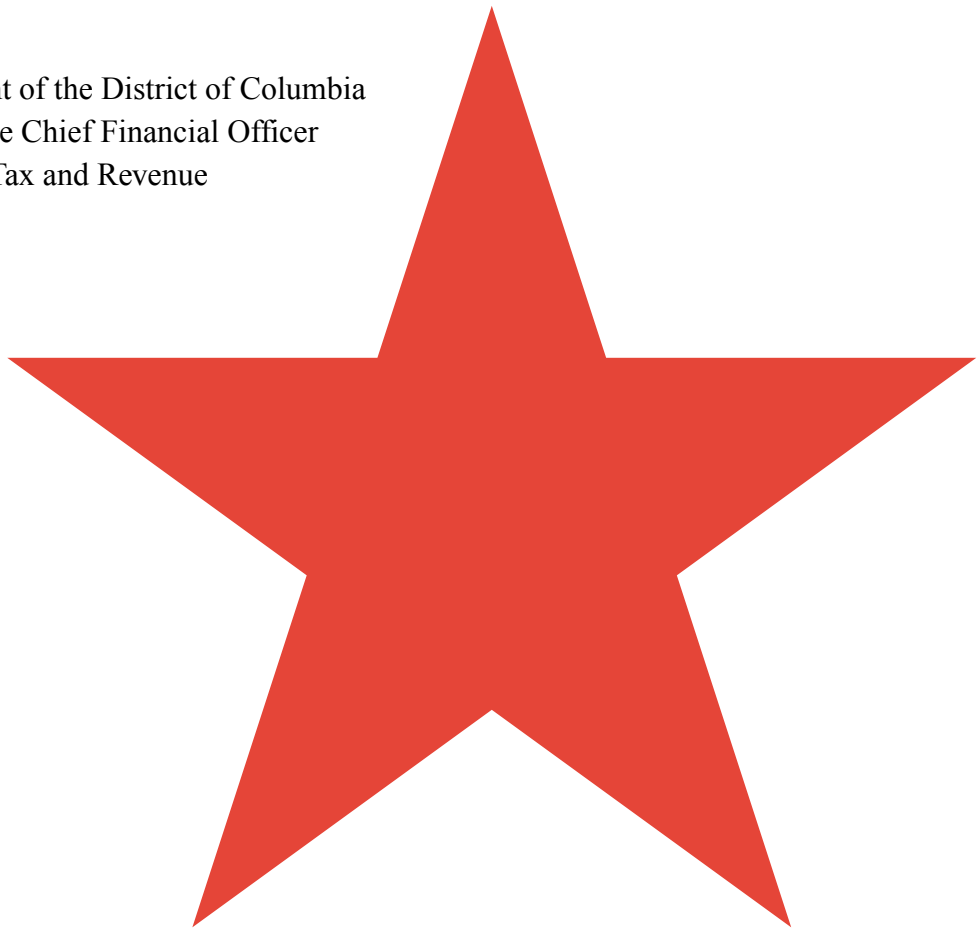




Government of the District of Columbia  
Office of the Chief Financial Officer  
Office of Tax and Revenue



**2013 DC-1436**

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

**November 2013**

**2013** D-40 Individual Income Tax Return

6

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

STAPLE OTHER DOCUMENTS IN UPPER LEFT IN BACK

**Personal information**

Your telephone number:

Your social security number (SSN):

400007306

and DOB (MMDDYY):

Fill in ☐ if Filing an amended return. See instructions.

Fill in ☐ if Filing for a deceased taxpayer. See instructions.

Spouse's/registered domestic partner's SSN and DOB (MMDDYY):

Your first name:

M:

Last name:

PARENT

NONDEPENDENT

Spouse's/registered domestic partner's first name:

M:

Last name:

Home address (number, street and apartment number if applicable):

350 MERINO DRIVE

City:

ACCOKEEK

State:

MD

Zip Code (4):

20607

**Filing status**

☐ Single ☐ Married filing jointly ☐ Married filing separately ☐ Dependent claimed by someone else

1. Fill in only one:

☐ Married filing separately on same return. Enter combined amounts for Lines 4-42. See instructions.

☐ Registered domestic partners filing jointly or ☐ filing separately on same return.

☒ Head of household. Enter qualifying dependent and/or non-dependent information on Schedule S.

2. Fill in if you are:

☐ Part-year resident in DC from (month) to (month) number of months in DC. See instructions.

• Complete your federal return first. Enter your dependents' information on DC Schedule S •

**Income information**

Round cents to nearest dollar. If zero, leave the line blank.

a. Wages, salaries, unemployment compensation and/or tips. See instructions.

b.

00

b. Business income or loss. See instructions. Fill in if loss ☐

b.

00

c. Capital gain (or loss). Fill in if loss ☐

c.

00

d. Rental real estate, royalties, partnerships, etc. Fill in if loss ☐

d.

00

**Computation of DC Gross and Adjusted Gross Income**

3. Federal adjusted gross income. 1040, Line 37; 1040A, Line 21.

1040EZ, Line 4; 1040NR, Line 36 plus Sch. NEC, Line 13; 1040NR-EZ, Line 10.

Fill in if loss ☐

3.

18980 00

**Additions to DC income**

4. Franchise tax deducted on federal forms. See instructions.

4.

00

5. Other additions from DC Schedule I, Calculation A, Line 8.

5.

00

6. Add Lines 3, 4 and 5.

Fill in if loss ☐

6.

18980 00

**Subtractions from DC income**

7. Part-year residents, enter income received during period of nonresidence. See instructions.

7.

00

8. Taxable refunds, credits or offsets of state and local income tax.

8.

00

9. Taxable amount of social security and tier 1 railroad retirement.

9.

00

Forms 1040, Line 20b, or 1040A, Line 14b.

10. Income reported and taxed this year on a DC franchise or fiduciary return.

10.

00

11. DC and federal government pension and annuity limited exclusion. See instructions.

11.

00

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.

00

13. Other subtractions from DC Schedule I, Calculation B, Line 16.

13.

500 00

14. Total subtractions from DC income, Lines 7-13.

14.

500 00

15. DC adjusted gross income, Line 6 minus Line 14.

Fill in if loss ☐

15.

18480 00

Enter your last name.

NONDEPENDENT

Enter your SSN.

400007306

16 Deduction type. Take the same type as you took on your federal return. Fill in which type.

☒ Standard or ☐ Itemized. See instructions for amount to enter on Line 17.

17 DC deduction amount. Do not copy from federal return. For amount to enter, see instructions.

17 4100 00

18 Number of exemptions. If more than 1 (more than 2 if filing jointly), or if you or your spouse/domestic partner are over 65 or blind, attach a completed Calculation G, Schedule S.

18 2

19 Exemption amount. Multiply \$1,675 by number on line 18. Part-year DC residents see Calculation E, see instructions.

19 3350 00

20 Add Lines 17 and 19.

20 7450 00

21 DC taxable income. Subtract Line 20 from Line 15. Enter result.

Fill in if loss ☐

21 11030 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 Calculation I in Instructions.

22 462 00

Fill in ☐ if filing separately on same return. Complete Calculation J on Schedule S.

23 Credit for child and dependent care expenses.

00 X 32 Enter result &gt;

23 00 00

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 U, Part 1a, Line 6. Attach Schedule U.

24 00 00

25 DC Low Income Credit. Use Calc. LIC/EITC to see if LIC or EITC is a greater benefit. See instructions.

25 00 00

25a Enter the number of exemptions claimed on your federal return.

25a

25a 00 00

26 Total non-refundable credits. Add Lines 23, 24 and 25.

26 00 00

27 Total tax. Subtract Line 26 from Line 22. If Line 22 is less than Line 26, leave Line 27 blank.

27 00 00

28 DC Earned Income Tax Credit. Enter your federal EIC.

00 X 40 Enter result &gt;

28 00 00

28a Enter the number of qualified EITC children.

28a

28a 00 00

29 Property Tax Credit. From your DC Schedule H, attach a copy.

29 00 00

30 Refundable credits from DC Schedule U, Part 1b, Line 4. Attach Schedule U.

30 00 00

31 DC income tax withheld, shown on Forms W-2 and 1099. Attach these forms.

31 00 00

32 2013 estimated income tax payments.

32 00 00

33 Tax paid with extension of time to file or with original return if this is an amended return.

33 00 00

34 Total payments and refundable credits. Add Lines 28, 29, 33.

34 00 00

Refund. Complete if Line 34 is more than Line 27.

35 Amount you overpaid.

35 00 00

Subtract Line 27 from Line 34.

36 Amount to be applied to your 2014 estimated tax.

36 00 00

Fill in the oval if Form D-2210 is attached ☐

37 Penalty. See instructions.

37 00 00

38 Refund. Subtract sum of Lines 36 and 37 from Line 35.

38 00 00

39 Contribution amount from Sched. U, Part II, Line 6. Can not exceed refund amt. on Line 38. Put additional amt. on Line 42.

39 00 00

40 Net refund.

40 00 00

Subtract Line 39 from Line 38.

Will the refund you requested go to an account outside the U.S.? Yes ☐ No ☐ See instructions.

Amount owed. Complete if Line 34 is equal to or less than Line 27.

41 Tax due. Subtract Line

41 462 00

34 from Line 27.

42 Contribution amount from Sched. U, Part II, Line 7.

42 00 00

Fill in the oval if Form D-2210 is attached ☐

43a Penalty.

104 00

43b Interest.

00 00

Enter total P &amp; I.

43 104 00

44 Total amount due.

44 566 00

Add Lines 41-43.

Refund Options. For information on the tax refund card and program limitations, see instructions or visit our website [otr.dc.gov/refundprepaidcards](http://otr.dc.gov/refundprepaidcards).Mark one refund choice: ☐ Direct deposit ☐ Tax refund card ☐ Paper checkDirect Deposit: To have your refund deposited to your checking ☐ OR savings ☐ account, fill in oval and enter bank routing and account numbers. See instructions.

Routing Number

Account Number

Third party designee. To authorize another person to discuss this return with OTR, fill in here ☐ and enter the name and phone number of that person. See instructions.

Designee's name

Phone number

Signature. Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid preparer is based on information available to the preparer.

Your signature

Date

Preparer's signature

Date

Spouse's/domestic partner's signature if filing jointly or separately on same return.

Date

Preparer's tax identification number (EIN)

PTIN telephone number

**2013** SCHEDULE S Supplemental  
Information and Dependents

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

NONDEPENDENT		400007306	
Enter your last name		Enter your social security number	
Dependents: If you have more than 8 dependents, list them on an attachment.			
First name	M.I.	Last Name	Date of Birth (MMDDYYYY)
Social security number	Relationship		
First name	M.I.	Last Name	Date of Birth (MMDDYYYY)
Social security number	Relationship		
First name	M.I.	Last Name	Date of Birth (MMDDYYYY)
Social security number	Relationship		
First name	M.I.	Last Name	Date of Birth (MMDDYYYY)
Social security number	Relationship		
First name	M.I.	Last Name	Date of Birth (MMDDYYYY)
Social security number	Relationship		
First name	M.I.	Last Name	Date of Birth (MMDDYYYY)
Social security number	Relationship		
First name	M.I.	Last Name	Date of Birth (MMDDYYYY)
Social security number	Relationship		
First name	M.I.	Last Name	Date of Birth (MMDDYYYY)
Social security number	Relationship		
First name	M.I.	Last Name	Date of Birth (MMDDYYYY)
Social security number	Relationship		
Head of household filers Do not enter your information			
400007399			
First name of qualifying non-dependent person		Last Name	
QUALIFYING		NONDEPENDENT	



**Calculation G. Number of exemptions:**

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

a. Enter 1 for yourself and	a	1
b. Enter 1 if you are filing as a head of household and	b	1
c. Enter 1 if you are age 65 or over and	c	
d. Enter 1 if you are blind	d	
e. Enter number of dependents	e	
f. Enter 1 for your spouse or registered domestic partner if filing jointly or filing separately on same return	f	
g. Enter 1 if you are married filing jointly or married filing separately on same return and your spouse/partner is 65 or over	g	
h. Enter 1 if you are married filing jointly or married filing separately on same return and your spouse/partner is blind	h	
Total number of exemptions. Add Lines a-h, enter here and on D-40, Line 18.		2

**Calculation J. Tax computation for married or registered domestic partners filing separately on the same DC return.**

Enter separate amounts in each column. Combine amounts on line k.

	You	Your spouse/domestic partner
a. Federal adjusted gross income. <i>If you and your spouse filed a joint federal return, enter each person's portion of federal adjusted gross income. Registered domestic partners should enter the federal AGI reported on their separate federal returns.</i>	a 00	a 00
b. Total additions to federal adjusted gross income. <i>Enter each person's portion of additions entered on D-40, Lines 4 and 5.</i>	b 00	b 00
c. Add Lines a and b.	c 00	c 00
d. Total subtractions from federal adjusted gross income. <i>Enter each person's portion of subtractions entered on D-40, Line 14.</i>	d 00	d 00
e. DC adjusted gross income. Subtract Line d from Line c.	e 00	e 00
f. Deduction amount. <i>Enter each person's portion of the amount entered on D-40, Line 17. (You may allocate this amount as you wish.)</i>	f 00	f 00
g. Exemption amount. <i>Enter each person's portion of exemption amount entered on D-40, Line 19.</i>	g 00	g 00
h. Add Lines f and g.	h 00	h 00
i. Taxable income. Subtract Line h from Line e. <input type="checkbox"/> Fill in if loss.	i 00	i 00
j. Tax. If Line i is \$100,000 or less, use tax tables. <i>If more than \$100,000, use Calculation J, instructions.</i>	j 00	j 00
k. Add the amounts on Line j, enter here and on D-40, Line 22.	k 00	k 00

EINs associated with income reported and taxed on Franchise and Fiduciary Returns for the amount listed on D-40, Line 10.

a	b	c
d	e	f
g	h	i

2013

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

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

Last name

Social Security Number

NONDEPENDENT

400007306

**Calculation A** Additions to federal adjusted gross income. Fill in only those that apply.

Dollars only, do not enter cents

- |   |   |   |  |    |
|---|---|---|--|----|
| 1 | Part-year DC resident - enter the portion of adjustments (from Line 36, Form 1040, Line 20, Form 1040A, or Line 34, 1040NR) that relate to the time you resided outside DC. For Lines 2 - 7 below include only the amounts related to the time you resided in DC. | 1 |  | 00 |
| 2 | Income distributions eligible for income averaging on your federal tax return from federal Form 4972, Lines 6 and 8. Add Lines 6 and 8 and enter here.  | 2 |  | 00 |
| 3 | 30% or 50% federal bonus depreciation and/or extra IRC §179 expenses claimed on federal return.   | 3 |  | 00 |
| 4 | Any part of a discrimination award subject to income averaging.   | 4 |  | 00 |
| 5 | Deductions for S Corporations from Schedule K-1, Form 1120-S.   | 5 |  | 00 |
| 6 | Other (see instructions on other side).   | 6 |  | 00 |
| 7 |   | 7 |  | 00 |
| 8 | Total additions. Add entries on Lines 1 - 7. Enter the total here and on D-40, Line 5.  | 8 |  | 00 |

**Calculation B** Subtractions from federal adjusted gross income. Fill in only those that apply.

- |    |  |    |     |    |
|----|--|----|-----|----|
| 1  | Taxable interest from US Treasury bonds and other obligations. See instructions on other side.   | 1  |     | 00 |
| 2  | Disability income exclusion from DC Form D-2440, Line 10. See instructions on other side.  | 2  |     | 00 |
| 3  | Interest and dividend income of a child from federal Form 8814.  | 3  |     | 00 |
| 4  | Awards, other than front and back pay, received due to unlawful employment discrimination.   | 4  |     | 00 |
| 5  | Excess of DC allowable depreciation over federal allowable depreciation. See instructions.   | 5  |     | 00 |
| 6  | Long-term care insurance premiums paid in 2011, \$500 annual limit per person.   | 6  |     | 00 |
| 7  | Amount paid (or carried over) to DC College Savings plan in 2011 (maximum \$4,000 per person, \$8,000 for joint filers if each is an account owner). Part-year residents see instructions.                             | 7  |     | 00 |
| 8  | Exclusion of up to \$10,000 for DC residents (certified by the Social Security Admin. as disabled) with adjusted annual household income of less than \$100,000. See instructions.                                     | 8  |     | 00 |
| 9  | Expenditures by DC teachers for necessary classroom teaching materials, \$500 annual limit per person. See instructions on other side.   | 9  |     | 00 |
| 10 | Expenditures by DC teachers for certain tuition and fees, \$1,500 annual limit per person. See instructions on other side.   | 10 |     | 00 |
| 11 | Loan repayment awards received by health-care professionals from DC government. See instructions on other side.  | 11 |     | 00 |
| 12 | Health-care insurance premiums paid by an employer for an employee's registered domestic partner or same sex spouse. Make no entry if the premium was deducted on your federal return, see instructions on other side. | 12 |     | 00 |
| 13 | DC Poverty Lawyer Loan Assistance. See instructions on other side.   | 13 |     | 00 |
| 14 | Other. See instructions on other side.   | 14 | 500 | 00 |
| 15 | Military Spouse Residency Relief Act. See instructions on other side.  | 15 |     | 00 |
| 16 | Total subtractions. Add entries on Lines 1 - 15. Enter the total here and on D-40, Line 13.  | 16 | 500 | 00 |

\*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.





2013

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.I., Last name

PARENT NONDEPENDENT

SSN

400007306

Spouse's/domestic partner's First name, M.I., Last name

Spouse's/domestic partner's SSN

Daytime telephone number

(202) 644-0021

**No penalty is due and this form should not be filed if:**

- A. Your tax liability on taxable income after deducting your District of Columbia withholding tax and applicable credits is less than \$100; or
- B. You made periodic estimated tax payments and had amounts withheld as required and the total is equal to or more than 110% of your last year's taxes or is at least 90% of your current year's taxes. Note: You must have been a 12-month DC resident last year in order to use the prior year 110% exception.

**Computation of Underpayment**

1	2013 DC Tax Liability "total tax" from your DC Individual Income Tax Return	\$	462
2	Multiply the amount on Line 1 by 90% (.90)	\$	416
3	2012 DC Tax Liability "total tax" from your DC Individual Income Tax Return	\$	402
4	Minimum withholding and estimated tax payment required for tax year 2013 (lesser of Line 2 and 3)	\$	402
5	Multiply Line 4 amount by 25% (.25) for amount required for each periodic payment	\$	100

Note: If your income was not evenly divided over 4 periods, see instructions on the reverse of this form on the "Annualized Income" method.

Due date of Payments

	1st Period	2nd Period	3rd Period	4th Period
	04/15/13	06/15/13	09/15/13	01/15/14
6	Enter Line 5 amount or the annualized income amount in each period (The 2 <sup>nd</sup> period includes the 1 <sup>st</sup> period amount, 3 <sup>rd</sup> period includes the 1 <sup>st</sup> and 2 <sup>nd</sup> period amounts, the 4 <sup>th</sup> period includes all period amounts)			
	0	0	0	402
Check here <input type="checkbox"/> if you are using the "Annualized Income" method				
7	DC withholding and estimated tax paid each period (The 2 <sup>nd</sup> period includes the 1 <sup>st</sup> period amount, 3 <sup>rd</sup> period includes the 1 <sup>st</sup> and 2 <sup>nd</sup> period amounts, the 4 <sup>th</sup> period includes all period amounts)			
	0	0	0	0
8	Underpayment each period (Line 6 minus Line 7)			
				402
9	Penalty Factors			
	.0175	.0265	.0351	.0259
10	Line 8 multiplied by Line 9			
				104
11	Penalty - Total of amounts from Line 10. Pay this amount. (See instructions on reverse)			
				\$ 104

Make check or money order payable to: DC Treasurer

**2013** D-40 Individual  
Income Tax Return

7

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

STAPLE OTHER DOCUMENTS IN UPPER LEFT IN BACK

**Personal information**

Your telephone number

Fill in ☐ if Filing an amended return. See instructions.

Fill in ☐ if Filing for a deceased taxpayer. See instructions.

Your social security number (SSN) and DOB (MMDDYYYY)

400007307

Spouse's/registered domestic partner's SSN and DOB (MMDDYYYY)

400007308

Your first name Middle Last name

PRIMARY

PARTYEAR

Spouse's/registered domestic partner's first name Middle Last name

SPOUSE

PARTYEAR

Home address (number, street and apartment number, if applicable)

City

State

Zip Code

**Filing status**

☐ Single ☐ Married filing jointly ☐ Married filing separately ☐ Dependent claimed by someone else

1. Fill in only one:

☒ Married filing separately on same return. Enter combined amounts for Lines 4-42. See instructions.

☐ Registered domestic partners filing jointly or ☐ filing separately on same return.

☐ Head of household. Enter qualifying dependent and/or non-dependent information on Schedule S.

2. Fill in if you are:

☒ Part-year resident in DC from 1 (month) to 4 (month); number of months in DC 3. See instructions.

• Complete your federal return first. Enter your dependents' information on DC Schedule S.

**Income information**

Round cents to nearest dollar. If zero, leave the line blank.

a. Wages, salaries, unemployment compensation and/or tips. See instructions.

a. 58000 00

b. Business income or loss. See instructions.

Fill in if loss ☐

b. 00

c. Capital gain (or loss)

Fill in if loss ☐

c. 00

d. Rental real estate, royalties, partnerships, etc.

Fill in if loss ☐

d. 00

**Computation of DC Gross and Adjusted Gross Income**

3. Federal adjusted gross income. 1040, Line 37; 1040A, Line 21; 1040EZ, Line 4; 1040NR, Line 36 plus Sch. NEC, Line 13; 1040NR-EZ, Line 10.

Fill in if loss ☐

3. 218000 00

**Additions to DC Income**

4. Franchise tax deducted on federal forms. See instructions.

4. 00

5. Other additions from DC Schedule I, Calculation A, Line 8.

5. 00

6. Add Lines 3, 4 and 5.

Fill in if loss ☐

6. 00

**Subtractions from DC Income**

7. Part-year residents: enter income received during period of nonresidence. See instructions.

7. 208000 00

8. Taxable refunds, credits or offsets of state and local income tax.

8. 00

9. Taxable amount of social security and tier 1 railroad retirement. Forms 1040, Line 20b or 1040A, Line 14b.

9. 00

10. Income reported and taxed this year on a DC franchise or fiduciary return.

10. 00

11. DC and federal government pension and annuity limited exclusion. See instructions.

11. 00

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. 00

13. Other subtractions from DC Schedule I, Calculation B, Line 16.

13. 00

14. Total subtractions from DC Income, Lines 7-13.

14. 208000 00

15. DC-adjusted gross income, Line 6 minus Line 14.

Fill in if loss ☐

15. 10000 00



Enter your last name.

PARTYEAR

Enter your SSN.

400007307

16 Deduction type. Take the same type as you took on your federal return. Fill in which type: <input checked="" type="radio"/> Standard or <input type="radio"/> Itemized. See instructions for amount to enter on Line 17.		17	1025	00
17 DC deduction amount. Do not copy from federal return. For amount to enter, see instructions.				
18 Number of exemptions. If more than 1 (more than 2 if filing jointly), or if you or your spouse/domestic partner are over 65 or blind, attach a completed Calculation G, Schedule S.		18	2	
19 Exemption amount. Multiply \$1,675 by number on line 18. Part-year DC residents see Calculation E, see instructions.		19	837	00
20 Add Lines 17 and 19.		20		00
21 DC taxable income. Subtract Line 20 from Line 15. Enter result. Fill in if loss <input type="radio"/>		21		00
<b>DC tax, credits and payments</b>				
22 Tax. If Line 21 is \$100,000 or less, use tax tables to find the tax. If more, use Calculation I in instructions. Fill in <input type="radio"/> if filing separately on same return. Complete Calculation I on Schedule S.		22	363	00
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.		23		00
24 Non-refundable credits from DC Schedule U, Part 1a, Line 6. Attach Schedule U.		24		00
25 DC Low Income Credit. Use Calc. LIC/EITC to see if LIC or EITC is a greater benefit. See instructions.		25		00
25a Enter the number of exemptions claimed on your federal return.		25a		
26 Total non-refundable credits. Add Lines 23, 24 and 25.		26		00
27 Total tax. Subtract Line 26 from Line 22. If Line 22 is less than Line 26, leave Line 27 blank.		27	363	00
28 DC Earned Income Tax Credit. Enter your federal EIC.		28		00
28a Enter the number of qualified EITC children.		28a		
29 Property Tax Credit. From your DC Schedule H; attach a copy.		29		00
30 Refundable credits from DC Schedule U, Part 1b, Line 4. Attach Schedule U.		30		00
31 DC income tax withheld, shown on Forms W-2 and 1099. Attach these forms.		31	2800	00
32 2013 estimated income tax payments.		32		00
33 Tax paid with extension of time to file or with original return if this is an amended return.		33		00
34 Total payments and refundable credits. Add Lines 28, 29-33.		34		00

**Refund** - Complete if Line 34 is more than Line 27.

35 Amount you overpaid. Subtract Line 27 from Line 34.	35	2437	00
36 Amount to be applied to your 2014 estimated tax. Fill in the oval if Form D-2210 is attached <input type="radio"/>	36		00
37 Penalty. See instructions.	37		00
38 Refund. Subtract sum of Lines 36 and 37 from Line 35.	38		00
39 Contribution amount from Sched. U, Part II, Line 6. Can not exceed refund amt. on Line 38. Put additional amt. on Line 42.	39	100	00
40 Net refund. Subtract Line 39 from Line 38.	40	2337	00

**Amount owed** - Complete if Line 34 is equal to or less than Line 27.

41 Tax due. Subtract Line 34 from Line 27.	41		00
42 Contribution amount from Sched. U, Part II, Line 7. Fill in the oval if Form D-2210 is attached <input type="radio"/>	42		00
43a Penalty			00
43b Interest			00
Enter total P & I	43		00
44 Total amount due. Add Lines 41-43.	44		00

Will the refund you requested go to an account outside the U.S.? Yes ☐ No ☐ See instructions**Refund Options** For information on the tax refund card and program limitations, see instructions or visit our website at [dc.gov/refundprepaidcards](http://dc.gov/refundprepaidcards).
 Mark one refund choice: ☐ Direct deposit ☒ Tax refund card ☐ Paper check  
 Direct Deposit: To have your refund deposited to your checking ☐ OR savings ☐ account, fill in oval and enter bank routing and account numbers. See instructions.  
 Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_
Third party designee. To authorize another person to discuss this return with OTR, fill in here ☐ and enter the name and phone number of that person. See instructions.

Designee's name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Signature. Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid preparer is based on information available to the preparer.

 Your signature: \_\_\_\_\_ Date: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Spouse's/domestic partner's signature (if filing jointly or separately on same return): \_\_\_\_\_ Date: \_\_\_\_\_ Preparer's tax identification number (PTIN): \_\_\_\_\_ PTIN telephone number: \_\_\_\_\_

**2013** 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).

OFFICIAL USE ONLY  
Vendor ID#

Enter your last name

Social Security Number

PARTYEAR

400007307

**Part I Credits**

**a. Nonrefundable Credits**

1 DC Government Employee first-time DC homebuyer credit, see page 17  
Dependents cannot claim this credit.

1 \$ 00

2 Enter state income tax credit. List additional states on a separate sheet, attach it to this Schedule.  
(Enter total of all state tax credits on Line 3 below.)

State (a) 00 (b) 00

State (c) 00 (d) 00

3 Total of Line 2 state tax credits and any additional tax credits from the attachments.  
Enter amount.

3 00

4 00

5 00

6 Total your nonrefundable credits, enter here and on Form D-40, Line 24. 6 00

**b. Refundable Credits**

1 DC Non-custodial parent EITC (see Schedule N)

1 00

2 00

3 00

4 Total your refundable credits, enter here and on Form D-40, Line 30. 4 00

**Part II Contributions** (The minimum contribution is \$1.00.)

1 DC Statehood Delegation Fund.

1 50 00

2 Public Fund for Drug Prevention and Children at Risk

2 30 00

3 Anacostia River Cleanup and Protection Fund

3 20 00

4 00

5 00

6 If due a refund, total your contribution(s), enter here and on Form D-40, Line 39. 6 100 00

7 If you owe tax, total your contribution(s), enter here and on Form D-40, Line 42. 7 00

If you are not due a refund and do not owe additional tax, total your contribution(s) and enter on Form D-40, Line 42.

If you owe tax, make the payment plus any contribution(s), payable to the DC Treasurer and mail it with your return. Attach this schedule to your D-40 Return.

**2013** D-40 Individual  
Income Tax Return

9

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

STAPLE OTHER DOCUMENTS IN UPPER LEFT IN BACK

**Personal information**

Your telephone number

Your social security number (SSN)

400007309

and DOB (MMDDYY)

Fill in ☐ Filing an amended return. See instructions.

Fill in ☐ Filing for a deceased taxpayer. See instructions.

Spouse's/registered domestic partner's SSN and DOB (MMDDYY)

Your first name

M.I.

Last name

HEAD

SINGLEPARENT

Spouse's/registered domestic partner's first name

M.I.

Last name

Home address (number, street and apartment number, if applicable)

100 M ST SW

City

WASHINGTON

State

DC

Zip Code

20024

**Filing status**

☐ Single ☐ Married filing jointly ☐ Married filing separately ☐ Dependent claimed by someone else

1 Fill in only one:

☐ Married filing separately on same return. Enter combined amounts for Lines 4-42. See instructions.

☐ Registered domestic partners filing jointly or ☐ filing separately on same return

☒ Head of household. Enter qualifying dependent and/or non-dependent information on Schedule S.

2 Fill in if you are:

☐ Part-year resident in DC from (month) to (month); number of months in DC. See instructions.

Complete your federal return first. Enter your dependents' information on DC Schedule S.

**Income information**

Round cents to nearest dollar. If zero, leave the line blank.

a Wages, salaries, unemployment compensation and/or tips

see instructions

a

00

b Business income or loss. see instructions

Fill in if loss

b

00

c Capital gain (or loss)

Fill in if loss

c

00

d Rental, real estate, royalties, partnerships, etc.

Fill in if loss

d

00

**Computation of DC Gross and Adjusted Gross Income**

3 Federal adjusted gross income, 1040, Line 37; 1040A, Line 21

1040EZ, Line 4; 1040NR, Line 36 plus Sch. NEC, Line 13; 1040NR-EZ, Line 10

Fill in if loss

3

38000

00

**Additions to DC Income**

4 Franchise tax deducted on federal forms. see instructions

4

00

5 Other additions from DC Schedule I, Calculation A, Line 8

5

00

6 Add Lines 3, 4 and 5

Fill in if loss

6

00

**Subtractions from DC Income**

7 Part-year residents; enter income received during period of nonresidence. see instructions

7

00

8 Taxable refunds, credits or offsets of state and local income tax

8

00

9 Taxable amount of social security and tier 1 railroad retirement

Forms 1040, Line 20b or 1040A, Line 14b

9

00

10 Income reported and taxed this year on a DC franchise or fiduciary return

10

00

11 DC and federal government pension and annuity limited exclusion. see instructions

11

00

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

00

13 Other subtractions from DC Schedule I, Calculation B, Line 16

13

00

14 Total subtractions from DC income. Lines 7-13

14

00

15 DC adjusted gross income, Line 6 minus Line 14

Fill in if loss

15

38000

00



Enter your last name.

SINGLEPARENT

Enter your SSN.

400007309

16 Deduction type. Take the same type as you took on your federal return. Fill in which type:  
☐ Standard or ☒ Itemized. See instructions for amount to enter on Line 17.

17 DC deduction amount. Do not copy from federal return. For amount to enter, see instructions. 17 6800 00

18 Number of exemptions. If more than 1 (more than 2 if filing jointly), or if you or your spouse/domestic partner are over 65 or blind, attach a completed Calculation G, Schedule S. 18 4

19 Exemption amount. Multiply \$1,675 by number on line 18. Part-year DC residents see Calculation E, see instructions. 19 6700 00

20 Add Lines 17 and 19. 20 13500 00

21 DC taxable income. Subtract Line 20 from Line 15. Enter result. Fill in if loss: ☐ 21 24500 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 Calculation I in instructions. Fill in ☐ if filing separately on same return. Complete Calculation J on Schedule S. 22 1272 00

23 Credit for child and dependent care expenses. 450 00 X .32 Enter result > 23 144 00  
 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 U, Part Ia, Line 6. Attach Schedule U. 24 00

25 DC Low Income Credit. Use Calc. L/C/EITC to see if L/C or EITC is a greater benefit. See instructions. 25 00

25a Enter the number of exemptions claimed on your federal return. 25a 4

26 Total non-refundable credits. Add Lines 23, 24 and 25. 26 144 00

27 Total tax. Subtract Line 26 from Line 22. If Line 22 is less than Line 26, leave Line 27 blank. 27 1128 00

28 DC Earned Income Tax Credit. Enter your federal EIC. 1056 00 X .40 Enter result > 28 422 00

28a Enter the number of qualified EITC children. 28a 2

29 Property Tax Credit. From your DC Schedule H; attach a copy. 29 00

30 Refundable credits from DC Schedule U, Part Ib, Line 4. Attach Schedule U. 30 422 00

31 DC income tax withheld, shown on Forms W-2 and 1099. Attach these forms. 31 3500 00

32 2013 estimated income tax payments. 32 00

33 Tax paid with extension of time to file or with original return if this is an amended return. 33 00

34 Total payments and refundable credits. Add Lines 28, 29-33. 34 3922 00

Refund - Complete if Line 34 is more than Line 27.

35 Amount you overpaid. 35 2794 00  
 Subtract Line 27 from Line 34.

36 Amount to be applied to your 2014 estimated tax. 36 00

Fill in the oval if Form D-2210 is attached: ☐

37 Penalty. See instructions. 37 00

38 Refund. Subtract sum of Lines 36 and 37 from Line 35. 38 00

39 Contribution amount from Sched. U, Part II, Line 6. Can not exceed refund amt. on Line 38. Put additional amt. on Line 42. 39 00

40 Net refund. 40 2794 00

Amount owed - Complete if Line 34 is equal to or less than Line 27.

41 Tax due. Subtract Line 34 from Line 27. 41 00

42 Contribution amount from Sched. U, Part II, Line 7. Fill in the oval if Form D-2210 is attached: ☐

43a Penalty. 00

43b Interest. 00

Enter total P & I. 43 00

44 Total amount due. Add Lines 41-43. 44 00

Subtract Line 39 from Line 38. Will the refund you requested go to an account outside the U.S.? Yes ☐ No ☐ See instructions.

**Refund Options** For information on the tax refund card and program limitations, see instructions or visit our website: [otr.dc.gov/refundprepaidcards](http://otr.dc.gov/refundprepaidcards).  
 Mark one refund choice: ☐ Direct deposit ☒ Tax refund card ☐ Paper check.  
 Direct Deposit: To have your refund deposited to your checking ☐ OR savings ☐ account, fill in oval and enter bank routing and account numbers. See instructions.  
 Routing Number: Account Number:

Third party designee. To authorize another person to discuss this return with OTR, fill in here: ☐ and enter the name and phone number of that person. See instructions.

Designee's name: Phone number:

Signature. Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid preparer is based on information available to the preparer.

Your signature: Date: Preparer's signature: Date:

Spouse's/domestic partner's signature if filing jointly or separately on same return: Date: Preparer's tax identification number (PTIN): PTIN telephone number:

Enter your last name		SINGLEPARENT		Enter your social security number		400007309	
Dependents: If you have more than 8 dependents, list them on an attachment.							
First name		JOHN		M.I.		Last Name	
Social security number		400007398		Relationship		SON	
				Date of Birth (MMDDYYYY)		07152000	
First name		MARY		M.I.		Last Name	
Social security number		400007397		Relationship		DAUGHTER	
				Date of Birth (MMDDYYYY)		02222002	
First name				M.I.		Last Name	
Social security number				Relationship			
				Date of Birth (MMDDYYYY)			
First name				M.I.		Last Name	
Social security number				Relationship			
				Date of Birth (MMDDYYYY)			
First name				M.I.		Last Name	
Social security number				Relationship			
				Date of Birth (MMDDYYYY)			
First name				M.I.		Last Name	
Social security number				Relationship			
				Date of Birth (MMDDYYYY)			
First name				M.I.		Last Name	
Social security number				Relationship			
				Date of Birth (MMDDYYYY)			
First name				M.I.		Last Name	
Social security number				Relationship			
				Date of Birth (MMDDYYYY)			
First name				M.I.		Last Name	
Social security number				Relationship			
				Date of Birth (MMDDYYYY)			
First name				M.I.		Last Name	
Social security number				Relationship			
				Date of Birth (MMDDYYYY)			
First name				M.I.		Last Name	
Social security number				Relationship			
				Date of Birth (MMDDYYYY)			
First name				M.I.		Last Name	
Social security number				Relationship			
				Date of Birth (MMDDYYYY)			
First name				M.I.		Last Name	
Social security number				Relationship			
				Date of Birth (MMDDYYYY)			
First name				M.I.		Last Name	
Social security number				Relationship			
				Date of Birth (MMDDYYYY)			
First name				M.I.		Last Name	
Social security number				Relationship			
				Date of Birth (MMDDYYYY)			
First name				M.I.		Last Name	
Social security number				Relationship			
				Date of Birth (MMDDYYYY)			
First name				M.I.		Last Name	
Social security number				Relationship			
				Date of Birth (MMDDYYYY)			
First name				M.I.		Last Name	
Social security number				Relationship			
				Date of Birth (MMDDYYYY)			
First name				M.I.		Last Name	
Social security number				Relationship			
				Date of Birth (MMDDYYYY)			
First name				M.I.		Last Name	
Social security number				Relationship			
				Date of Birth (MMDDYYYY)			
First name				M.I.		Last Name	
Social security number				Relationship			
				Date of Birth (MMDDYYYY)			
First name				M.I.		Last Name	
Social security number				Relationship			
				Date of Birth (MMDDYYYY)			
First name				M.I.		Last Name	
Social security number				Relationship			
				Date of Birth (MMDDYYYY)			
First name				M.I.		Last Name	
Social security number				Relationship			
				Date of Birth (MMDDYYYY)			
First name				M.I.		Last Name	
Social security number				Relationship			
				Date of Birth (MMDDYYYY)			
First name				M.I.		Last Name	
Social security number				Relationship			
				Date of Birth (MMDDYYYY)			
First name				M.I.		Last Name	
Social security number				Relationship			
				Date of Birth (MMDDYYYY)			
First name				M.I.		Last Name	
Social security number				Relationship			

Last name and SSN SINGLEPARENT

400007309

**Calculation G: Number of exemptions**

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

a. Enter 1 for yourself and	a	1
b. Enter 1 if you are filing as a head of household and	b	1
c. Enter 1 if you are age 65 or over and	c	
d. Enter 1 if you are blind	d	
e. Enter number of dependents	e	2
f. Enter 1 for your spouse or registered domestic partner if filing jointly or filing separately on same return	f	
g. Enter 1 if you are married filing jointly or married filing separately on same return and your spouse/partner is 65 or over	g	
h. Enter 1 if you are married filing jointly or married filing separately on same return and your spouse/partner is blind	h	
Total number of exemptions. Add Lines a-h; enter here and on D-40, Line 18.		4

**Calculation J: Tax computation for married or registered domestic partners filing separately on the same DC return.**

Enter separate amounts in each column. Combine amounts on line k.

	You	Your spouse/domestic partner
a. Federal adjusted gross income. If you and your spouse filed a joint federal return, enter each person's portion of federal adjusted gross income. Registered domestic partners should enter the federal AGI reported on their separate federal returns.	a 00	00
b. Total additions to federal adjusted gross income. Enter each person's portion of additions entered on D-40, Lines 4 and 5.	b 00	00
c. Add Lines a and b.	c 00	00
d. Total subtractions from federal adjusted gross income. Enter each person's portion of subtractions entered on D-40, Line 14.	d 00	00
e. DC adjusted gross income. Subtract Line d from Line c.	e 00	00
f. Deduction amount. Enter each person's portion of the amount entered on D-40, Line 17. (You may allocate this amount as you wish.)	f 00	00
g. Exemption amount. Enter each person's portion of exemption amount entered on D-40, Line 19.	g 00	00
h. Add Lines f and g.	h 00	00
i. Taxable income. Subtract Line h from Line e. <input type="checkbox"/> Fill in if loss.	i 00	00
j. Tax. If Line i is \$100,000 or less, use tax tables. If more than \$100,000, use Calculation I, instructions.	j 00	00
k. Add the amounts on Line j; enter here and on D-40, Line 22.	k 00	00 Total tax

EINs associated with income reported and taxed on Franchise and Fiduciary Returns for the amount listed on D-40, Line 10.

a	b	c
d	e	f
g	h	



**2013** D-40 Individual  
Income Tax Return

9

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

STAPLE OTHER DOCUMENTS IN UPPER LEFT IN BACK

**Personal information**

Your telephone number

Your social security number (SSN)

400007310

and DOB (MMDDYYYY)

Fill in ☐ If Filing an amended return. See instructions.

Fill in ☐ If Filing for a deceased taxpayer. See instructions.

Spouse's/registered domestic partner's SSN and DOB (MMDDYYYY)

Your first name

M.I. Last name

LOW

INCOME

Spouse's/registered domestic partner's first name

M.I. Last name

Home address (number, street and apartment number if applicable)

2000 HARDSHIP WAY

City

NEW YORK

State

NY

Zip Code

10460

**Filing status**

☒ Single ☐ Married filing jointly ☐ Married filing separately ☐ Dependent claimed by someone else

1 Fill in only one:

☐ Married filing separately on same return. Enter combined amounts for Lines 4-12. See instructions.

☐ Registered domestic partners filing jointly or ☐ filing separately on same return.

☐ Head of household. Enter qualifying dependent and/or non-dependent information on Schedule S.

2 Fill in if you are:

☐ Part-year resident in DC from (month) to (month); number of months in DC. See instructions.

• Complete your federal return first -- Enter your dependents' information on DC Schedule S.

**Income information**

Round cents to nearest dollar. If zero, leave the line blank.

a Wages, salaries, unemployment compensation and/or tips. See instructions.

a 00

b Business income or loss. See instructions.

Fill in if loss ☐

b 00

c Capital gain (or loss).

Fill in if loss ☐

c 00

d Rental real estate, royalties, partnerships, etc.

Fill in if loss ☐

d 00

**Computation of DC Gross and Adjusted Gross Income**

3 Federal adjusted gross income. 1040: Line 37; 1040A: Line 21

Fill in if loss ☐

3 7110 00

1040EZ: Line 4; 1040NR: Line 36 plus Sch. NEC, Line 13; 1040NR-EZ: Line 10

**Additions to DC Income**

4 Franchise tax deducted on federal forms. See instructions.

4 00

5 Other additions from DC Schedule I: Calculation A; Line 8.

5 00

6 Add Lines 3, 4 and 5.

Fill in if loss ☐

6 00

**Subtractions from DC Income**

7 Part-year residents: enter income received during period of nonresidence. See instructions.

7 00

8 Taxable refunds, credits or offsets of state and local income tax.

8 00

9 Taxable amount of social security and tier 1 railroad retirement. Forms 1040: Line 20b; or 1040A: Line 14b.

9 00

10 Income reported and taxed this year on a DC franchise or fiduciary return.

10 00

11 DC and federal government pension and annuity limited exclusion. See instructions.

11 00

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 00

13 Other subtractions from DC Schedule I: Calculation B; Line 16.

13 00

14 Total subtractions from DC income. Lines 7-13.

14 00

15 DC adjusted gross income. Line 6 minus Line 14.

Fill in if loss ☐

15 7110 00

Enter your last name.

## INCOME

Enter your SSN.

400007310

16 Deduction type. Take the same type as you took on your federal return. Fill in which type.

☒ Standard or ☐ Itemized See instructions for amount to enter on Line 17.

17 DC deduction amount. Do not copy from federal return. For amount to enter, see instructions.

17 4100 00

18 Number of exemptions. If more than 1 (more than 2 if filing jointly), or if you or your spouse/domestic partner are over 65 or blind, attach a completed Calculation G, Schedule S.

18 1

19 Exemption amount. Multiply \$1,675 by number on line 18. Part-year DC residents see Calculation E, see instructions.

19 1675 00

20 Add Lines 17 and 19.

20 5775 00

21 DC taxable income. Subtract Line 20 from Line 15. Enter result.

Fill in if loss ☐

21 1335 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 Calculation I in instructions.

22 53 00

Fill in ☐ if filing separately on same return. Complete Calculation J on Schedule S.

23 Credit for child and dependent care expenses

00 X 32 Enter result &gt;

23 00 00

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 U, Part 1a, Line 6. Attach Schedule U.

24 00 00

25 DC Low Income Credit. Use Calc. LIO/ETC to see if LIC or EITC is a greater benefit. See instructions.

25 53 00

25a Enter the number of exemptions claimed on your federal return.

25a 1

26 Total non-refundable credits. Add Lines 23-24 and 25.

26 00 00

27 Total tax. Subtract Line 26 from Line 22. If Line 22 is less than Line 26, leave Line 27 blank.

27 0 00

28 DC Earned Income Tax Credit. Enter your federal EIC.

00 X 40 Enter result &gt;

28 00 00

28a Enter the number of qualified EITC children.

28a

29 Property Tax Credit. From your DC Schedule H, attach a copy.

29 00 00

30 Refundable credits from DC Schedule U, Part 1b, Line 4. Attach Schedule U.

30 00 00

31 DC income tax withheld, shown on Forms W-2 and 1099. Attach these forms.

31 00 00

32 2013 estimated income tax payments.

32 00 00

33 Tax paid with extension of time to file or with original return if this is an amended return.

33 00 00

34 Total payments and refundable credits. Add Lines 28, 29-33.

34 00 00

## Refund - Complete if Line 34 is more than Line 27.

35 Amount you overpaid.

35 00 00

Subtract Line 27 from Line 34.

36 Amount to be applied

36 00 00

to your 2014 estimated tax.

Fill in the oval if Form D-2210 is attached ☐

37 Penalty See instructions.

37 00 00

38 Refund. Subtract sum of

38 00 00

Lines 36 and 37 from Line 35.

39 Contribution amount

39 00 00

from Sched. U, Part II, Line 6.

Can not exceed refund amt. on Line 38.

Put additional amt. on Line 42.

40 Net refund.

40 00 00

Subtract Line 39 from Line 38.

Will the refund you requested go to an account outside the U.S.? Yes ☐ No ☐ See instructions.

## Amount owed - Complete if Line 34 is equal to or less than Line 27.

41 Tax due. Subtract Line

34 from Line 27.

41 00 00

42 Contribution amount

from Sched. U, Part II, Line 7.

42 00 00

Fill in the oval if Form D-2210 is attached ☐

43a Penalty

00 00

43b Interest

00 00

Enter total P &amp; I.

44 Total amount due

Add Lines 41-43.

44 00 00

Refund Options For information on the tax refund card and program limitations, see instructions or visit our website [otr.dc.gov/refundprepaidcards](http://otr.dc.gov/refundprepaidcards).Mark one refund choice: ☐ Direct deposit ☐ Tax refund card ☐ Paper check.Direct Deposit: To have your refund deposited to your checking, ☐ OR savings ☐ account, fill in oval and enter bank routing and account numbers. See instructions.

Routing Number:

Account Number:

Third party designee To authorize another person to discuss this return with OTR, fill in here, and enter the name and phone number of that person. See instructions.

Designee's n

Phone number

Signature Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid preparer is based on information available to the preparer.

Your signature

Date

Preparer's signature

Date

Spouse's/domestic partner's signature (if filing jointly or separately on same return)

Date

Preparer's Tax Identification Number (PTIN)

PTIN telephone number