

2005 SCHEDULE S SUB Supplemental Information and Dependents



OFFICIAL USE ONLY

If you fill in any part of this schedule, staple it to your D-40.

Your last name. ABCDEFGHIJKLMNOP

Your social security number 123456789

Foreign address Do not abbreviate country name.

Home address (number and street) 12345ABCDEFGHIJKLMN ABCDEFGHIJKLMNOP

Apartment number 12ABC

City ABCDEFGHIJKLMNOP

State/Province ABCDEFGHIJKLMNOP

Your daytime phone number 1234567890

Country ABCDEFGHIJKLMNOP

Postal code 1234567890

Dependents If you have more than 4 dependents, attach a statement to this schedule listing the name, relationship, and social security number of each.

First name ABCDEFGHIJKLM M.I. A Last name ABCDEFGHIJKLMNOP Social security number 123456789 Relationship ABCDEFGHIJKLMNOP

First name ABCDEFGHIJKLM M.I. A Last name ABCDEFGHIJKLMNOP Social security number 123456789 Relationship ABCDEFGHIJKLMNOP

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First name ABCDEFGHIJKLM M.I. A Last name ABCDEFGHIJKLMNOP Social security number 123456789 Relationship ABCDEFGHIJKLMNOP

Head of household filers

SSN of qualifying non-dependent person 123456789

First name of qualifying non-dependent person ABCDEFGHIJKLM M.I. A Last name ABCDEFGHIJKLMNOP

Income from DC franchise or fiduciary tax return

Name of entity ABCDEFGHIJKLMNOP Federal employer ID number or SSN 123456789 Your share of income \$ 123456789.00

Name of entity ABCDEFGHIJKLMNOP Federal employer ID number or SSN 123456789 Your share of income \$ 123456789.00

Your last name ABCDEFGHIJLKABCDEF GH
Your SSN 123456789



Calculation G Number of exemptions

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

a	Enter 1 for yourself and	a	00
b	Enter 1 if you are filing as a head of household and	b	01
c	Enter 1 if you are 65 or over and	c	02
d	Enter 1 if you are blind	d	03
e	Enter number of dependents	e	04
f	Enter 1 for your spouse if married filing jointly or married filing separately on same return	f	05
g	Enter 1 if you are married filing jointly or married filing separately on same return, and your spouse is 65 or over	g	06
h	Enter 1 if you are married filing jointly or married filing separately on same return, and your spouse is blind	h	07
i	Total number of exemptions Add Lines a - h and enter on D-40, Line 19.	i	08

Calculation J Tax computation for married filing separately on same return

Enter separate amounts in each column. Do not combine amounts until you reach Line k.

	You	Your spouse
a Federal adjusted gross income <i>If you and your spouse filed separate federal returns, enter amounts from 1040, Line 36 or 1040A, Line 21. If you and your spouse filed a joint federal return, enter each person's portion of federal adjusted gross income.</i>	a 123456789.00	123456789.00
b Total additions to federal adjusted gross income <i>Enter each person's portion of additions entered on D-40, Line 15.</i>	b 123456789.00	123456789.00
c Add Lines a and b.	c 123456789.00	123456789.00
d Total subtractions from federal adjusted gross income <i>Enter each person's portion of subtractions entered on D-40, Line 13 and 13a.</i>	d 123456789.00	123456789.00
e D.C. adjusted gross income Subtract Line d from Line c.	e 123456789.00	123456789.00
f Deduction amount Enter each person's portion of deductions entered on D-40, Line 18. <i>(You may divide this amount any way you like.)</i>	f 123456789.00	123456789.00
g Exemption amount Enter each person's portion of the exemption amount entered on D-40, Line 20.	g 123456789.00	123456789.00
h Add Lines f and g.	h 123456789.00	123456789.00
i Taxable income Subtract Line h from Line e.	i 123456789.00	123456789.00
j Tax If Line j is \$100,000 or less, use tax tables. If more than \$100,000 use Calculation I.	j 123456789.00	123456789.00
k Add the amounts entered on Line j, enter here and on D-40, Line 23.	k 123456789.00	Total tax

Additional Information from the Federal Form 1040 Schedule A (attach a copy of your federal Schedule A)

a Medical and Dental Expenses from Schedule A, Line 4	a	123456789.00
b Taxes Paid from Schedule A, Line 9	b	123456789.00
c Interest Paid from Schedule A, Line 14	c	123456789.00
d Gifts to Charity from Schedule A, Line 18	d	123456789.00
e Casualty and Theft Losses from Schedule A, Line 19	e	123456789.00
f Job Expenses and Most Other Miscellaneous Deductions from Schedule A, Line 26	f	123456789.00
g Other Miscellaneous Deductions from Schedule A, Line 27	g	123456789.00