

2017 D-40 SUB Individual Income Tax Return



SOFTWARE DEVELOPER USE ONLY VENDOR ID # 1234

Personal information

Telephone number 1234567890
Mark if X Amended return
Mark if X Filing for a deceased taxpayer
Your Taxpayer Identification Number (TIN) 123456789 and Date of Birth (MMDDYYYY) 12345678
Spouse's/registered domestic partner's TIN 123456789 and Date of Birth (MMDDYYYY) 12345678
Your first name ABCDEFGHIJKLMNOP M.I. A Last name ABCDEFGHIJKLMNOP
Spouse's/registered domestic partner's first name M.I. A Last name ABCDEFGHIJKLMNOP
Home address(number, street and suite/apartment number if applicable)
12345ABCDEFHIJKLMNOPABCDEFGHIJKLA
12345ABCDEFHIJKLMNOPABCDEFGHIJKLA
City ABCDEFGHIJKLMNOP State AB ZIP Code +4 123456789

Filing Status

X Single X Married filing jointly X Married filing separately X Dependent claimed by someone else
1 Mark only one: X Married filing separately on same return Enter combined amounts for lines 4 - 42. See instructions.
X Registered domestic partners filing jointly or X filing separately on same return
X Head of household Enter qualifying dependent and/or non-dependent information on Schedule S.
X Qualifying widow(er) with dependent child. Enter qualifying dependent information on Schedule S.
2 Mark if you are: X Part-year resident in DC from 0000 (MMDD) to 0000 (MMDD) See instructions.

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

Income Information

a Wages, salaries, unemployment compensation and/or tips, see instructions a \$123456789.00
b Business income or loss, see instructions. Mark if loss X b \$123456789.00
c Capital gain (or loss). Mark if loss X c \$123456789.00
d Rental real estate, royalties, partnerships, etc. Mark if loss X d \$123456789.00

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. Mark if loss X 3 \$123456789.00

Additions to DC Income

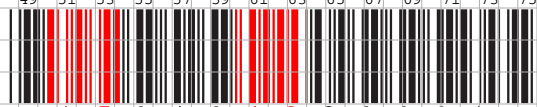
4 Franchise tax deducted on federal forms, see instructions. 4 \$123456789.00
5 Other additions from DC Schedule I, Calculation A, Line 8. 5 \$123456789.00
6 Add Lines 3, 4 and 5. Mark if loss X 6 \$123456789.00

Subtractions from DC Income

7 Part year residents, enter income received during period of nonresidence, see instructions. 7 \$123456789.00
8 Taxable refunds, credits or offsets of state and local income tax. 8 \$123456789.00
9 Taxable amount of social security and tier 1 railroad retirement 9 \$123456789.00
10 Income reported and taxed this year on a DC franchise or fiduciary return. 10 \$123456789.00
11 DC and federal government survivor benefits, see instructions. 11 \$123456789.00
12 Other subtractions from DC Schedule I, Calculation B, Line 16. 12 \$123456789.00
13 Total subtractions from DC income, Lines 7 - 12. 13 \$123456789.00
14 DC adjusted gross income, Line 6 minus Line 13. Mark if loss X 14 \$123456789.00

Enter your last name
Enter your TIN

ABCDEFGHIJKLMN
123456789



1 7 0 4 0 4 S 2 0 0 0 1

Table with 3 columns: Line number, Description, Amount. Includes lines 15-20 for Deduction type, DC deduction amount, Exemption amount, and DC Taxable income.

DC tax, credits and payments

Table with 3 columns: Line number, Description, Amount. Includes lines 21-42 for Tax, Credit for child and dependent care expenses, Non-refundable credits, DC Low Income Credit, DC Earned Income Tax Credit, and Refundable credits.

Refund Options: For information on the tax refund card and program limitations, see instructions or visit our website: MyTax.DC.gov

Make one refund choice: Direct deposit, ReliaCard (See instructions), Paper check

Direct Deposit: To have your refund deposited to your checking OR savings account, mark X and enter bank routing and account numbers.

Third Party Designee: To authorize another person discuss this return with OTR, mark here X and enter the name and phone number of that person

Signature: Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct.

Your signature, Date, Preparer's signature, Date, Spouse's/registered domestic partner's signature if filing jointly, Date, Preparer's Tax Identification Number (PTIN), PTIN telephone number