

OFFICIAL USE ONLY

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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

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

**Head of household filers**

Name of qualifying non-dependent person

AAAAAAAAAAAAAAAAAAAA A AAAAAAAAAAAAAAAAAAAAAA

**Income from D.C. franchise or fiduciary tax return**

Name of entity	Federal employer ID number	Share of income
AAAAAAAAAAAAAAAAAAAA	99-9999999	\$ 999999999
AAAAAAAAAAAAAAAAAAAA	99-9999999	\$ 999999999
AAAAAAAAAAAAAAAAAAAA	99-9999999	\$ 999999999



\*010400430000\*

**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 <i>Add lines a through h and enter on D-40, line 19.</i>	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.

		<i>You</i>	<i>Your spouse</i>
a	Federal adjusted gross income <i>Each person's portion of adjusted gross income from D-40, line 12.</i>	a \$ 999999999	\$ 999999999
b	Total additions <i>Each person's portion of additions from D-40, line 15.</i>	b \$ 999999999	\$ 999999999
c	<i>Line a plus line b.</i>	c \$ 999999999	\$ 999999999
d	Total subtractions <i>Each person's portion of subtractions from D-40, line 13.</i>	d \$ 999999999	\$ 999999999
e	D.C. adjusted gross income <i>Line c minus line d.</i>	e \$ 999999999	\$ 999999999
f	Deduction amount <i>Each person's portion of deductions from D-40, line 18.</i>	f \$ 999999999	\$ 999999999
g	Exemption amount <i>Each person's portion of exemptions from D-40, line 20.</i>	g \$ 999999999	\$ 999999999
h	<i>Line f plus line g.</i>	h \$ 999999999	\$ 999999999
i	Taxable income <i>Line e minus line h.</i>	i \$ 999999999	\$ 999999999
j	D.C. tax for each person	j \$ 999999999	\$ 999999999
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k	Total D.C. tax <i>Total of amounts on line j. Reported on D-40, line 23.</i>	k \$ 999999999	



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