



OFFICIAL USE ONLY

If you use this schedule, staple it to your D-40.

File order 3

Your last name.

AAAAAAAAAAAAAAAAAAAA

Your social security number

999-99-9999

Foreign address Do not abbreviate country name.

Home address (number and street)

99999AAAAAAAAAAAAAAAAAAAA

Apartment number

99AAA

City

AAAAAAAAAAAAAAAAAAAA

State/Province

AAAAAAAAAAAAAAAAAAAA

Your daytime phone number

9999999999999999

Country

AAAAAAAAAAAAAAAAAAAA

Postal code

9999999999999999

Dependents

First name	M.I.	Last name	Social security number	Relationship
AAAAAAAAAAAAAAAAAAAA	A	AAAAAAAAAAAAAAAAAAAA	999-99-9999	AAAAAAAAAAAAAAAAAAAA
AAAAAAAAAAAAAAAAAAAA	A	AAAAAAAAAAAAAAAAAAAA	999-99-9999	AAAAAAAAAAAAAAAAAAAA
AAAAAAAAAAAAAAAAAAAA	A	AAAAAAAAAAAAAAAAAAAA	999-99-9999	AAAAAAAAAAAAAAAAAAAA
AAAAAAAAAAAAAAAAAAAA	A	AAAAAAAAAAAAAAAAAAAA	999-99-9999	AAAAAAAAAAAAAAAAAAAA
AAAAAAAAAAAAAAAAAAAA	A	AAAAAAAAAAAAAAAAAAAA	999-99-9999	AAAAAAAAAAAAAAAAAAAA
AAAAAAAAAAAAAAAAAAAA	A	AAAAAAAAAAAAAAAAAAAA	999-99-9999	AAAAAAAAAAAAAAAAAAAA
AAAAAAAAAAAAAAAAAAAA	A	AAAAAAAAAAAAAAAAAAAA	999-99-9999	AAAAAAAAAAAAAAAAAAAA
AAAAAAAAAAAAAAAAAAAA	A	AAAAAAAAAAAAAAAAAAAA	999-99-9999	AAAAAAAAAAAAAAAAAAAA
AAAAAAAAAAAAAAAAAAAA	A	AAAAAAAAAAAAAAAAAAAA	999-99-9999	AAAAAAAAAAAAAAAAAAAA
AAAAAAAAAAAAAAAAAAAA	A	AAAAAAAAAAAAAAAAAAAA	999-99-9999	AAAAAAAAAAAAAAAAAAAA
AAAAAAAAAAAAAAAAAAAA	A	AAAAAAAAAAAAAAAAAAAA	999-99-9999	AAAAAAAAAAAAAAAAAAAA
AAAAAAAAAAAAAAAAAAAA	A	AAAAAAAAAAAAAAAAAAAA	999-99-9999	AAAAAAAAAAAAAAAAAAAA
AAAAAAAAAAAAAAAAAAAA	A	AAAAAAAAAAAAAAAAAAAA	999-99-9999	AAAAAAAAAAAAAAAAAAAA
AAAAAAAAAAAAAAAAAAAA	A	AAAAAAAAAAAAAAAAAAAA	999-99-9999	AAAAAAAAAAAAAAAAAAAA

Head of household filers (if completed, attach to your D-40)

Name and SSN of qualifying non-dependent person

AAAAAAAAAAAAAAAAAAAA A AAAAAAAAAAAAAAAAAAAAAA 999-99-9999

Income from D.C. franchise or fiduciary tax return

Name of entity	Federal employer ID number	Share of income
AAAAAAAAAAAAAAAAAAAA	99-9999999	\$ 999999999.00
AAAAAAAAAAAAAAAAAAAA	99-9999999	\$ 999999999.00
AAAAAAAAAAAAAAAAAAAA	99-9999999	\$ 999999999.00

Your last name and SSN AAAAAAAAAAAAAAAAAAAAAA 999-99-9999

File order 4



Calculation G Number of exemptions

Attach Schedule S to your D-40. Do not attach if you only filled in lines a, b, f, and i of Calculation G and no other sections of Schedule S.

a	Enter 1 for yourself	a	99
b	Enter 1 if you are filing as a head of household	b	99
c	Enter 1 if you are 65 or over	c	99
d	Enter 1 if you are blind	d	99
e	Enter number of dependents	e	99
f	Enter 1 for your spouse if filing jointly or married filing separately on same return	f	99
g	Enter 1 if married filing jointly or separately on same return, and your spouse is 65 or over	g	99
h	Enter 1 if married filing jointly or separately on same return, and your spouse is blind	h	99
i	Total number of exemptions Add lines a through h and enter on D-40, line 19.	i	99

Calculation J Tax for married filing separately on same return

Complete each column separately. Do not combine any amounts until you reach line k. Attach Schedule S to your D-40.

	You	Your spouse
a Federal adjusted gross income	a 999999999.00	999999999.00
Each person's portion of adjusted gross income from D-40, line 12.		
b Total additions Each person's portion of additions from D-40, line 15.	b 999999999.00	999999999.00
c Add lines a and b.	c 999999999.00	999999999.00
d Total subtractions Each person's portion of subtractions from D-40, line 13.	d 999999999.00	999999999.00
e D.C. adjusted gross income Subtract line d from line c.	999999999.00	999999999.00
f Deduction amount Each person's portion of deductions from D-40, line 18.	f 999999999.00	999999999.00
g Exemption amount Each person's portion of exemptions from D-40, line 20.	g 999999999.00	999999999.00
h Line f plus line g.	h 999999999.00	999999999.00
i Taxable income Line e minus line h.	i 999999999.00	999999999.00
j Tax If line j is \$100,000 or less, use tax tables on pages 45-54 If more, use Calculation I on page 11.	j 999999999.00	999999999.00
k Add the amounts for you and your spouse on line J and enter on Line 23.	k 999999999.00	

Itemized Deductions from federal Schedule A (please attach a copy)

a Medical and Dental Expenses Schedule A line 4	a 999999999.00
b Taxes You Paid Schedule A line 9	b 999999999.00
c Interest You Paid Schedule A line 14	c 999999999.00
d Gifts to Charity Schedule A line 18	d 999999999.00
e Casualty and Theft Losses Schedule A line 19	e 999999999.00
f Job Expenses and Most Other Miscellaneous Deductions Schedule A line 26	f 999999999.00
g Other Miscellaneous Deductions Schedule A line 27	g 999999999.00