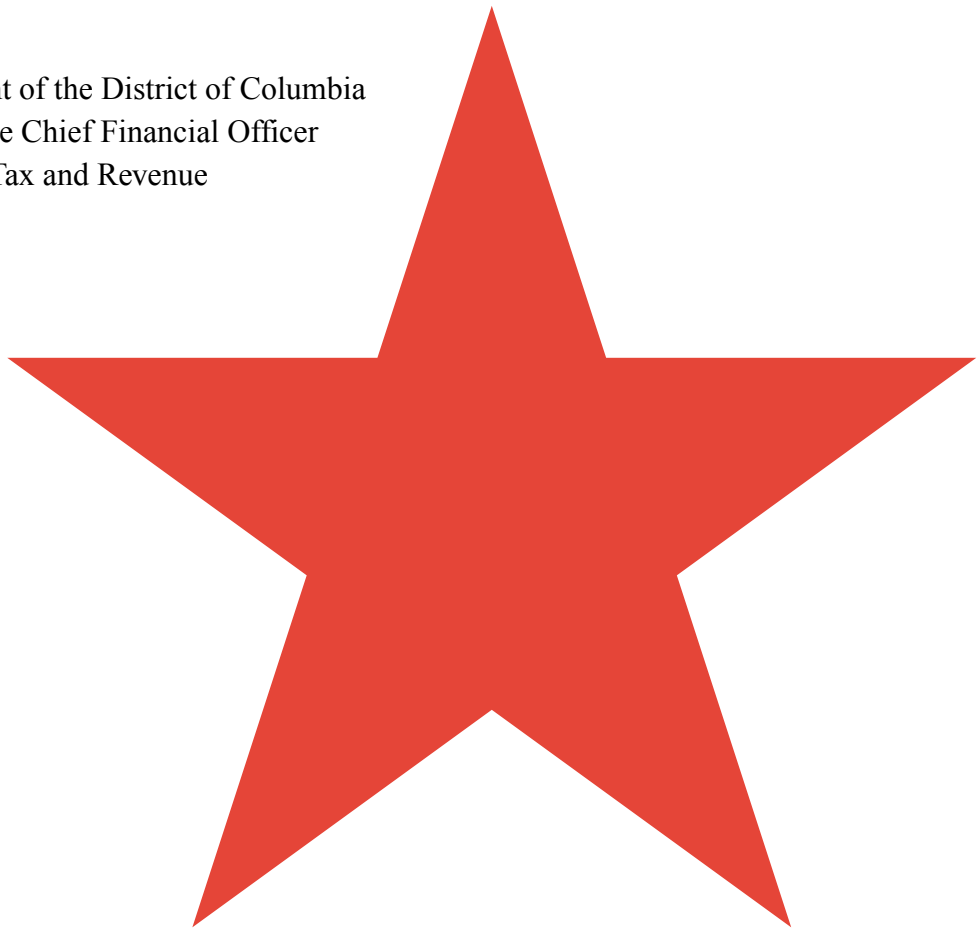




Government of the District of Columbia  
Office of the Chief Financial Officer  
Office of Tax and Revenue



# **2013 DC-1436**

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

**November 2013**

10

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

Your first name, M.I., Last name, BALANCE DUE

Spouse's/registered domestic partner's first name, M.I., Last name, BALANCE DUE

Home address (number, street and apartment number if applicable), 3800 WISCONSIN AVE #101

City, State, Zip Code, WASHINGTON, DC, 20016

Filing status: Single, Married filing jointly, Married filing separately, Dependent claimed by someone else, Part-year resident in DC from (month) to (month) number of months in DC

Income information

a. Wages, salaries, unemployment compensation and/or tips, b. Business income or loss, c. Capital gain (or loss), d. Rental real estate, royalties, partnerships, etc.

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 15; 1040NR-EZ, Line 10

Additions to DC Income

4. Franchise tax deducted on federal forms, 5. Other additions from DC Schedule I, Calculation A, Line 8, 6. Add Lines 3, 4, and 5

Subtractions from DC Income

7. Part-year residents, enter income received during period of nonresidence, 8. Taxable refunds, credits or offsets of state and local income tax, 9. Taxable amount of social security and tier 1 railroad retirement, 10. Income reported and taxed this year on a DC franchise or fiduciary return, 11. DC and federal government pension and annuity limited exclusion, 12. DC and federal government survivor benefits, 13. Other subtractions from DC Schedule I, Calculation B, Line 16, 14. Total subtractions from DC income, Lines 7-13, 15. DC adjusted gross income, Line 6 minus Line 14

Enter your last name.

BALANCE DUE

Enter your SSN.

400007311

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.

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.

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

20 Add Lines 17 and 19.

21 DC taxable income. Subtract Line 20 from Line 15. Enter result. Fill in if loss

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.

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

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

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

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

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

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

28a Enter the number of qualified EITC children.

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

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

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

32 2013 estimated income tax payments.

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

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

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

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

36 Amount to be applied to your 2014 estimated tax. Fill in the oval if Form D-2210 is attached

37 Penalty. See instructions.

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

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

40 Net refund. Subtract Line 39 from Line 38.

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

41 Tax due. Subtract Line 34 from Line 27.

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

43a Penalty

43b Interest

43 Enter total P & I

44 Total amount due. Add Lines 41-43.

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

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

A98745632

# 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.

Enter your last name: **BALANCE DUE**      Enter your social security number: **400007311**

**Dependents** – If you have more than 8 dependents, list them on an attachment.

First name	M.I.	Last Name	Relationship	Date of Birth (MMDDYYYY)

**Head of household filers**  
Do not enter your information

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

**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	1
b	Enter 1 if you are filing as a head of household and	
c	Enter 1 if you are age 65 or over and	
d	Enter 1 if you are blind	
e	Enter number of dependents	
f	Enter 1 for your spouse or registered domestic partner if filing jointly or filing separately on same return	1
g	Enter 1 if you are married filing jointly or married filing separately on same return and your spouse/partner is 65 or over	
h	Enter 1 if you are married filing jointly or married filing separately on same return and your spouse/partner is blind	
i	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>	378725 00	50000 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>		
c Add Lines a and b		
d Total subtractions from federal adjusted gross income <i>Enter each person's portion of subtractions entered on D-40, Line 14.</i>		
e DC adjusted gross income. Subtract Line d from Line c.	378725 00	50000 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>	2050 00	2050 00
g Exemption amount <i>Enter each person's portion of exemption amount entered on D-40, Line 19.</i>	1675 00	1675 00
h Add Lines f and g	3725 00	3725 00
i Taxable income. Subtract Line h from Line e. <input type="checkbox"/> Fill in if loss.	375000 00	46275 00
j Tax. If Line i is \$100,000 or less, use tax tables. If more than \$100,000, use Calculation I instructions.	30787 00	2733 00
k Add the amounts on Line j, enter here and on D-40, Line 22.		33520 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		i	

**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

400007311

**BALANCE DUE**

**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 4 00
- 5 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 2 00
- 3 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 00
- 2 Public Fund for Drug Prevention and Children at Risk. 2 5 00
- 3 Anacostia River Cleanup and Protection Fund. 3 00
- 4 4 00
- 5 5 00
- 6 If due a refund, total your contribution(s), enter here and on Form D-40, Line 39. 6 00
- 7 If you owe tax, total your contribution(s), enter here and on Form D-40, Line 42. 7 5 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.

2012 (11)

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

OFFICIAL USE ONLY  
Vendor ID #0000

Personal information  Fill in if: Filing an amended return. See page  if: Filing for a deceased taxpayer. See page  
 Your social security number (SSN) 400007313 Spouse's/registered domestic partner's SSN \_\_\_\_\_ Your daytime telephone number \_\_\_\_\_

Your first name M.I. Last name  
 BABY \_\_\_\_\_ SITTER \_\_\_\_\_  
 Spouse's/registered domestic partner's first name M.I. Last name \_\_\_\_\_

Home address (number, street and apartment number, if applicable)  
 222 NURSERY LANE

City State Zip Code  
 TILLAMOOK OR 97141

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, page \_\_\_\_  
 Registered domestic partners filing jointly or  filing separately on same return  
 2. Fill in if you are:  Head of household. Enter qualifying dependent and/or non-dependent information on Schedule S.  
 Part-year resident in DC from \_\_\_\_\_ (month) to \_\_\_\_\_ (month); number of months in DC: \_\_\_\_\_ See page \_\_\_\_

Complete your federal return first. Enter your dependents information on DC Schedule S. Round cents to nearest dollar. If zero, leave the line blank.

Income information  
 a Wages, salaries, unemployment compensation and/or tips. a 13200 00  
 b Business income or loss. See instructions, page \_\_\_\_ Fill in if loss  b 12957 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 26157 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 26157 00

Subtractions from DC Income  
 7 Part-year residents, enter income received during period of nonresidence. See page \_\_\_\_ 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. Attach Schedule S pg. 2 with EIN information. 10 5000 00  
 11 DC and federal government pension and annuity limited exclusion. See page \_\_\_\_ Fill in if you are 62 or older  if your spouse/domestic partner is 62 or older  11 \_\_\_\_\_ 00  
 12 DC and federal government survivor benefits. See page \_\_\_\_ 12 \_\_\_\_\_ 00  
 13 Other subtractions from DC Schedule I, Calculation B, Line 16. 13 5000 00  
 14 Total subtractions from DC income. Lines 7-13. 14 21157 00  
 15 DC adjusted gross income. Line 6 minus Line 14. Fill in if loss  15 \_\_\_\_\_ 00

STAPLE OTHER DOCUMENTS IN UPPER LEFT IN BACK  
STAPLE W-2s AND ANY OTHER WITHHOLDING STATEMENTS HERE

Enter your last name. **SITTER**

Enter your SSN. **400007313**

16	Deduction type. Take the same type as you took on your federal return. Fill in which type: Standard or <input checked="" type="radio"/> Itemized. See page for amount to enter on Line 17.	17	6000 00
17	DC deduction amount. Do not copy from federal return. For amount to enter, see page.		
17a	RESERVED		
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	3
19	Exemption amount. Multiply \$1,675 by number on line 18. Part-year DC residents see Calculation E, page.	19	5025 00
20	Add Lines 17 and 19.	20	11025 00
21	DC taxable income. Subtract Line 20 from Line 15. Enter result. Fill in if loss.	21	10132 00

DC tax, credits and payments		22	408 00
22	Tax. If Line 21 is \$100,000 or less, use tax tables on pages. If more, use Calculation I, page. Fill in if filing separately on same return. Complete Calculation J on Schedule S.		
23	Credit for child and dependent care expenses. 870 00 X .32. Enter result >	23	278 00
24	Non-refundable credits from DC Schedule U, Part 1a, Line 6. Attach Schedule U.	24	00
25	DC Low Income Credit. See table on page. Take either this credit or Line 28 credit - not both.	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	278 00
27	Total tax. Subtract Line 26 from Line 22. If Line 22 is less than Line 26, leave Line 27 blank.	27	130 00
28	DC Earned Income Tax Credit. Enter your federal EIC. 00 X .40. Enter result >	28	687 00
28a	Enter the number of qualified EITC children.	28a	1
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	687 00
31	DC income tax withheld shown on forms W-2 and 1099. Attach these forms.	31	00
32	2012 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	557 00

35	Amount you overpaid. Complete if Line 34 is more than Line 27. Subtract Line 27 from Line 34.	35	557 00	41	Tax due. Complete if Line 34 is equal to or less than Line 27. Subtract Line 34 from Line 27.	41	00
36	Amount to be applied to your 2013 estimated tax.	36	557 00	42	Contribution amount from Sched. U, Part II, Line 7.	42	00
37	Penalty. See Instructions.	37	00	43a	Penalty.	43a	00
38	Refund. Subtract sum of Lines 36 and 37 from Line 35.	38	00	43b	Interest.	43b	00
39	Contribution amount from Sched. U, Part II, Line 6. Can't exceed refund amt. on Line 38. Put additional amt. on Line 42.	39	00	43	Enter total P & I.	43	00
40	Net refund. Subtract Line 39 from Line 38.	40	0 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 page.

Direct Deposit: To have your refund deposited to your checking  OR savings  account, fill in oval and enter bank routing and account numbers. See page.

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' page.

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: \_\_\_\_\_ Paid preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_



2012 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.

OFFICIAL USE ONLY Vendor ID#0000

Enter your last name: SITTER Enter your social security number: 400007313

Dependents: If you have more than 8 dependents, list them on an attachment.

First name: JOHN M.I.: Last Name: DOE

Social security number: 400007396 Relationship: SON Date of Birth (MMDDYYYY): 03192002

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):

Head of household filers: Do not enter your information: SSN of qualifying non-dependent person: Date of Birth of qualifying non-dependent person (MMDDYYYY):

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

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	1
b	Enter 1 if you are filing as a head of household and	1
c	Enter 1 if you are age 65 or over and	
d	Enter 1 if you are blind	
e	Enter number of dependents	1
f	Enter 1 for your spouse or registered domestic partner if filing jointly or filing separately on same return	
g	Enter 1 if you are married filing jointly or married filing separately on same return and your spouse/partner is 65 or over	
h	Enter 1 if you are married filing jointly or married filing separately on same return and your spouse/partner is blind	
i	Total number of exemptions. Add Lines a-h, enter here and on D-40, Line 18.	3

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

	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>	00	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>	00	00
c Add Lines a and b.	00	00
d Total subtractions from federal adjusted gross income <i>Enter each person's portion of subtractions entered on D-40, Line 14.</i>	00	00
e DC adjusted gross income. Subtract Line d from Line c.	00	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>	00	00
g Exemption amount <i>Enter each person's portion of exemption amount entered on D-40, Line 19.</i>	00	00
h Add Lines f and g.	00	00
i Taxable income. Subtract Line h from Line e. <input type="checkbox"/> Fill in if loss.	00	00
j Tax. <i>If Line i is \$100,000 or less, use tax tables on pages. If more than \$100,000, use Calculation I, page.</i>	00	00
k Add the amounts on Line j, enter here and on D-40, Line 22.		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	
g	h	

2012 (12)

This is a FILL-IN format. Please do not handwrite any data on this form other than your signature.

OFFICIAL USE ONLY Vendor ID#0002

Personal information: Fill in if: Filing an amended return. See page 5. Fill in if: Filing for a deceased taxpayer. See page 17.

Your social security number (SSN): 400007314 Spouse's/registered domestic partner's SSN: 400007315 Your daytime telephone number:

Your first name: PRIOR M.I.: Last name: YEAR

Spouse's/registered domestic partner's first name: SPOUSE M.I.: Last name: YEAR

Home address (number, street and apartment number, if applicable): 1111 MASS AVE NW APT 100

City: WASHINGTON State: DC Zip Code: 20005

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. 2. Fill in if you are: Part-year resident in DC from (month) to (month) number of months in DC.

Income Information: Complete your federal return first. Enter your dependents information on DC Schedule S. Round cents to nearest dollar. If zero, leave the line blank.

Table with 4 rows (a-d) for income types: a. Wages, salaries, unemployment compensation and/or tips; b. Business income or loss; c. Capital gain (or loss); d. Rental real estate, royalties, partnerships, etc. Values: 21335 00, 00, 00, 00.

Computation of DC Gross and Adjusted Gross Income: 3. Federal adjusted gross income from adjusted gross income lines on federal Forms 1040, 1040A, 1040EZ, 1040NR, or 1040NR-EZ. Value: 21335 00.

Additions to DC Income: 4. Franchise tax deducted on federal forms; 5. Other additions from DC Schedule I, Calculation A, Line 8; 6. Add Lines 3, 4 and 5. Value: 21335 00.

Subtractions from DC Income: 7. Part-year residents; 8. Taxable refunds; 9. Taxable amount of social security and tier 1 railroad retirement; 10. Income reported and taxed this year on a DC franchise or fiduciary return; 11. DC and federal government pension and annuity limited exclusion; 12. DC and federal government survivor benefits; 13. Other subtractions from DC Schedule I, Calculation B, Line 16; 14. Total subtractions from DC income; 15. DC adjusted gross income; Line 6 minus Line 14. Value: 21335 00.

STAPLE OTHER DOCUMENTS IN UPPER LEFT IN BACK

STAPLE W-2s AND ANY OTHER WITH-HOLDING STATEMENTS HERE

Enter your last name, YEAR

Enter your SSN, 400007314

16 Deduction type: Take the same type as you took on your federal return. Fill in which type:  
 Standard or  Itemized. See page 20 for amount to enter on Line 17.

17 DC deduction amount. Do not copy from federal return. For amount to enter, see page 21. 17 4000 00

17a RESERVED 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 3

19 Exemption amount. Multiply \$1,675 by number on Line 18. Part-year DC residents see Calculation E, page 19. 19 5025 00

20 Add Lines 17 and 19. 20 9025 00

21 DC taxable income. Subtract Line 20 from Line 15. Enter result. Fill in if loss. 21 12310 00

DC tax credits and payments

22 Tax. If Line 21 is \$100,000 or less, use tax tables on pages 47-56; if more, use Calculation I, page 21. Fill in  if filing separately on same return. Complete Calculation J on Schedule S. 22 492 00

23 Credit for child and dependent care expenses.  .00 X .32. Enter result >. 23 00 00

24 Non-refundable credits from DC Schedule U, Part 1a, Line 6. Attach Schedule U. 24 00 00

25 DC Low Income Credit. See table on page 11. Take either this credit or Line 28 credit - not both. 25 420 00

25a Enter the number of exemptions claimed on your federal return. 25a 26 420 00

26 Total non-refundable credits. Add Lines 23, 24 and 25. 26 72 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 >. 28 00 00

28a Enter the number of qualified EITC children. 28a 29 00 00

29 Property Tax Credit. From your DC Schedule H, attach a copy. 30 00 00

30 Refundable credits from DC Schedule U, Part 1b, Line 4. Attach Schedule U. 31 832 00

31 DC income tax withheld shown on Forms W-2 and 1099. Attach these forms. 32 00 00

32 2012 estimated income tax payments. 33 00 00

33 Tax paid with extension of time to file or with original return if this is an amended return. 34 832 00

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

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

35 Amount you overpaid. Subtract Line 27 from Line 34. 35 760 00

36 Amount to be applied to your 2013 estimated tax. 36 00 00

37 Penalty. See instructions. 37 00 00

38 Refund. Subtract sum of Lines 36 and 37 from Line 35. 38 760 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. Subtract Line 39 from Line 38. 40 760 00

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

43a Penalty. 43a 00 00

43b Interest. 43b 00 00

43 Enter total P&I. 43 00 00

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

Will the refund you requested go to an account outside the U.S.? Yes  No  See page 8.

Direct Deposit. To have your refund deposited to your checking  OR savings  account, fill in oval and enter bank routing and account numbers. See page 7.

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, page 8.

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, Paid preparer's signature, Date, Paid preparer's PTIN, Paid preparer's phone number.

2012 SCHEDULE S Supplemental Information and Dependents

OFFICIAL USE ONLY  
Vendor ID#0002

This is a FILL-IN format. Please do not handwrite any data on this form other than your signature.

400007314

Enter your last name: YEAR

Enter your social security number:

Dependents: If you have more than 8 dependents, list them on an attachment.

First name: SON M.I.: Last Name: YEAR

Social security number: 400007395 Relationship: SON Date of Birth (MMDDYYYY): 07101997

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):

Head of household filers: SSN of qualifying non-dependent person: Date of Birth of qualifying non-dependent person (MMDDYYYY):  
Do not enter your information

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

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	
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	1
f	Enter 1 for your spouse or registered domestic partner if filing jointly or filing separately on same return	f	1
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	
i	Total number of exemptions. Add Lines a-h, enter here and on D-40, Line 18.	i	3

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>	10439 00	10896 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>		
c Add Lines a and b	10439 00	10896 00
d Total subtractions from federal adjusted gross income <i>Enter each person's portion of subtractions entered on D-40, Line 14.</i>		
e DC adjusted gross income. Subtract Line d from Line c	10439 00	10896 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>	4000 00	0 00
g Exemption amount <i>Enter each person's portion of exemption amount entered on D-40, Line 19.</i>	3350 00	1675 00
h Add Lines f and g	7350 00	1675 00
i Taxable income. Subtract Line h from Line e. <input type="checkbox"/> Fill in if loss	3089 00	9221 00
j Tax. <i>If Line i is \$100,000 or less, use tax tables on pages 47-56. If more than \$100,000, use Calculation I, page 20.</i>	123 00	369 00
k Add the amounts on Line j, enter here and on D-40, Line 22		492 00 Total tax

EIN's 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

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**2013** FR-127 Extension of Time to File a DC Income Tax Return

This is a FILL-IN format. Please do not handwrite any data on this form other than your signature.

Your social security number	400007316	Spouse's/composite partner's social security number		Your daytime telephone number	2024400000
Your first name	EXTENSION	ML	Last name	WITHPAYMENT	
Spouse's/composite partner's first name		ML	Last name		
Home address (number, street and apartment)	1 MASS AVE NW				
City	WASHINGTON				
State	DC	Zip code	20001		
Amount submitted with this form	100000.00				

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Extension of Time to File a DC Income Tax Return

Revised 08/13



**2013** FR-127 Extension of Time to File  
a DC Income Tax Return

This is a FILL-IN format. Please do not handwrite any data on this form other than your signature.

Your social security number	400007317	Spouse's domestic partner's social security number		Your daytime telephone number	2123330000
Your first name	EXTENSION	M.I.		Last name	NOPAYMENT
Spouse's domestic partner's first name		M.I.		Last name	
Home address (number, street and apartment)					
2 MASS AVE NW					
CITY					
WASHINGTON					
State					
DC					
Zip Code					
20001					
Amount submitted with this form					
0 00					

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Revised 08/13

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(15)

**2014** D-40ES Estimated Payment for Individual Income Tax

☆☆ Government of the District of Columbia

Important: Print in CAPITAL letters using black ink.

Quarterly payment (dollars only) **550 00**

Your social security number (SSN) **400007318**

Your first name, middle initial, last name (Leave a space between names and initials) **ESTIMATED**

Your spouse's/registered domestic partner's first name, middle initial, last name (Leave a space between names and initials) **TAXPAYER**

Address (Number, street, and apartment number, if applicable) **3 MASS AVE NW**

City **WASHINGTON**

State **DC**

Zip Code **20001**

Official use only: Vendor ID#

2014 D-40ES Estimated Payment for Individual Income Tax

Voucher number

Date date

DC4071