





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

|       | sonal information<br>r telephone number                                                |                 |                       | Fill in Fill in |                                                                                                                                |             |          |          |           | e instructioner<br>er See inst | ,,,,,,  |         | L USE ON<br>or ID#( |  |  |
|-------|----------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------|-------------|----------|----------|-----------|--------------------------------|---------|---------|---------------------|--|--|
|       | our taxpayer identification number (TIN) and Date of Birth (MMDDYYYY)                  |                 |                       |                 | Fill in if: Filing for a deceased taxpayer See instructions. \Spouse's/registered domestic partner's TIN and Date of Birth (MM |             |          |          |           |                                |         |         |                     |  |  |
|       |                                                                                        |                 |                       |                 |                                                                                                                                |             |          |          |           |                                |         |         |                     |  |  |
| You   | r fi rst name                                                                          | M.I.            | Last name             |                 |                                                                                                                                |             |          |          |           |                                |         |         |                     |  |  |
| Spoi  | use's/registered domestic partner's first name                                         | M.I.            | Last name             |                 |                                                                                                                                |             |          |          |           |                                |         |         |                     |  |  |
| Hom   | ne address (number, street and apartment number if ap                                  | nlicable)       |                       |                 |                                                                                                                                |             |          |          |           |                                |         |         |                     |  |  |
| 1011  | le address (number, street and apartment number if ap                                  | рпсаые)         |                       |                 |                                                                                                                                |             |          |          |           |                                |         |         |                     |  |  |
|       |                                                                                        |                 |                       |                 |                                                                                                                                |             |          |          |           |                                |         |         |                     |  |  |
| City  |                                                                                        |                 |                       |                 |                                                                                                                                | State       | Ziı      | o Code   | +4        |                                |         |         |                     |  |  |
| ,,,,  |                                                                                        |                 |                       |                 |                                                                                                                                | otato       |          | 0000     |           |                                |         |         |                     |  |  |
| Filir | ng status Single, Marri                                                                | ed filing j     | ointly.               | Married fi      | ling sepa                                                                                                                      | aratelv.    |          | Depe     | ndent     | claimed                        | by some | one els | ie.                 |  |  |
|       | Fill in only one: Married fi ling separ                                                |                 | -                     |                 |                                                                                                                                |             |          |          |           |                                | •       |         |                     |  |  |
|       | Registered domestic                                                                    |                 |                       |                 |                                                                                                                                |             |          |          |           |                                |         |         |                     |  |  |
|       | Head of household                                                                      | Enter qua       | lifying deper         | ndent and/d     | r non-de                                                                                                                       | pender      | t inforr | nation   | on Sci    | hedule S.                      |         |         |                     |  |  |
|       | Qualifying widow(er)                                                                   | with depe       | endent child <i>l</i> | Enter qualit    | ying dep                                                                                                                       | endent      | inform   | ation o  | n Sche    | edule S.                       |         |         |                     |  |  |
| -     | Fill in if you are: Part-year resident in                                              | DC from         |                       | (MMDD) t        | 0                                                                                                                              | (N          | (MDD     | Se       | e instr   | uctions.                       |         |         |                     |  |  |
| nc    | <ul> <li>Complete your federal return<br/>ome Information</li> </ul>                   | ı first –       | Enter you             | depend          |                                                                                                                                | its to nea  |          | r. If am | ount is z | ero, <u>l</u> eave l           |         |         |                     |  |  |
| 1     | Wages, salaries, unemployment compensa                                                 | tion and/       | or tips,              | a \$            |                                                                                                                                |             |          |          |           |                                | 00      |         |                     |  |  |
| )     | Business income or loss, see instructions.                                             |                 | Fill in if loss       | _ b             |                                                                                                                                |             |          |          |           |                                | 00      |         |                     |  |  |
| ;     | Capital gain (or loss).                                                                |                 | Fill in if loss       | O c             |                                                                                                                                |             |          |          |           |                                | .00     |         |                     |  |  |
| t     | Rental real estate, royalties, partnerships                                            | , etc.          | Fill in if loss       | _ d 3           |                                                                                                                                |             |          |          |           |                                | 00      |         |                     |  |  |
| Cor   | mputation of DC Gross and Adjusted Gro                                                 | oss Inco        | me                    |                 |                                                                                                                                |             |          |          |           |                                |         |         |                     |  |  |
| 3     | Federal adjusted gross income. From adjust Forms 1040, 1040A, 1040EZ, 1040NR, or 1040N | ed gross inc    |                       | federal I       | ill in if lo                                                                                                                   | ss 🔵        | 3        |          |           |                                |         |         |                     |  |  |
| ۸da   | ditions to DC Income                                                                   |                 |                       |                 |                                                                                                                                |             |          |          |           |                                |         |         |                     |  |  |
| 1     | Franchise tax deducted on federal forms,                                               | see instruction | ins.                  |                 |                                                                                                                                |             | 4        |          |           |                                |         |         |                     |  |  |
| 5     | Other additions from DC Schedule I, Cald                                               | culation A      | A, Line 8.            |                 |                                                                                                                                |             | 5        |          |           |                                |         |         |                     |  |  |
| ò     | Add Lines 3, 4 and 5.                                                                  |                 |                       |                 | ill in if lo                                                                                                                   | ss 🔘        | 6        |          |           |                                |         |         |                     |  |  |
| Sul   | btractions from DC Income                                                              |                 |                       |                 |                                                                                                                                |             |          |          |           |                                |         |         |                     |  |  |
| 7     | Part year residents, enter income receive                                              | d during        | period of r           | onresider       | ICE, see ii                                                                                                                    | nstructions | . 7      |          |           |                                |         |         |                     |  |  |
| 8     | Taxable refunds, credits or offsets of state                                           | e and loc       | al income             | tax.            |                                                                                                                                |             | 8        |          |           |                                |         |         |                     |  |  |
| 9     | Taxable amount of social security and tie                                              | r 1 railro      | ad retirem            | ent             |                                                                                                                                |             | 9        |          |           |                                |         |         |                     |  |  |
| 10    | Income reported and taxed this year on a                                               | DC fran         | chise or fid          | uciary retu     | n.                                                                                                                             |             | 10       |          |           |                                |         |         |                     |  |  |
| 11    | DC and federal government survivor ben                                                 |                 |                       |                 |                                                                                                                                |             | 11       |          |           |                                |         |         |                     |  |  |
|       | _                                                                                      |                 |                       | 16              |                                                                                                                                |             | 12       |          |           |                                |         |         |                     |  |  |
| 12    | Other subtractions from DC Schedule I, (                                               |                 | D, LINE               | 10.             |                                                                                                                                |             | 13       |          |           |                                |         |         |                     |  |  |
| 13    | Total subtractions from DC income, Lines                                               | /-12.           |                       |                 |                                                                                                                                |             | 13       |          |           |                                |         |         |                     |  |  |
| 13    | DC adjusted gross income, Line 6 minus Li                                              |                 |                       |                 |                                                                                                                                |             | 14       |          |           |                                |         |         |                     |  |  |

Revised 08/17 File order 1

| D-40 PAGE 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                        |     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----|
| Enter your last name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                        |     |
| Enter your TIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                        |     |
| 15 Deduction type. Take the same type as you took on your federal return. Fill in which type:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | -                                                      |     |
| Standard or Itemized See instructions for amount to enter on Line 16.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                        |     |
| 16 DC deduction amount. Do not copy from federal return. For amount to enter, see instructions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 16 \$                                                  | 00  |
| Number of exemptions. If more than 1, or if you or your spouse/registered domestic partner 17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                        |     |
| are over 65 or blind, attach a completed Calculation G, Schedule S.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                        | 0.0 |
| 18 Exemption amount. Multiply \$1,775 by number on Line 18. Part-year DC residents see instructions on page 25.  If federal AGI is greater than \$150,000, see instructions on page 27.                                                                                                                                                                                                                                                                                                                                                                                             | 18 \$                                                  | .00 |
| 19 Add Lines 16 and 18.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 19 \$                                                  | .00 |
| 20 DC taxable income. Subtract Line 19 from Line 14. Enter result.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 20 \$                                                  | .00 |
| DC tax, credits and payments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                        |     |
| 21 Tax. If Line 20 is \$100,000 or less, use tax tables to find the tax, If more, use Calculation I in instructions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 21 \$                                                  | .00 |
| Fill in if filing separately on same return.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 22 \$                                                  | 00  |
| From federal form 2441; if part-year DC resident, from Line 5, DC Form 2441                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 22 9                                                   | 00  |
| 23 Non-refundable credits from DC Schedule U, Part 1a, Line 8. Attach Schedule U.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 23 \$                                                  | .00 |
| 24 DC Low Income Credit. Use Calc. LIC/EITC to see if LIC or EITC is a greater benefit. See instructions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 24 \$                                                  | .00 |
| 24a Enter the number of exemptions claimed on your federal return if claiming LIC. 24a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                        |     |
| 25 Total non-refundable credits. <i>Add Lines</i> 22, 23 and 24.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 25 \$                                                  | .00 |
| 26 Total Tax. Subtract Line 25 from Line 21. If Line 21 is less than Line 25 leave Line 26 blank.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 26 \$                                                  | 00  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                        | 00  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 0.71 €                                                 | .00 |
| 27a Enter the number of qualified EITC children. 27b Enter earned income amount.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 27b\$                                                  |     |
| 27c For filers <b>with</b> qualifying children. Enter federal EIC \$ .00 X .40 Enter result >                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 27d\$                                                  | 00  |
| 27e For filers <b>without</b> qualifying children. See <i>instructions for special calculations</i> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 27e                                                    | .00 |
| 28 Property Tax Credit. From your DC Schedule H; attach a copy.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 28 \$                                                  | .00 |
| 29 Refundable credits from DC Schedule U, Part 1b, Line 3. Attach Schedule U.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 29 \$                                                  | .00 |
| 30 DC income tax withheld shown on Forms W-2 and 1099. Attach these forms.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 30 \$                                                  | 00  |
| 31 2017 estimated income tax payments and amount applied from 2016 return.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 31 \$                                                  | .00 |
| 32 Tax paid with extension of time to file.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 32 \$                                                  | .00 |
| 33 Tax paid with original return if this is an amended return.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 33 \$                                                  | .00 |
| 34 Total payments and refundable credits. <i>Add Lines 27d or 27e and 28 - 32.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 34 \$                                                  | .00 |
| 35 Tax Due. Subtract Line 34 from Line 26.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 35 \$                                                  | 00  |
| 36 Amount overpaid. Subtract Line 26 from Line 34.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 36 \$                                                  | 00  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 37 \$                                                  | 00  |
| 37 Amount applied to your 2018 estimated tax.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 38 \$                                                  | 00  |
| 38 Underpayment Interest. Fill in the oval if Form D-2210 is attached.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                        | 00  |
| 39 Contribution amount from Schedule U, Part II, Line 5 or 6. (Can not exceed refund amount on Line 41)                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 39 \$                                                  |     |
| 40 Total Amount Due. <i>Add Lines 35, 38 and 39.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 40 \$                                                  | 00  |
| 41 Net Refund. Subtract total of Lines 37, 38 and 39 from Line 36.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 41 \$                                                  | 00  |
| Will this refund go to an account outside the U.S.?  Yes No See instructions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                        |     |
| 42 Fill in if either spouse is claiming injured spouse protection.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                        |     |
| Refund Options: For information on the tax refund card and program limitations, see instructions or visit our Mark one refund choice: Direct deposit Reliacard Paper check  Direct Deposit. To have your refund deposited to your checking OR savings account, fill in oval and enter bank to Routing Number Account Number                                                                                                                                                                                                                                                         |                                                        |     |
| Designee's name Phone number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ne number of that person. See instructions.            |     |
| Signature Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid prepared to the penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid prepared to the penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid prepared to the penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. | parer is based on information available to the prepare | er. |
| Your signature Date Preparer's signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Date                                                   |     |
| Spouse's/domestic partner's signature if filing jointly or separately on same return  Date  Preparer's Tax Identification Number                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (PTIN) PTIN telephone number                           |     |