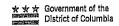
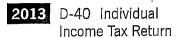


2013 DC-1436

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

November 2013





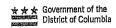


Print in CAPITAL letters using black ink, Leave lines blank that do not apply.

ACK	Rersonal information You lelephone number	FILLIN) <i>if:</i> Filing for	amended returi a deceased taxi	Dayer See instruc	ctions.	
LEFT IN B	Your social security number (SSN) 400007306 Your first name Mil. Last name	Spouse's/r	egistered domes	tic partner s SSN	and DOB (M)	MDDYYYY); yezak	
IN UPPER	Your first name: PARENT Spouse s/registered domestic partner s/first name Last name.						
UMENTS	Home address (number, street and apartment number (f. apartment)	ne contoucine					
HER DOC	350 MERINO DRIVE	nen annamentar	en en de la companya	ngkanz nambaning nambanatia			
TAPLE OT	OIV.		State 1	Zb Code H			
S	ACCOKEEK		MD	20607			
HOME TO THE PROPERTY OF THE PERSON OF THE PE	Filing status 1. fill in only one. Married filing separately on same return for Registered domestic partners filing sointly on the separate separ	nter combine	d amounts for g separately or on-dependent	Linesi 4º 42 Se I same return	e instructions Schedule'S.		
NAME AND ADDRESS.	 Complete your federal return first - Enter you income information 			ation on DC If zero leave the		•	
	a Wages, salaries, unemployment compensation and/or tips	() a lis b				00 11 15 16 16 16 16 16 16	
	C. Capital gain (or loss) Fill in If loss (######################################	1915年1日17日 - 1915年1日 - 19	ndamentamentamentament	00	
	d: Rental real estate; royalties; partnerships; etc.; #65 Fillin if loss C Computation of DC Gross and Adjusted Gross Income						
K Version	31 Federal adjusted gross income: 1040; Line 37; 1040A; Line 21; 1040EZ, Line 4; 1040NR, Line 36 plus Sch NEC, Line 13; 1040NR-EZ: Line 1		nifiloss (C)			1898	80 00
	Additions to DC income 4 Franchise tax deducted on federal forms, see instructions.				arianangapananganganangan		00
	5 Other additions from DC Schedule Calculation A, Line 8 6 Add Lines 3 4 and 5	FILM	nifiloss () (1898	00 <u>.</u> 00 08
	Subtractions from DC Income 7. **Part year residents, renter income received during period of nor	rresidence,	see instructions				:00
- A	8 Taxable refunds, credits or offsets of state and local income tax	X autobies		(1) 2 (1) 2		angan kanalang angan kanalan banalan b	
I)	9: Taxable amount of social security and tier 1 railroad retiremen Forms 1040; Line 205 or 1040A; Line 145 10: Income reported and taxed this year on a DC franchise or fiduo] 	0.52 O.52	nns žarat ure:		00
MOUS L.	1.1 FDC and tederal government pension and annuity <u>limited exclus</u> FIII in:if you are 62 or olderif your spouse/domestic pa	ter and the state of the state of the state of					
10000	12; DC and federal government survivor benefits; see instructions:						00
	13: Other subtractions from DC Schedule I, Calculation B; Line 16 14: Total subtractions from DC income Unes 7:13:				eresert anaruste htt pelkerk	50 50	0 200 0 00
	15 DC adjusted gross income , Line 6 minusiline 14	FIII II	ilf loss (* 1			18480 	0 00

Enter your last name. NONDEPENDENT

1. mp. mar	anno a sua con any representant de Sanja perandonana abbana arte de julio e con te-		
16 Deduction type. Take the same type as y			
Standard or Itemized 17 DC deduction amount. Do not copy fro			4100 00
18 Number of exemptions. It more than I	(more than 2 if filing jointly); or if you or	yövr 18 2	
spouse/domestic partnerare over 65 or bli 19 Exemption amount Multiply \$1,675 b	BOTT TO VOLUME BEING STREET OF TOTAL CO. TO THE TREE TREE SECTION OF	ACCUMULANCE SECTION AND ADMINISTRATION OF THE PROPERTY OF THE	3350 00
20 Add Lines 17 and 19		204	7450 00
21 DC taxable income. Subtract Line 20 fr	om Line 15 Enterresult		11030
DC tax credits and payments			
22 Tax. If tine 21 is \$100,000 or less use tax	tables to find the tax; If more, use Calcul	ation I in Instructions 221	462 00
Filling separately on same		edule S.	
23 Credit for child and dependent care From Line 9 of fed Form 2441, from Line 5		.00 X .32 Enter result > .23 .3	
24 Non-refundable credits from DC/Sch			
25. DC Low Income Gredit. Use Calc. Lic/	EITC to see if LIC or EITC is a greater benei	Principal Co. et March	BOX
25a Enter the number of exemptions clai	med on your rederal return:	1.1.25a (1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	
26: Total non-refundable credits: Add Un		2765	
27. Total tax. Subtract Line 26 from Line 22.		27/blank 100 X 40 Enterresult 28	ermanistiklerina-erin-erinarindelfrenseniemik omerovonskierdomer välitoruntradigi ämmeririletende seder 1000
28 DC Earned Income Tax Credit Enter		2011	
28a Enter the number of qualified EIIIC			0.0
29: Property Tax Credit From your DC Schedul 30: Refundable credits from DC Schedul			160
31 DC income tax withheld shown on Form		31.5	00
32*, 2013 estimated income tax paymen		32	
33 Tax paid with extension of time to file	e or with original return if this is a	n amended return. 2011 33 c.	00
34. Total payments and refundable credi	ts: Add Lines 28, 29-33.	第4章 34章 34章 34章 34章 34章 34章 34章 34章 34章 3	
Refund =:complete if Line 34 is more than Line	A	mount owed - Complete if Line 34	is equal to or less than Line 27
35 Amount you overpaid 35		1=Tax due <i>subtract Line:</i>	462 50
Subtract Line 27 from Line 34		34 from Line 27.	
36. Amount to be applied 36. to your 2014 estimated tax		2 Contribution amount 42 m Sched: U. Part II. Line 7	
Fill in the oval if Form D 2210 is attach	aa la barra da ka barra da ba	ll in the oval if Form D-2210 is	attached t
37. Penalty See Instructions: 37.	00 2	3a Renalty 104 @	
38 Refund Subtract sum of 38 Lines 36 and 37 from Line 35	00/4	Bb Interest 2	
39. Contribution amount 39.		Enter total P & / 43	104 .00
from Sched: U, Part.II, Line 6% Can ποι exceed refund am!: on Line 38	4	4 Total amount due 44	566 00
Put additional amt. on Line 42:		d Lines 41–43	
40 Netrejunu za	e refund you requested go to an acco	int outside the U.S.? Yes	No 4 See instructions
Refund Ontions For information on the tax r	efund card and program limitations; s	ee instructions or visit our website o	sichering vor der 2000 der gegen Stemmunds auch der versternen mehr bestimmter i uns die sie
Mark one refund choice Direct depo Direct Deposit. To have your refund deposited to	sit < >Tax refund card < >	Paper check ************************************	
Direct Deposit: to have your retund deposited to:	your enecking On savings Account		. Second Hambers of Constitution of States
Third party designee To authorize another person to di	scuss this return with OTR, fill in here.); and enter the hame and phone number	of that person. See instructions.
Designee's n		Phone number	General Control of the Control of th
Signature Under penalties of law, ([declare that]] have exan	ined this return and, to the best of my knowledge	it is correct. Declaration of paid preparer is base Preparer's signatures	d on information available to the preparer. Date
		Préparers (lax Identification: Number (RTIN): 552	RUN jelenhone nijmherus
Spouse's/domestic partner's signature il liling jointly or separati	ely on same return to the Chale	, regel a , a la charachan de la charachan la la charachan la la charachan la chara	The state of the s
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2013 SCHEDULE S Supplemental Information and Dependents

Unless instructed otherwise -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.

Dependents: // you have more than 8 dependents //st them on an attachment. Mil. Last Name
Social security number: Relationship
Social security number: Military Date of Birth (MMDDYXYY)
Social security number. Relationship
Social security number (Pateron Birdh: MMDD XXXVI)
Social security number () Relationship: Relationship:
MIPS/TastName
Eletiamentalista en la companya de la companya
Social security number: Pate: of: Birth: (MMDDX/YYY).
Flist name April Distribute Control C
Elist name Militari name Date of Birth (MMPDYYYY) Schools asserting to the second of
First name XMI Last Name XX
Social security numbers to the security numbers of the
First rame A Company of the Company
Socialisecurity:number: Date of Birth (MMDD/YYYY)
Head of household filers
Do: not enter your information: 400007399 -First name of qualifying non; dependent person. Mil. Utast Name QUALIFYING NONDEPENDENT

Calculation G. Number of exemptions. Do not attach Schedule S to your D-40 if you only filled in Lines a Enter 1 for yourself and			
b Enter 1, if you are filing as a head of household and complete Enter 1, if you are age 65 or over and			
d Enter 1 fr.you are blind e Enter number of dependents			
f. Enter 1 for your spouse or registered domestic partner. g. Enter 1 if you are married filing jointly or married filing.	separately on same retu	mand your spouse/partner	
h: Enter 1-if you are married filling jointly or married filling. Total number of exemptions. Additions a-h; enter here an		in and your spouse/partne	is blind 2
Calculation U-Tax-computation for married or registered Enter separate amounts in each column. Combine amounts on the	Liantinata de la compania de la comp	You:	Your spouse/domestic partner
a Federal adjusted gross income. If you and your spouse filed a joint federal return, enteneach portion of federal adjusted gross income. Registered domesti should enter the federal AGI reported on their separate feder	ic partners:	00	5
b Total additions to federal adjusted gross income Enterleach person's portion of additions entered on D-40, Lin	Part District		
c. Add Lines a and b	dine 14-		OC
e DC:adjusted gross income. Subtract:Uine difrom Uine c. f. Deduction:amount. Enter each person's portion of the amount entered on D:40, I	Line 17:	00 00	
(You may allocate this amount as you wish) go Exemption amount: Enter each person's portion of exemption amount entered on D	9-40-Line 199	00	00
h. Add Lines f and g i: Taxable income: Subtract Line h from Line e]: Tax: If Line I is \$100,000 or less use tax tables	inificss (#00 00 00	90 90 90
Finore than \$100,000; use Calculation I, Instructions K: Add the amounts on Line J; enter here and on D-40, Line 22	nemero de la complementa de mesta extensa e		00 Total tax
EINs associated with Income reported and taxed on Franc	niseand-idicialy; ketur	is for the amount listed on	D-HOTEINE LO
(a) 			
ieg.			
			A Line State Supera Personal Antonia Personal Pe

	Government of the
MERTERAGE	District of Columbia
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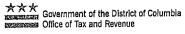
2013 SCHEDULE I Additions to and Subtractions from Federal Adjusted Gross Income

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

Last name	- 11/5	
NONDEPENDENT	400007306	
	adjusted gross fincome, Fill in only those that apply e portion; of adjustments (from: Line 36, Form 1040;	Dollars only, do not enter cents 00
Line 20, Form 1040A, or Line 34, 10	40NR) that relate to the time you resided outside DC amounts related to the time you resided in DC	
the fact of the second of the	income averaging on your federal tax return	0.0
3 30% or 50% federal bonus depre	ciation and/or extra IRC \$179 expenses claimed	00
on federal return 4: Any part of a discrimination awa	rdisubject to income averaging.	
5 Deductions for S Corporations fro	HINTAL INA JERANGSAN MENENTINGKAN KENENTAKAN PENENTINGKAN MENENTINGKAN MENENTINGKAN MENENTINGKAN MENENTINGKAN MENANGSAN SUNGGANGSAN MENENTINGKAN MENENTINGKAN MENENTINGKAN MENENTINGKAN MENENTINGKAN MENENTINGKAN MENENTINGK	0.0
6 Other (see instructions on others	side).	613 - 0.0
71.5		00
Company of the second s	sil = 7 Enter the total here and on D=40, Une 5 deral adjusted gross income. Fill in onlythose that apply	000
1: Taxable interest from US Treasur	y bonds and other obligations. See instructions on other	
2 Disability income exclusion from D 3: Interest and dividend income of a	DC Form D-2440, Line 10. See instructions on other side.	1 2
4 Awards, other than front and bac		413.4
employment discrimination	ion over federal allowable depreciation. See instruction	s 7 5 7 00
The state of the s	ms paid in 2011, \$500 annual limit per person.	00
-7. Amount paid (or carried over) to I person, \$8,000 for joint filers if each i	0C College Savings plan in 2011 (maximum \$4,000 p s:an:account owner). <i>Partyearresidents:see instructions.</i>	er
8 Exclusion of up to \$10,000 for D	C residents (certified by the Social Security Adm. sehold income of less than \$100,000. See instructions.	00
9 Expenditures by DC teachers for	necessary classroom teaching materials,	00
\$500 annual limit per person, See.ins	rructions on other side: certain tuition and fees; \$1500 annual limit per pers	on 10-2
See instructions on other side.		
11 Loan repayment awards received See instructions on other side.	by health-care professionals from DC government.	
domestic partner or same sex spouse.	paid by an employer for an employee's registered i	00
Make no entry if the premium was deducted	on your federal return, see instructions on other side.	00
13 DC-Poverty-Lawyer Loan Assistar 14 Other See instructions on other side.	ice: See instructions on other side.	500 00
14 Other Seeinstructions on other side. 15 Military Spouse Residency Relief.	Act. See instructions on other side:	00
	Lines 1–15. Enter the total here and on D-40, Line 13,	16.5

*Note: Since income reported on Federal Form 8814, Parents' Election to Report Child's Interest and Dividends, and included in the parents' federal return income is subtracted above on Line 3 of Calculation B, the child must file a separate DC return reporting this income. Revised 09/13







D-2210 Underpayment of Estimated Income Tax By Individuals

IMPORTANT: Please read the instructions on the reverse before completing this form.

Your First name, M.J., Last name PARENT NONDEPENDENT Spouse's/domestic partner's First name, M.L., Last name	ssN: 40000730 Spouse's/domestl			
	Daytime itelephon (202) 644			
No penalty is due and this A: Your tax liability on taxable income after deduc			olding tax an	distribution
applicable credits is less than \$100; or B. You: made periodic estimated tax payments an is equal to or more than; 110% of your last yea taxes. Note: You must have been a 12-month 110% exception	d had amounts withh ir s taxes or is at leas	eld as required t 90% of your c	and the tota urrent year's	
Computation of Unde	rpayment			
2013 DC Tax Lability "total tax" from your DC individual incom Multiply the amount on Line L.by 90% (*90) 2012 DC Tax Lability "total tax" from your DC Individual Incom		\$	46 41 40	6
Minimum withholding and estimated tax payment required for t (lesser of Line 2 and 3): Multiply Line 4 amount by 25% (.25) for amount required for e	axyear(2013)	\$	4()2
Nuttingly Either 4-annount by 25.8 (25) for amount regarded for expense of this form on the "Annualized Income", method: **Toyense of this form on the "Annualized Income", method: **Toyense of this form on the "Annualized Income", method: **Toyense of this form on the "Annualized Income", method: **Toyense of this form on the "Annualized Income", method:		Due datetor Payr		
Enter Line 5 amount or the annualized income amount in each period (the 2° period includes the 2° period amount, 3° period includes the	1st Reriod (1912) 2nd F 04/15/13 (1910) 06/1	Period 37d Pe		Period 5 5/1/4
IA and 2 ^m period amounts, the 4 ^h period includes all period amounts). leck: here:tif.you.are:using:the::/Annualized.income ² /method:	0	0	0	402
DC withholding and estimated tax paid each period for the 2 rd period includes the 1 st period amount; 3 rd period includes the 1 st and 2 rd period amounts, the 4 rd period includes all period amounts).	0	0	0	0
	MICHAEL MANAGERIAN AND AND AND AND AND AND AND AND AND A			

Make check or money order payable to: DC Treasurer

104

104

1.1 Penalty — Total-of amounts from Elne 10. Pay this amount. (See instructions on reverse)

Penalty Factors

10 Line 8 multiplied by Line 9



D-40 Individual Income Tax Return



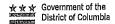
Print in CAPITAL letters using black ink. Leave lines blank that do not apply.

ACK	Rersonal information Your telephone number	Fillinit Tarasana) <i>if:</i> Filing	for a decease	eturn : See instructions I taxpayer, Seeinstruction	
LEFT IN B	Your social security number (SSN) and DOB (IMMDDYYYY) 400007307	400	's/registered do 007308	omestic partner s	SSNaird DOB (MMDI	AXXXX CONTRACTOR
IN UPPER	PRIMARY	ast name PARTYEAR ast name				
CARCALS	first tare about the contract to the contract	PARTYEAR				
SE S			nacz inis kasina hprais	enzoacherxur 45/4/68700	Perendera formation of the Perender of the Pere	
NAPLE OF	Cliv.		Stat	e Zipi.Cr	de l'Aussian III	
		ly. \ \ \ \ \ Married fi	ling separate		endent claimed by sor	heonerelse E
	Fill, in only one: Registered domestic partners; filling:	ig jointly or 🤝 fi	ling separate	ly on same ret	urnaz 💮 💮	
	I Head of household * Enter quality Fill in if you are: Rart-year resident in DC from	1 (month) to	4	(month); numb	er of months in DC	3 See instructions.
阿拉拉	© Complete your federal return first.—(Encome Information)	Round cents			e the line blank:	
	see instructions	ps a iinifiloss (C. D)		aristature sunte seess teeste dan entertees	58000 00 00	
	Capital gain (or loss) File File Capital gain (or loss) File File File File File File File File	in If loss (C) (C) in If loss (C) (C)		***************************************	0 10 10	
C	Somputation of DC Gross and Adjusted Gross Income:		III in iffioss (21800000
	. Federal adjusted gross income, 1040; Line 37, 1040A; Lin 1040EZ-Line 4; 1040NR, Line 36; plus Sch. NEC, Line 13; 1040NR Additions to DC Income					
4	Franchise tax deducted on federal forms; see instructions. 3 Other additions from DC/Schedule Calculation A. Li	ne 8		ДД (;;) (5.115.)	They recen that adds server histories present despetables sacred accepts	
9.6	5. Add Lines 3 (4 and 5	because the second second second second second	II in if loss: () 6		100
	subtractions from DC Income Part year residents, enter income received during peri		Ce, see instructio			208000 00
0.00	Taxable amount of social security and tier 1 railroad r			9	daniya diragalara aribir (ratifika 1944 arib	001 000
	Forms 1040, Line 20b, or 1040A, Line 14b. O Income reported and taxed this year on a DC franchis		ZHAKO SINBBA	10.3	enerdere er einer er e	
	-1 DC and federal government pension and annuity limit Fill in if you are 62 or older if your spouse/do	omestic partner is 6			upinginaingip Kaidokitalabita	
	2 DC and federal government survivor benefits, section 3.3 Other subtractions from DC Schedule; [. Calculation B	例为4.159.7001ELE-3		12	anteriore de la composition de la comp	007 007 007
	4 Total subtractions from DC Income, <i>Unes</i> 7:13 5 DG adjusted gross income, <i>Une 6 minus Line</i> 14:		II in if loss (14	arrangentarionerstan privince a state angelenger a sign a sur P tol • m	208000 00 10000 00
1	2013 D					

Enter your last name. PARTYEAR

nter	voiir	SSN.	

16 Deduction type. Take the same type as you took on Standard or Itemized See instruc				
17 DC deduction amounts. Do not copy from federal 18 Number of exemptions. If more than 1 (more than	return: For amount to enter, see	Instructions.		1025 (⁰⁰
spouse/domestic partner are over 65 or blind, attach	la completed Calculation G; S	ichedüle S.		837 00
20 Add Lines 17 and 19		201		00
2.1 DC taxable income. Subtract line 20 from Line 1	5. Enter result			[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 Calcula	tion / in instructions		363 00
Eillini (*) if filing separately on same return.	Complete Calculation Jon Sch			
23 Credit for child and dependent care expenses From Line 9 of fed Form 2441; from Line 5: DC Form D	-2441, if part-year DC resident			
24 Non-refundable credits from DC Schedule Us 25 DC Low Income Credit: Use Calc. UC/ETTC to see			t market di travant di	000
25a Enter the number of exemptions claimed on	your federal return	25a		00
26 · Total non-refundable credits: Add Lines 23, 24, 27 · Total tax: \Subtract Une 26 from Une 22; \lambda Lines 23.		27 blank - 2 - 27 - 3	The second secon	363 .00
28 DC Earned Income Tax Credit: Enter your fed		00 X 40 Enter result > 128 \$		001
28a Enter the number of qualified EITC childre 29. Property Tax Credit. From your DC Schedue: His at		28a 2 29 29 29 29 29 29 29		00
30. Refundable credits from DC Schedule U. Par				00
31: DC:income tax withheld shown on Forms W-2:and	J.1099: Attach these forms			2800 00 00
32 ±2013 estimated income tax payments. 33 Tax paid with extension of time to file or with	original return if this is a		manus make a demonstration of the description of the analytic and	00
34 Total payments and refundable credits Add Ur		34		00
Refund — Complete if Line 34 is more than Line 27		mount owed - Complete if Line 34	14	100 100
35 Amount you overpaid 35 Subtract Une 27 from Une 34	2437 00 ⁴	L Tax due Subtract Line 4 34 from Line 27		
36 Amount to be applied 3611 to your 2014 estimated tax:		2 Contribution amount 42 m Sched: U, Part II, Une 7	io produce de la company de La company de la company de	00
Fill in the oval if Form D-2210 is attached	FI THE PARTY OF TH	II in the oval if Form D-2210 is		
37. Penalty See Instructions 37.)() ()()	
Lines 36 and 37, from Line 35 (2011)	100 00 7	Enter total P.& / 43		# # # # # # # # # # # # # # # # # # #
from Sched: U, Perl II, Une 6 Cannot exceed refund amt. on Une 38	4	1 Total amount due 44 d Lines 41–43		;00
Put additional amit on Une 42 40 Add 40 Net refund	2337 00			
Subtract: Line 39 from Line 38 Will the refund N Refund Options For information on the tax refund car	CANADILANAS CONTRACTOR AND	nt outside:the U.S.() - Yes. ee instructions of Visit our website	No. See instruction is seen instruction in the seen in	sess stidenticity continue, see little
Mark one refund choice: Direct deposits Direct Deposit. To have your refund deposited to your check	Tax refund card>	Paper check		
Routing Number	Account	Number		(3) H.J.
Third party designee <i>To authorize another person to discuss this</i> Designee's n		Phone number		
Signature Under penalties of law ("declare that I have examined this rel Your signature	urn and to the best of my knowledge	it is correct. Declaration of pald preparer is bas Preparer's signature	ed on information available to the prepa	rer.
Spouse s/domestic partner's signature it filling jointly of separately, on same	retum Date MANA	Preparer's Taxildentification Number (PTIN)	ETIN lelephone number 25 1980 RE	
·	2013 D-40 P2		CALLED TO THE CA	



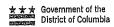
SCHEDULE U Additional Miscellaneous Credits and Contributions

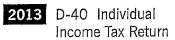
Important: Print in CAPITAL letters using black ink. Attach to D-40. **NOTE:** Contribution(s) will either decrease a refund or increase the tax owed by the amount of the contribution(s).

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The state of the control of the state of the	- "

Enter your last nam				Social Security	a de ministra acceptable adolli e publicat la constantinada an	
Part I Credits a. Nonrefundat	le Credits					
Dependent	ment Employee first-time s <i>cannot claim this credit.</i> income tax credit: <i>Ust a</i>				Ġ.	.00
State (a)	(Ente	ritotal of <u>all</u> istate tax	icredits on Line	3 below)) 00		
State (c)		(a) 00		00		
3 Total of Lin Enter amou	e 2 state tax credits and int.	any additional tax.	credits from the	eattachments. 3		.00 -00
5, k., 5						-00 -00 -00
6 Total your r	nonrefundable credits; en Predits	ter here and on Fo	rm D=40; Line:2	24		, UU
1 DC/Non-cu	stodial parent EIIC (see s	Schedule N.).		1		00 00
3				3 3		-00
	efundable credits, enter l		0-40, Line 30.	4		00
	(The minimum contribution of Delegation Fund.	ion is \$1.00)			50	00
	l for Drug Prevention and River Cleanup and Protec		- 3. j		30 20	.00 .00
2 Alacostia	(Ave Greang and Arotte			4. (-00
5. 6 lfdue a refu	nd total your contribution	(s); enter here and (on-Form D-40, l	5	100	.00. .00
7, If you owe	tax i total your contributio	n(s), enter here an	d on Form D-40), Line 42. 17. 17. 18.		00)
If you are not due a	refund and do not owe ac e the payment plus any c	lditional tax, total y	our contributio	n(s) and enter on Forn	n D-40; Line 42; with your return: Attach this	

File order 7





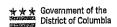


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4 Franchise tax deducted on Federal forms "see instructions 4.1	25 T040EZ Line 4: 1040NR; Line 36 plus Sch NEC; Lin	7, 1040A; Line 21; ne 13, 1040NR:EZ; Line 10				
5 Other additions from DC Schedule is Calculation is, Ellinitioss if C 6 S 00 00 Subtractions from DC Income 7 Fart year residents, enter income received during period of nonresidence, see instructions. 7 00 00 8 Taxable refunds, credits or offsets of state and local income tax. 8 00 00 00 00 00 00 00 00 00 00 00 00 0	4 Franchise tax deducted on federal forms.			mieramoj nittoritto zpresenzitelejski	142011年2011年2月1日日本人大学公司会会(4.4.17.17.18.18.17.17.18.17.17.17.17.17.17.17.17.17.17.17.17.17.	merenra consecutiva de la ligação
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11 DC and: federal government pension and annulty limited exclusion, se nativation. 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 instabilities. 13 Other subtractions from DC Schedule 1; Calculation B, Line 16. 14 Total subtractions from BC income, Lines (7):13.	Forms 1040; Line 20b or 1040A; Line 14b.			g Les ninenármatin		
12 DC and federal government survivor benefits, see instituctions. 13 Other subtractions from DC Schedule Calculation B, Line 16 13 90 14 Total subtractions from DG income *Lines if 3 14 90 38000 90	1.1 DC;and:federal government pension and a	innuity limited exclusion.	see instructions 111			
13 Other subtractions from DC Schedule 1: Calculation B. Line 16. 43 15 90 144 Total subtractions from DC income Lines 7 13 14 90 14 14 15 14 15 15 16 16 16 16 16 16 16 16 16 16 16 16 16						100
38000	13 Other subtractions from DC Schedule I/ Ca	alculation B; Line 16:	13.5		and an article of the same and article of the same and the	
First DG-adjusted gross income, Line G-minus Line 14 managed as a second			Fill in it loss () 15.5			88000 00

Enter your last name. SINGLEPARENT

16 Deduction type Take the same type as you took on your fed Standard or Itemized See instructions for	amount to enter on Une	176 年 7 公益165 年期,			
17 DC deduction amount. Do not copy from federal return Fo	or amount to enter, see i	nstructions.	17	680 	0.00
18 Number of exemptions: It more than 1 (more than 2 it till spouse/domestic partnership over 65 or blind, attach, a comp	leted Calculation G, S	chedule S.		670	n 00
1.9 Exemption amount Multiply \$1,675 or number on line 18	Part-year DC residents	see Calculation E. see Instruction	ns: 19-5 - 20-5	1350	0 00 n aa
20 Add Lines 17 and 19. 21 DC taxable income: Subtrect Line 20 from Line 15 Enter.	PSUIT	Fill in if loss:	20 21 %	2450	1.00 min/13.1
DC tax, credits and payments					
22 Tax: If Line 21 is \$100,000 or less, use tax tables to find the t			-22	1272	2 00
Fill in C. if filing separately on same return. Complet	COLUMN AND AND AND AND AND AND AND AND AND AN	dule'S. 0 1:00 X :32 Enter result >	23.5		4 00
23 Credit for child and dependent care expenses: From Line 9 of fed. Form 2441; from Line 5, DC Form D-2441; if					
24. Non-refundable credits from DOSchedule U. Parist	A STREET OF THE STREET OF THE STREET	His Control of the Co	24 25	terrenorm and notice mostly for an owner of terrenorm and terrenorm from the standard of the service of terrenorm and terreno	00 00
25. DC Low Income Credit: Use Calc Licitic to see in Licitic 25a Enter the number of exemptions claimed on your fee		t. See instructions. 4 K			
26 Total non-refundable credits. Add-unes 23 24 and 25			26	144	
272. Total tax: Subtract Line 26 from Line 22. If Line 22 is less th			27	umanungineenaansaarusustamanus tamanus tamanustamin mattama maalineen een tama	
28 DC Earned Income Tax Credit Entergour Federal Eld	1056	5 00 X 40 Enter results	28	422	2 00
28a Enter the number of qualified BITC children		28a 2]:	29 ii		-00
29 Property Tax Credit: From your DC Schedule H; attachia col 30 Refundable credits from DC Schedule U; Part 1 b; 2			30	42:	TAME INTERPRETATION
3.1 De income tax withheld shown on Forms W-2 and 1099.			31 %	3500	0 00
32 2013 estimated income tax payments			32-	hannan elimannan pananan Brain mendapan anderan mengelan an mendenan den a	
33 Tax paid with extension of time to file or with original	Francisco Contract Co	ramended return:	33 . 34	3922	00 2 00 2
34 Total payments and refundable credits add lines 28.2	9-33.4			William Constitution and the Constitution of t	
Refund — Complete II. Line 34 is more than Line 27		<u>nount owed</u> completé. Tax due <i>subtract Lin</i> e	if Line 34 Zit	is equal to or less than Line 27/2	00
35 Amount your overpaid 35 Section 2015	2794 00: ⁴¹	34 from Line 27			
36 Amount to be applied 36 1		Contribution amount.	42	i programment de la company de la company de la company. Notation	00
to your 2014 estimated tax: Fill in the oval if Form D-2210 is attached.	from Fil	n Sched. U, Part II, Une 7	2210 is	attached YC	
37 Penalty See Instructions 37 1	urramararrarraria (1.021Y	a Penalty		00	
38: Retund:Subtract:sumor. 38: 7 Lines 36 and 37 from Une 35: 3	100 43	bilnterest ii	913	00:	
39 Contribution amount (* 39 3	00 5	Enter total P &	⁸ /- 43		.00
from Sched. U. Part II. Une G.: Can not exceed refund amil on Une 38 Put additional amil on Une 42		Total amount due - : : Lines 41-43	44		00
40. Net refund	2794 00				
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Direct Deposit. To have your retund deposited to your checking.	OR savings \ / account \ \		routing:and	d'account numbers,«See (Instructions: ************************************	i(i.e.)
Third party designee .To authorize another person to discuss this return wi	th OTR: fill in here	and enter the name and pho	ne number	of that person. See instructions.	
Designee's n		Phone number		17. (2. de 1	
Signature: Under penalties of law, I declare that I have examined this return and the Your signature.	the best of my knowledge. Date: P	reparer's signature	.paje: 15.0d56	Oale	
] Spouse stoomestic partner's signature it filling jointly or separately on same return := (Date Market	reparers Taxildentification Number	(PTIN)	RTIN telephone number	
	13 D-40 P2			FIRST	
20					

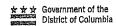


SCHEDULE S Supplemental Information and Dependents

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.

SINGLEPARENT Enteryourlast name	Enter your social security number. 400007309
	MNN Last Name
Social security number	
400007398 SON	07152000
MARY Socialisecurity number:	SINGLEPARENT Pate of Birth (MMDDYYYY) Ball 188
400007397 DAUGHTER	02222002 M:Il. Lask Name
	Paletof;Birth((MMDD\xxxx))
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	Will Last Vame with the state of the state o
Socialisecunty numberies	Date of Birth (MMDDYYYY)
First hame	Mil.: plast Name (2)
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Pfirst name 10. 2007	MIP Lastoname
Social:security/numbers	Date of Birth (MMDDyyyyy)
First name v 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ii. LastName
Social/security/number/tyses	Date of Birth (MMDDY) (Y)
Head of household filers: Do not enter you information:	
Elist name of qualifying non-dependent person	MI. Last Name!

Calculation G Number of exemptions. Do not attach Schedule's to your D-40 if you only filled in Lines a, francil and had	e not filled in any other section of Sche	dule Signal All Francisco
a Enter 1 for yourself and		
b Enter 1 fyou are filing as a head of household and continue to the continue		
d. Enter 1 if you are blind		
e Enter number of dependents: He Enter 1 for your spouse on registered domestic partner in filling jointly or	filing separately on same return	
g Enter Lif you are married filling jointly of married filling separately on sa	THE INTERNATIONAL PROPERTY OF STREET AND ADDRESS OF THE PROPERTY OF THE PROPER	s 65 ior over
h. Enter 1 if you are married filing jointly or married filing separately on sa		siolind h
ir Total number of exemptions Ado Lines a-h: enter here and on D-40, Line 1		4
Calculation: J. Tax computation for married or registered domestic part Enter separate amounts in each column. Combine amounts on line k		DC return: our spouse/domestic:partner
a - Federal adjusted gross income: a ' a ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	0.00	
in you and your spouse media joint recent return, entered on persons in portion of federal adjusted gross income. Registered domestic partners should enter the federal AGI reported on their separate federal returns:		
b Total additions to federal adjusted gross income		
C: Add Linesia and b	00	
d Total subtractions from federal adjusted gross income. d :: !##. !##. !##. !##. !##. !##. !##. !	100 35	
e DC adjusted gross income Subtract/Line d from Line c	- 100 00 1 - 100 00 1	
Enter each person's portion of the amount entered on D-40, Line 17, Gou may allocate this amount as you wish!)		
g Exemption amount: Enter each person's portion of exemption amount entered on D-40, Line 19.		
n, Add Lines (and g:)	00	90 90 90:
Tax. f Line is \$100,000 or less use tax tables If more than \$100,000 use Calculation instructions		10C
- K. Add-the amounts on Line J, enter here and on D-40, Line 22:		00 Total tax 1
EINS associated with income reported and taxed on Franchise and Fidicial	ry!Returns for the amount listed on:	J-40; (Line J.O.)
ing:		
	giber (18. de la companya de la comp La companya de la comp	รู้ปลายที่สู่ที่ได้เราให้สายสาขายการที่กลับสีน้ำสั่นได้เราเกรร้างสำ เล่นและสาขายครั้งสมาสิทธิเลสารสาราสาราสาราสิทธิเลสาราสาราสาราส



D-40 Individual Income Tax Return



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

Personal information	er i er	Fill.in		amended return a deceased taxp	See Instructions. ayer See Instructions:	
Your social security number (SSN) and DOB (MMDDYYYY). Spouse	s/registered dome	stic partner's SSN	and DOB (MMDDYYYY)	
Your first name	THE TAXABLE MILE	Last hame				
LOW Spouse's/registered domestic	partner's first name:	INCOME Last name:				
IMENTS						
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NEW YORK			State NY	Zip::Code:+;		
K .	Single Married (illing jo	intly: () Married f	Pallanes and Section 1988		trolaimed(by:someone	else:
Charter to the wides the steel there we have the printer out the time	Married filing separately on sa	me return Enter comb	ined amounts for	Lines 4-42: See	MUSICALIAN CHICAROLY TO A LIEU CONTROL	
	Registered domestic partners Head of household. <i>Enter qua</i>	PROPERTY OF THE PROPERTY OF THE PARTY OF THE			chedule S	
the particular of the particular to the particular of the particul	Part-year resident in DO from te your federal return first-	(month) to	Nadobal svi	a to analyeelaeva ay u balk (Ciros)	silingore, associal-aleria	See instructions
Income Information	Activous and a second s			/frzero; <u>leave the</u>	ine plank	
see instructions	mployment compensation and/o	ritips, a a a		e Total	(00) (00)	
D. Business income or C. Capital gain (or loss)		Fill/in(f-loss () C			000	
d Rental real estate n	oyalties, partnerships, etc.	FIII in if loss 🔘 🗓			003	
	ss and Adjusted Gross Incon	AND THE PROPERTY OF THE PARTY OF THE	III in if loss.			7110 00
3 Federal adjusted gro 1040EZ, Line 4, 1040NF	SS (ncome: 1040; Line 37, 1040A; R:Line 36; plus Sch NEC; Line 13, 104					7110
Additions to De income	ted on federal forms; see instruction			4: 6)		00
	DC Schedule II. Calculation A	Line 8.		5.25	And the state of t	00
6 Add I nes 3 4 and			((in if loss if)			100:j
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8 Taxable refunds, cre	dits or offsets of state and loca	lincome tax			CUITALN CEUDITA TÀ DESERVANCIO PARA MISTA	00
Forms 1040, Line 20b of						(003) (DUC)
	l taxed this year on a DC franc rnment pension and annuity lii			10 \$ } 11 * \$		100 200
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Commence of the commence of the contract of the commence of th	rnment survivor benefits, see insl	the Astronomics	The Residence of		Planta Caracana de Caracan	#00 #00
	rom DC:Schedule I, Calculation om:DC:income; Lines:7:13	B; Line 4'b.		3 3 4 4 5 5	eur internacuteur de kracy firmaes autra (er ette	
	ncome , Line 6 minus Line 14.		II in If loss .	547		7110 00
Revised 09/13	201:	3 D-40 P1	Tyricsenii (1920)			

Enter your last name, INCOME

Enter your SSN.	Appendig to the production of the season of	grand the state of	
16 Deduction type. Take the same type as you took	วก your federal return. Fill in which type:		
Standard on Laternized See instr		Tara a rea a 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4100 C
17 DC deduction amount. Do not copy from federa			
8 Number of exemptions It more than 1 (more to spouse/domestic partner are over 65 or blind, atta	han 2/if ///ing Jointly), of if you or your 2 18 chra completed Calculation G. Schedule S		
9." Exemption amount. Multiply \$1,675 by number		ee instructions, LO 19	1675
20 Add Lines 17 and 19.		7. 20.5	5775 O
1 DC taxable income. Subtract Line 20 from Line	15. Enter result	10ss 221	1335
9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
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Fill in . If filing separately on same return	Complete Calculation Jon Schedule S		
S Credit for child and dependent care expens		Priesuit > 1231 C	#C
From Line 9 of fed. Form 2441; from Line 5; DC Form	D-2441, if, part-year, DC resident.	37.5.2.2.4.1.3	
4 Non-refundable credits from DC Schedule		25	53 EC
5 DC Low Income Credit: Use calc LIGIETC to			
5a Enter the number of exemptions claimed of			9,8
6 Total non-refundable credits. <i>Add lines</i> 23:2			- 0 C
7. Total tax. Subtract Line 26 from Line 22. If Line a		27.55 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	C
8 DC Earned Income Tax Credit: Enter your fo		results 28174 Line to the contract of the cont	
8a Enter the number of qualified EIIIC child	ren. 28a		
9 Property Tax Credit From your DC Schedule H.	ittach a copy	7	
O: Refundable credits from DC Schedule 비유	art 1 b; Line 4. Attach Schedule U		
Income tax withheld shown on forms W-2 a	nd 1099. Attach these forms		
32 2013 estimated income tax payments.			
3 Tax paid with extension of time to file or wi	th original return if this is an amended retur	nt 1 33 3	0
34 Total payments and refundable credits Add.	Unes 28, 29-33	######################################	0
	A STANDARD OF THE STANDARD OF		07
efund — complete if Line 34 is more than Line 27.	Allidan owed	Complete If Line 34 is equal to or less than Line. Δ 1 13	10
5 Amount you overpaid 355	3234 from Line 275		
	OO 42 Contribution at	nount	0.1
6` Amount to be applied 350 31 your 2014 estimated tax	from Sched: U; Part II, U	ne 71: 23: 11: 11: 12: 13: 13: 13: 13: 13: 13: 13: 13: 13: 13	
II in the oval if Form D-2210 is attached	Fill in the oval if f	orm D-2210 is attached (2)	
7 Penalty See Instructions 378	OO 43a Penalty		
8 Refund Subtract sum of 38	OO 43b Interest ?		
nes 36 and 37 from tine 35	(2) (1) Ente	.total.P.&1. 43 %	::::::::::::::::::::::::::::::::::::::
9 Contribution amount 39 om Sched: U. Per II, Une 6	44 Total amount c	200.200.200.200.200.000000000000000000	
n not exceed refund amt. on Line 38 It additional amt. on Line 42	Add Lines 41–43		
O Net réfund			
ubtract Line 39 from Line 38 Will the refun	d you requested go to an account outside the US	4 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Contraction, and contraction of the contraction of
efund Options For information on the tax refund c	ard and program limitations, see instructions or	visit our website <u>off.dc.gov/refundprepaidc</u>	i rds
Mark one refund choice: Direct deposit Trect Deposit. To have your refund deposited to your che	#IAX*refund*card# Paper*Cneck	ter.bank.routing.and.account.numbers.see.instr	uctions
Routing Number	Account Number		
nird party designee To authorize another person to discuss th	is return with OTR fill in here 1 and enter the nam	e and phone number of that person. See instruction	
nird party designee <i>to authorize another berson to discuss th</i> esignee's n	Phoně nů	mber	MANA S
ign ature Under penalties of law I declare that have examined this	return and no the best of my knowledge, it is correct. Declaration	of paid preparer is based on information available to the	oreparer
ior signature	Preparer's signature	Oalu	
iouse's/domestic partner's signature il (lling jointly or separately on san	ne return	on Number (ETIN) Principle Principle Inches	
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