



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

## D-40 Individual





	rsonal information			Fill in Fill in								truction: e instru	J.	officia Vendo		only #0000
You	r taxpayer identification number (TIN) and Date o	f Birth (MMDD	ΫΥΥΥΥ)	Spouse's												
You	ur fi rst name	M.I.	Last name													
Spc	use's/registered domestic partner's first name	M.I.	Last name													
Spo		101.1.	Last name													
Hor	ne address (number, street and apartment number if a	applicable)														
City						Stat	te	Zij	o Cod	e +4						
Fili	ng status Single, Mar	ried filing join	ntly, 🔘 I	Married f	iling se	eparat	tely,	$\bigcirc$	Depe	enden	t clair	ned by	/ some	one els	se	
1	Fill in only one: Married fi ling separate	arately on sa	me return <i>E</i>	nter com	bined a	amour	nts for	Line	s 4–4	2. Se	e instr	ruction	s.			
	Registered domest	ic partners fi	lingjointly o	or 🔵	fi ling s	separa	ately o	on sa	ne re	turn						
	Head of household															
2	Fill in if you are: Qualifying widow(e					epend										
2	Fill in if you are: Part-year resident  Complete your federal return			MMDD)		info		/DD)			structio					
Inc	come Information	in inst – Li	inter your o	Jepeno		cents to	o neare:	st dolla	r. If ar	nount i		leave lin	e blank;			
а	Wages, salaries, unemployment compens	ation and/or	tips,	a S									.00			
b	Business income or loss, see instructions.		Fill in if loss	b									.00			
С	Capital gain (or loss).		Fill in if loss	) c									00			
d	Rental real estate, royalties, partnership	os, etc.	Fill in if loss	d									00			
Со	mputation of DC Gross and Adjusted G	ross Incom	е													
3	Federal adjusted gross income. From adjust Forms 1040, 1040A, 1040EZ, 1040NR, or 1040I	sted gross inco		deral	Fill in if	loss		3 3								.00
٨d	ditions to DC Income															
<u>Au</u> 4	Franchise tax deducted on federal forms							4 3								.00
5	Other additions from DC Schedule I, Ca							4 4 5 9								00
	Add Lines 3, 4 and 5.	iculation A,	LITE O.			1		5 3 6 3								.00
6					Fill in if	1055		0 4								00
	Ibtractions from DC Income	ad during p	oriod of no	procido	200			7								00
7	Part year residents, enter income receiv				ICE, se	e instru										00
8	Taxable refunds, credits or offsets of sta							8								
9	Taxable amount of social security and ti From federal Forms 1040 or 1040A.	ier 1 railroa	d retiremer	nt				9								.00
10																0(
	Income reported and taxed this year on	a DC franct	nise or fiduc	iary retu	rn.			10 \								.00
11				iary retu	rn.			10 11								.00
11 12	DC and federal government survivor be	nefits, see insti	ructions.	-	rn.											
	DC and federal government survivor be Other subtractions from DC Schedule I,	nefits, see insti Calculation	ructions.	-	rn.			11								.00

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

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
17 Number of exemptions. If more than 1, or if you or your spouse/registered domestic partner 17		
<ul> <li>are over 65 or blind, attach a completed Calculation G, Schedule S.</li> <li>18 Exemption amount. Multiply \$1,775 by number on Line 18. Part-year DC residents see instructions on page 25.</li> </ul>	18 \$	00
If federal AGI is greater than \$150,000, see instructions on page 27.		
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. Fill in if filing separately on same return. @mplete Calculation J on Schedule S.	21 \$	.00
22 Credit for child and dependent care expenses. \$ .00 X .32 Enter result >	22 \$	.00
From federal form 2441; if part-year DC resident, from Line 5, DC Form 2441		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		0.0
25 Total non-refundable credits. Add Lines 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
27 DC Earned Income Tax Credit. Leave blank if you took Line 24 DC Low Income Credit (LIC).		
27a Enter the number of qualified EITC children. 27b Enter earned income amount.	27b\$	.00
27c For filers with qualifying children. Enter federal EIC \$ .00 X .40 Enter result >	27d\$	.00
	27e\$	.00
27e For filers without qualifying children. See instructions for special calculations.Enter result >28 Property Tax Credit. From your DC Schedule H; attach a copy.Enter result >	28 \$	.00
29 Refundable credits from DC Schedule U, Part 1b, Line 3. <i>Attach Schedule U.</i>	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 \$	00
35 Tax Due. Subtract Line 34 from Line 26.	36 \$	00
36 Amount overpaid. Subtract Line 26 from Line 34.	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. Add Lines 35, 38 and 39.	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 $\bigcirc$ 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	r website <u>MyTax.DC.gov</u> .	
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 Routing Number Account Number		
Third party designee To authorize another person to discuss this return with OTR, fill in here and enter the name and pho Designee's name Phone number	one 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 pre-	eparer is based on information available to the preparer.	
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	r (PTIN) PTIN telephone number	