: From Line won page 3: If over \$20,000, do not claim this credit. DC real property tax-paid-by you on the property in 2013. Property tax credit: Use the worksheet. DEnter information from your real property, tax bill lores sees ment: If a section is blank on your property tax bill, leave if blank nee.	Landlord's te	S. I. P. S. B.
Total household gross income: From Line wor page 3- If over \$20,000, do not claim this credit. // Dereal property tax paid by you on the property in 2013. Property tax credit use the worksheet: OEnter information from your real property tax billior assessment. If assection is blank on your property tax bill vieave it blank nere:	City 1-1.	ostate se a 2/p.code na a se a constante de la
Total household gross income: From Line wor page 3. If over \$20,000, do not claim this credit. // Dereal property tax paid by you on the property in 2013. Property tax credit use the worksheet: OEnter information from your real property tax billior assessment. If assection is blank on your property tax bill vieave it blank nere:		
DCreal(property tax-paid(by)you; on the property in 2013. Property tax credit: Use the worksheet: 0 Enter information from your real property (tax-bill) or assessment. If assection is blank on your property tax bill viewe to blank nere:	Section B. Credit claim based on real property tax paid	
Property: tax credit: Use: the worksheet. O. Enterinformation: from your real: property, tax billior assessment: if faisection is blank on your property tax billiolable nerge.		
O Enter, information from your real property tax bill or assessment of the section is blank on your or operty tax bill leave to blank nere.	THE REPORT OF THE PROPERTY OF	CHILDEN MARKET DE LEGEN DE PREPERDINALIER PREPERDINALIER DE L'ANGER DE L'ANGE
COLUMN CONTROL	A - I SEEL AND A SEEL	en e
THE RESIDENCE OF THE PROPERTY		

400007304

Last name and SSN

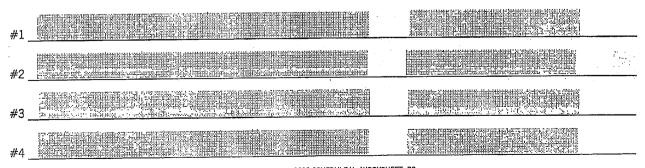
Physician's certificatio	n of blindness or disabi		nax Credit: File It with your Schedu	
are not needed. Claimants first hame Claimants social security numb		Mile Last name		
rcertify that the above n	amed claimant (filisin all tr	iat apply):		
B C in motivation and an entire the contract of the contract o	tal impairment that is expect tally impaired on January 1.	edito läst continuously for 12 m 2013	onths.or: more;	
Physician sinrstiname.	distreet)	Mall Lastnamer		Sulte number.
City 152 in a second			State #2 2006ode #4	
Physician's signature		Date: Line Section 1	Where Licensed 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ense Number
Physician's signature		Date	Where Licensed	ensei Number
Physician's signature		Date	Where Licensed Licensed Licensed	
Physician's signature			Where Licensed	
Signature Vyoergenalti	f preparer is based on the inform	(amined this, return and, to the best of	f my knowledge, it is true and correct.	

Last name and SSN SEPARATE

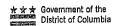
400007304

Total Household Gross Income Report the total inc	ome of every member of yo	ir household, includin	gincome not subject	to DC tax
This income does not include gifts from nongovernmentals.		land other relief in kin	nd supplied by a gove	ernmental agency.
	TO THE POPULATION OF THE POPUL	Your spo	use/dom. partner	Other höüsehöld members
a Wages, salaries, tips, bonuses commissions frees and any compensation for personal services	TELEFORM	20000	T. LERICE SERVICE SERV	inderical interpretation of the contraction of the
b. Dividends and interest	O Company Comp	alanlamananlamming dannuningammin		ra dana man pamini lajam s minamera nana hada massir mana riba lama
c Lottery winnings			and an emitted the relationship and characteristics	**************************************
d Trade or business income (or loss)				
e Taxable and nontaxable pensions and annuities:				
g-Almony received		RETURNING TO STATE OF THE STATE		
h Net rentaliand royalty income;				andrag abunostantekientilanis erantekia kanekinatainatekinet
i Social security and/or railroad retirement.				
j Unemployment insurance and workers (compensation)	TO THE STATE OF TH	CKAPPURAGE PROPERTY CONTRACTOR CO		
K-Support money and public assistance grants If Interest on U.S. obligations			- # <u>-</u>	
mDisability income exclusion (from DC Form D=2440). Line 10	0)50 1 m =			
n Nontaxable portion of military compensation.				
-c. Fellowship and scholarship awards and grants.				
D Life insurance proceeds: Q Veteran's pension and disability payments:				
G G Bill benefits.				SEPTIMES TORSONISHED AND AND SPECIAL PROPERTY OF THE S
is income subject to unincorporated business franchise tax:	12. (S 14.			**************************************
t. Cash distributions from a business or investment.				
UpOtner:			Marian Ramana Anna Anna Anna Anna Anna Anna Anna	
V Total gross income: Add Lines a=u for each column: W:Total household gross income Add amounts entered on Line		20000		
enterinere and on Section A Line Pro Section B. Line 7.				

List names and social security numbers of other household members. If more than four, list on a separate sheet of paper and attach with this form.



2013 SCHEDULE H WORKSHEET P3
Homeowner and Renter Property Tax Credit



2013 D-40 Individual Income Tax Return



Print in CAPITAL letters using black ink. Leave lines blank that do not apply.

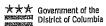
Š	Personal information (202) 442-0000 Your telephone number.	#FIII IN K	if: Filing an amer	nded return. See instruc ceased taxpayer see ins	lions iructions	
ET IN B	Your social security number (SSN): and DOB (MMDD) 400007305 03311940		s/registered domestic pa	rtner's SSN and DOB	(MMDDYYYY)	
JPPER L	Your first names	M. Last name DECEASED				
NIS IN	Spouse's/registered domestic partner's first name	irle				
OCCUME	Home address (number, street and apartment number if applicate					
OTHER	3100 K ST. NW	arthraidhean ar propheachtair agus an	etae. Whise et 2014 dien die 2017 et 2017	energies de l'especial de la company de la c	221 2341.000	
STAPLE	City To Table 2000 Park To Table			Zip, Code (#45, 77, 185) 20007		
	WASHINGTON Filing status Single Married IIII	ng:jointly		and the second control of the second control	by someone else:	
#2.232.74E	1 Fill in only one Married filing separately o	n same return <i>Enter.comb</i>	ined amounts for Line	s 4–42. See Instructio		
ZZZZWINE	Head of household <i>Enter</i>	qualifying dependent and/o	r non-dependent infor		DC See in	structions
	Complete your rederal return fir	st Enter your depen	2405-040-040-040-04-1-6	n on DC Schedul	100 (Aug. 100 (A	
	Income Information: It is a second of the se			3200		
	D. Business income of loss see instructions.	Fill in if loss CFC	ilita Tantumatationa dalamentation in termonia Tantumatationa dalamentation in termonia Tantumatationa dalamentation in termonia Tantumatationa dalamentation in termonia	***************************************		
STORE OF THE PERSON NAMED IN	Cer. Gapital gain (or loss). d - Rental real estate, royalties, partnerships, etc.					
No. of Parties Co.	Computation of DC Gross and Adjusted Gross/In		Ilinifilossa 3			100
	3 Federal adjusted gross income: 1040; Line 37, 104 1040EZ Line 4, 1040NR; Line 36 plus Sch NEC, Line 13	HUALLING STEEL STEEL STEELS				
数据	Additions to: DC:Income; 4. Franchise tax:deducted on federal forms; see insir	uctions.	44.	The state of the s	eatermenteervorm incrittur-ceasineate	00
MARKET NA	5 Other additions from DC Schedule!; Calculatio	THE RESIDENCE OF THE STREET, AND THE STREET, A	Ilin if loss () 6		. चुन्ना हुँच, कुम्पर-पुंत इक्क्ष्रावास्त्राच्याच्याच्याच्याच्याच्याच्याच्याच्याच्य	00 00
	Subtractions:from DC/Income					
MARKET NO.	7. 1. Part year residents; enter income received duri 8. Taxable refunds, credits or offsets of state and		8		مدينو ويعامله لا تربيد بدريديد بد الدولية والأوليدية عاد يومور ووسيعه	00: 00:
1	9 Taxable amount of social security and tier 1 rai Forms 1040: Line 205 of 1040A: Line 145					00
	10. Income reported and taxed this year on a DC fr					00 00
新城 (T)K	1:1 DC/and-federal-government pension and annul Fill in if you are 62 or older if your sp				colpredicationshy Littlettelledesh	
1.3	12. DC and federal government survivor benefits, a 13. Other subtractions from DC Schedule I, Calcula	eto kazika da delektra kad	1219			#00! #00!
Ä	Tes Other subtractions from DC scriedules, Calcula 14. Total subtractions from DC income, <i>Linest</i> 7-13.		141	rancissas tavarri proportioninisteriir	rka province source and massaces and was	00
ALTERNATION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NA	15. DC adjusted gross income, Line 6 minus Line 14.	79 F 2013 D-40 P1	III in if loss (15		3200 ***********************************	0 00

Enter your last name. DECEASED

Cate.	 C

400007305

6. Deduction type. Take the same type as you took on you Standard on Itemized See Instruction	ır federal returii: Fill in which type:			
7 DC deduction amount. Do not copy from federal retu	irn: For amount to enter, see Instruction			4100 00
B. Number of exemptions if more than 1 (more than 2 spouse/domestic partner are over 65 or blind, attach a c	completed Calculation G, Schedule S			0:00
9 Exemption amount Multiply \$1,675 by number on III	ne 18 Part-year DC residents see Calc	Ulation E. seeinstructions 119 %	makeni je vijeka ili Albani. Tangan	4100 000
0 Add Lines 17 and 19; 1 DC taxable income; Subtrect Line 20 from Line 15 E	nter, result	Fill in Ir loss \bigcirc 21		7900 00
C tax, credits and payments				
2 Tax: If Line 21 is \$100,000 or less; use tax tables to find	the tax; If more; use Calculation lins n	structions. 22		1476 00
Fill in () if filing separately on same return; co 3. Credit for child and dependent care expenses:	Par 2011 has No. 13 (15th)	32 Enterresult > 23	nickreinsteh Fulklin for Op-kanele unstrumen misserek (zue austy	0.0
From Line 9 of fed Form 2441; from Line 5, DC Form D:24 1 Non-refundable credits from DC Schedule UFP:	441 if part-year: DC residents	24		100
4: Non-retundable credits from DC Scriedule: Unico 5: DC Low Income Credit.	The state of the s		and in the second of the second se	₫ <mark>©</mark> (
oa. Enter the number of exemptions claimed on you	S Z C S S C S C S C S C S C S C S C S C	25a		
Total non-refundable credits: Add Lines 23: 24 and		26 s 27 s	and the second s	00(0(
7- Total tax <u>"Subtactline 26 from Line 22: Jifline 22</u> (5) Bi BC Earned income Tax Credit. Enter your federa		40 Enteriresulti> 28	ericione) denenciones mos parament fill escent tel mercurity in mechanistica acciones se	FO(
sa Enter the number of qualified EITG children.	ET ALL MANUAL PROPERTY OF THE	28a		
B Property Tax Credit From your DC Schedule Hirattach	BICODY	29.5		
D. Refundable credits from DC Schedule U. Part I		305		00 976 0
DG income tax withheld shown on Forms W-2 and 10	099: Attach these forms	31		0,0
2 2013 estimated income tax payments; 3 Tax paid with extension of time to file or with or	iginal:return.if:this;is;an:ameno	led return. 33 6		Į O(
4. Total payments and refundable credits Add Lines		34		(O)
efund — Complete II. Line 34 is more than Une 27,	Amount c		s equal to or less than Line 27.	riani Marini
5: Amount your overpaid: 35%		Ie Subtract Line 41 Line 27) 0.5 Communi
btract Line 27 from Line 34.				0(
your 2014 estimated tax	from Sched.	oution:amount ####################################		
II in the oval if Form D-2210 is attached	OO 43a Penali			
3 Refund subtract sum of 38	500 00 43b lintere	S. II Frankrikerrikaninkanining		
es;36 and 37 from Une 35 (***********************************		Enter;total P & l 43	<u> </u>	200 200
m Sched: U. Partil, Line 6		mount due ZZ		00
additional anti-on Une 42. Net refund	500 00 Add Lines 41	779		
btract Line 39 from Line 38	requested go to an account outsid		No. See Instructions	
efund Options For Information on the tax refund card a ark one refund choice: Direct deposit	Tax-refund card (● Delaner ch	eck was supplied that a contract of the		
rect. Deposit, To have your refund deposited to your checking	COR savings Caccount, fill in c Account Number	ival, and enter bank routing and	account numbers: See instructions	
Routing Number Ird party designee To authorize another person to discuss this retu		er the name and phone number.	of that person See instructions	
signee's n	garten 1981 (S. Billetin Mone)	Phone number	greek.	night Anglas (n. 1905) Agglas (n. 1905)
gnature Under penalties of law, I declare that I have examined this return ir signature	and, to the best of my knowledge, it is correct Rieparer's si	Deciaration of paid preparer is base gnature	o un mormation available to the preparer. Date	
	u ä		j.	i
ouse's/domeslic partner's signature it filing jointly or separately on same retu	Date Preparer's Te	ax Identification Number (PTIN)	PTIN telephone number	





FR-147 Statement of Person Claiming Refund Due a Deceased Taxpayer

This is a FILL-IN format. Please do not handwrite any data on thi	is form other than your signature	official use only Vendor ID# 0002	
Personal information Deceased's First name TAXPAYER	MII Lasthame DECEASED		
Deceased's social security number	th (MM/DD/YY)		
Yourhöme address (number and street) 3100 K ST NW			
oiy	istate DC	Zip code +4 20007	
Statement of Claimant Your relationship to the deceased Ellinionly one: Spouse/domestic partner. Other > Specify	Administrator O Executor		
Did the deceased leave a will? Yes No Has an executor or administrator been appointed for the If no, will one be appointed? Yes No			
inb, will the deappointed: Will you pay out the refund to beneficiarles according to If no, a refund cannot be made until you submit a court or other evidence that you are entitled, under DC law, to	the laws of the state where the deceased was a certificate showing your appointment as person		
If other than the deceased, who paid deceased s 2012 of which was a second seco	OC income tax?	clamants:SSN	
Kelationship to deceased.	ax overpaid by or on behalf of the decea	sed. Under penalties of law, lidecta	ere that
l have examined this claim and, to Yoursignature	o the best of my knowledge, it is correct Date 104/15/2014		
Attach this form to the deceased's D-40 ald If you are filling as an administrator or exec	ong with a copy of the death certifica utor, attach a copy of the court cert	ate or other proof of death. ificate of appointment	