

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

Personal information

Your telephone number

Fill in if: Filing an amended return. See instructions.

OFFICIAL USE ONLY

Fill in if: Filing for a deceased taxpayer. See instructions.

Vendor ID#0000

Your taxpayer identification number (TIN) and Date of Birth (MMDDYYYY)

Spouse's/registered domestic partner's TIN and Date of Birth (MMDDYYYY)

Your first name M.I. Last name

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

Home address (number, street and apartment number if applicable)

City State Zip Code +4

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 4-42. See instructions.

Registered domestic partners filing jointly or filing separately on same return

Head of household Enter qualifying dependent and/or non-dependent information on Schedule S.

Qualifying widow(er) with dependent child Enter qualifying dependent information on Schedule S.

2 Fill in if you are: Part-year resident in DC from (MMDD) to (MMDD) See instructions.

Complete your federal return first - Enter your dependents' information on DC Schedule S

Income Information

Round cents to nearest dollar. If amount is zero, leave line blank; if minus, enter amount and fill in oval.

Table with 4 rows (a-d) for income types: Wages, salaries, unemployment compensation and/or tips; Business income or loss; Capital gain (or loss); Rental real estate, royalties, partnerships, etc. Each row includes a description, a 'Fill in if loss' checkbox, and a dollar amount field.

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. Fill in if loss

Additions to DC Income

4 Franchise tax deducted on federal forms, see instructions.

5 Other additions from DC Schedule I, Calculation A, Line 8.

6 Add Lines 3, 4 and 5. Fill in if loss

Subtractions from DC Income

7 Part year residents, enter income received during period of nonresidence, see instructions.

8 Taxable refunds, credits or offsets of state and local income tax.

9 Taxable amount of social security and tier 1 railroad retirement From federal Forms 1040 or 1040A.

10 Income reported and taxed this year on a DC franchise or fiduciary return.

11 DC and federal government survivor benefits, see instructions.

12 Other subtractions from DC Schedule I, Calculation B, Line 16.

13 Total subtractions from DC income, Lines 7-12.

14 DC adjusted gross income, Line 6 minus Line 13. Fill in if loss

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

