	Government of the District of Columbia	2017 D-4	0EZ SUB	Income T	ax Return							
			and Joint File									•
												++
	Personal information		Eiling Otat	Mark if Y c		ling jointly, X Res						┿┼
	Your telephone number	12345678	90			Dependent claimed by				tiy, ended return		+
	Your taxpayer identificatio			1MDDYYYY) Spot	use's/registered dom	estic partner's TIN	and Date of Birth					\square
	123456789		00000000	12	23456789		0000000	0				
BACK	Your first name ABCDEFGHI			M.I.		ECHIIKI		<u>~</u> ц				
IN B/	Spouse's/registered domes		me	А	Last name	EFGHIJKL		ап	SOFTWA	RE DEVELOPER	USE ONLY	
	ABCDEFGHI			Α		EFGHIJKL	ABCDEE	ЭН	VENDOR	R ID # 1234	ļ –	
UPPER LEFT	Home address(number, st	reetand suite/apartn		licable)								
N U	12345ABCDE											
ENTS	ABCDEFGHI	KLABCDE	FGHIJKLA	ABCDEF								\square
DOCUMENTS	City State Zip code + 4 ABCDEFGHIJKLABCDEFGH AB 123456789										\square	
			nemployment o	compensation			60103	1	\$ 1'	23456.0	0	┿┼
ESTE			dividends (If			Form D-40.)		2		23456.0		+
REQUESTED			dd Lines 1 and 2					3		23456.0		
OTHER F				-		ly, enter <mark>\$13,825</mark> ,		4	\$ 12	23456.0	0	
E OT	or if claimed as a								<u>т</u> 4 4			
STAPLE	5 DC taxable inc If more than \$1			ie 4 is equal to	or more than Lin	e 3, make no entry	<u>.</u>	5	⇒12	23456.0	U	+
Ē.			he tax on the Lir	ne 5 amount				6	\$ -	12345.0	0	+
					C is a greater ber	nefit. See instructi	ons.	7		12345.0		+
ų	7a Enter number	of exemptions	claimed on you	ur federal reti	urn.		7a 01					
S HERE			ne 6. If Line 7 is			ake no entry.		8		12345.0		
MENT	9a Contribution to		-		ldren at Risk.			9a		12345.0		#
STATEMENTS	9b Contribution to 9c Contribution to		hood Delegatic /er Cleanup an		Fund			9b		12345.0		+
	9d		RESERVED					9c 9d		12345.0 12345.0		+
OTHER WITHHOLDING	10 Tax and/or cor	tribution(s) Ad		b, 9c and 9d.				10		12345.0		+
ITHH	11 Total DC incor							11	\$ ·	12345.0		
ER W				-		n amended retu	rn.	12	•	12345.0		\square
OTHI			<u>it.</u> Leave blank					1.01	~ ·	10045 0		+
ANY	13a Enter number			01	13b Enter y 5 1234.00	our earned inco	ome amount result >	13b 13d		12345.0 12345.0	-	+
AND ANY	13c For filers with 13e For filers with						result > result >	13u		12345.0		+
W-2s			its. Add lines					14		12345.0		
STAPLE	1.0											\square
ST	15 TOTAL AMOL	NT DUE. If Li	ne 10 is the large	r, subtract Line	14 from Line 10	. See payment opt	ions in instructio	ons.15	\$	12345.0)0	+
	16 TOTAL REFU		Line 14 is the la	rger subtract Li	ine 10 from Line	14		16	\$	12345.0		+
						L-7.		01	Ψ	.2070.0		+
	Will this refund go t	o an account	outside of the	: U.S.? Хү	res X No	See instructions	3					Ħ
	Refund Options: F											
	Make one refund choi	ce: X Direct	t deposit	ReliaCard (S)	See instructions)	X Paper	check					\square
												┢┼
\vdash	Direct Deposit To	nave your refund	l deposited to yo	our X checkir	ng OR 👗 savi	ngs account, mar	k X and enter b	ank rou	iting an	nd account n	umbers.	+
	Routing Nu	mber XXX	XXXXXX	4	Account Num	ber XXXXX	XXXXXXX	XXX	XXX			\square
	Third Party Designee						enter the name	and ph	none nu			
	Designee's name									4567890	-	4
	Signature Under pena	Ities of law, I declare	that I have examined t				ration of paid prepare	er is base	d on infor		to the preparer.	+
	Your signature			Date	e Pr	eparer's signature				Date		+
	Spouse's/registe	ed domestic partne	r's signature if filing	g jointly Date	e Pr	eparer's Tax Identifica	ation Number (PTIN	۷)	PTIN te	lephone numbe	er	
					1	23456789			123	456789	90	
												1