Government of the	
District of Columbia	

2024 D-40 SUB Individual Income Tax Return



SOFTWARE DEVELOPER USE ONLY VENDOR ID # 9 9 9 9

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Personal informat	ion	Mark X if:	Filing an Amen	ded return.	See instruct	ions.									
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Your telephone number					.,										
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/our taxpayer identific 99999999999	ation number (TIN)	and Date of 9999		(YYY) X						_					
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	X Married	filing separa	tely on same	e return Ei	nter comb	ined am	iounts f	or Lines	5-43.	See Ir	istruct	lons.			
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	amounts	for Lines 5-43	3. See instru	ctions.											
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		household <u>E</u>	Enter qualifyir	ng depende		non-de							nation c	n Sch	edule S.
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4		D-4	40	PAC	GE 2	2																																				Π						Π						Π						
5	5	En	ter	yо	ur I	asi	t n	an	пe	Х	X	X	KΧ	Χ	X	ХΧ	X	X	XX	XΧ	XΧ	Χ	X	XΣ	XΧ																	Ш																	5	
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8										8
9	Ad	ditions to DC Income								9
10	5	Franchise tax deducted on federal forms, see instructions.	5	5	999	99	999	99.	00	10
11		Other additions from DC Schedule I, Calculation A, Line 9.	6	5	999	999	999	99.	00	11
12		Add Lines 4, 5 and 6. Mark if loss	5 <mark>X</mark> 7	7	999	999	999	99.	00	12
13										13
14	Sul	btractions from DC Income								14
15		Part year residents, enter income received during period of nonresidence, see instructions.	2	2	990	999	999	99.	00	15
16	Ŭ									16
17	q	Taxable refunds, credits or offsets of state and local income tax.	c)	990	999	990	99.	00	17
18										18
19	10	Taxable amount of social security and tier 1 railroad retirement.	1(0	990	999	990	99.	00	19
20	10			Ĭ						2.0
21	11	Income reported and taxed this year on a DC franchise or fiduciary return.	1	1	990	999	990	99.	00	21
22	- 1 1		A	1						22
23	12	DC and federal government survivor benefits, see instructions.	1.	2	aad	aa	aad	99.	00	23
24	12			2			<u> </u>			2.4
25	12	Unemployment Insurance Benefits, see instructions.	1.	2		000	999	99.	00	25
26	15		1,	5	223		993		00	2.6
20	1 /	Other subtractions from DC Schedule I, Calculation B, Line 16.		1	aac	200	900	99.	00	20
28	14		1	4	223	פפו	993		00	28
29	15	Tatal subtrastions from DO income Linco Q 14	1	6	aac	aa	aad	99.	00	2.0
	15	Total subtractions from DC income, Lines 8-14.	13	5			993		00	30
30	16	DC adjusted gross income, Line 7 minus Line 15. Mark if loss	V 1				000		00	
31	_				995	<u>,99</u>	995	<u>,</u> ,	00	31
32	17	Deduction type. Take the same type as you took on your federal return. Fill in which type Standard ${ m X}$ or ${ m II}$		X instr	uctions	for ar	nount t	o enter	on Line 1	32 7
33										33
34	18	DC deduction amount.	19	ð	999	999	999	99.	00	34
35	10			-			0.01		0.0	35
36		DC taxable income. Subtract Line 18 from Line 16. Mark if loss		_						36
37		Tax. If Line 19 is \$100,000 or less, use tax tables to find the tax, if more, use Calculation I in instructions.	20	2	999	999	999	99.	00	37
38		Fill in X if filing separately on same return. Complete Calculation J on Schedule S.		-			0.01		0.0	38
39		Credit for child and dependent care expenses 9999.00 X .32	2	1	999	999	999	99.	00	39
40		From federal Form 2441; if part-year DC resident, from Line 5, DC Form 2441								40
41	22	Non-refundable credits from DC Schedule U, Part 1a, Line 7. Attach Schedule U.	22	2	999	999	999	99.	00	41
42										42
43	23	Total non-refundable credits. Add Line 21 and Line 22.	2:	3	999	999	999	99.	00	43
44										4 4
45	24	Subtract Line 23 from Line 20. If less than zero, enter zero.	24	4	999	999	999	99.	00	45
46										4 6
47	25	DC Health Care Shared Responsibility. See instructions. If fully covered or fully exempt, enter zero.	25	5	999	999	999	99.	00	47
48										48
49	26	Total tax and DC Health Care Shared Responsibility. Add Line 24 and Line 25.	26	5	999	999	999	99.	00	4 9
50	27	DC Earned Income Tax Credit * Do you choose to receive your DC EITC refund in 12 monthly payments								50
51		instead of one total payment? X If so, see instructions for eligibility.								51
52	27a	Enter the number of qualified EITC children. 99 27b Enter earned income amo	ount 27	b	999	999	999	99.	00	52
53										53
54	27c	For filers with qualifying children. Enter calculated > 9999.00 X .70 Enter result >	27	d	999	999	999	99.	00	54
55		federal EIC amount								55
56	27e	For filers without qualifying children. See instructions for special calculations. Enter result >	27	е	999	999	999	99.	00	56
57				1						57
58	28	Property Tax Credit. From your DC Schedule H; attach a copy.	28	3	990	999	990	99.	00	58
59										59
60		ution: Choosing to receive this credit in monthly payments may cause you to lose your Supplemental Nutrition Assistance Program (SNAP) or o								60
61		P, contact the Department of Human Services at (202) 807-0405 or <u>dhs@dc.gov</u> .) Taxpayers receiving DC EITC amounts of \$1,200 or more ind in 12 equal monthly payments instead of one total payment. If you choose to receive monthly DC EITC payments, OTR will calculate the district								61
+		nent will be different from the Line 43 Net Refund amount.		+						

refund in 12 equal monthly payments instead of one total payment. If you choose to receive monthly DC EITC payments, OTR will calculate the distribution of your net refund amount for you. Your initial payment will be different from the Line 43 Net Refund amount.

 Revised 10/2024
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2 3 5 6 7 8 9 10 12 14 16	18 20 22 24 26 28 30 32 34 36 38 17 19 21 23 25 27 29 31 33 35 37 33	40 42 44 46 48 50 52 54 56 5 9 41 43 45 47 49 51 53 55 57	8 60 62 64 66	68 70 72 74 76 78	80 81 ³
4 D-40 PAGE 3	17 19 21 23 23 27 29 51 55 55 57 5.				01
5 Enter your last name	XXXXXXXXXXXXXXXXXXXXXXX				5
6 Enter your TIN	999999999				6
 ⁷ ⁸ 29 Refundable cre 	dits from DC Schedule U, Part 1b, Line 3.	Attach Schedule II		99999999.00	8
9			25 55	5555555.00	9
¹⁰ 30 Total refundabl	e credits. Add line 27d or 27e through Line 29.		30 99	99999999.00	10
11					11
	withheld shown on Forms W-2 and 1099. Attach t	these forms.	31 99	9999999.00	12
13 14 32 2024 estimate	d income tax payments and amount applied	d from 2022 roturn	32 99	99999999.00	13
15 2 2024 estimate	a mean anount applied				15
¹⁶ 33 Tax paid with F	R-127 Extension of Time to File.		33 99	99999999.00	16
17					17
	ended 2024 return, enter payments made	with original 2024 D-40 return.	34 99	9999999.00	18
20 35 If this is an am				99999999.00	19
	ended 2024 return, enter refunds requeste		30 9 5	99999999.00	21
	and refundable credits. Add Line 30 through	n Line 34. (Do not incude Line 35).	36 99	9999999.00	22
23					23
	act Line 36 From Line 26.		37 99	9999999.00	24
25 26 38 Amount Overna				9999999.00	25
38 Amount Overpa	aid. Subtract Line 26 from Line 36.		38 99		26
	applied to your 2025 estimated tax.		39 99	9999999.00	2.8
9					29
	Interest. Fill in the oval and attach form D	0-2210. X	40 99	9999999.00	30
¹ ¹² 11 Contribution ar				9999999.00	31
4 Contribution ar	nount from Schedule U, Part II, Line 5. (Car	nnot exceed amount on Line 38)	41 99		32
	Due. Add Lines 37, 40 and 41.		42 99	9999999.00	34
15					35
	Subtract total of Lines 39, 40 and 41 from Line 38.		43 99	9999999.00	36
	o to an account outside the U.S. ? Yes	X NO X See instructions.			37
	ther spouse is claiming injured spouse alloo or information on the tax refund card and			bsite MyTax.DC.gov	39
Mark one refund cl			Paper check		4 0
	have your refund deposited to your $ imes$ Che	ecking or 🛛 🗙 Savings account, fi	ill in and enter ba	ank routing and	41
² account numbers.		Account Number 9999999999			42
	ber 999999999999999999999999999999999999				43
	e To authorize another person to discuss this re	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		one number of that perso	
6					4 6
	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		ber 9999999		4
8 Signature Under pena 9	Ities of law, I declare that I have examined this return and, to th	ne best of my knowledge, it is correct. Declaration of p	paid preparer is based on i	nformation available to the prepar	er. 48
9 Your signature	Date	Preparer's signature		Date	50
	99999999			999999999	51
2 Spouse's/registered dome or separately on same return	stic partner's signature if filing jointly Date	Preparer's Tax Identification Nun	mber (PTIN)	PTIN telephone number	52
3	9999999	999999999		99999999999	53
5					54
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<u>4 5 6 7 8 9 10 12 14 15</u> 16	18 20 22 24 26 28 30 32 34 36 38 17 19 21 23 25 27 29 31 33 35 37 33	40 42 44 46 48 50 52 54 56 5 9 41 43 45 47 49 51 53 55 57	8 60 62 64 66 59 61 63 65 6	68 70 72 74 76 78 7 7 69 71 73 75 77 78	9 ⁸⁰ 81 ⁶⁴
55			+ + + + + + + + + + + + + + + + + + +		65
56					66