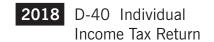
Revised 09/18



## 2D BARCODE TEST #4

| <b>▲</b>  |                   | rsonal information<br>r telephone number  | Fill in if: Filing an          | amended return. See instructions.  | OFFICIAL USE ONLY<br>Vendor ID#0000 |
|---|-------------------|---|--------------------------------|--|-------------------------------------|
| STAPLE OTHER DOCUMENTS IN UPPER LEFT IN BACK          | You               | r taxpayer identification number (TIN) and Date of Birth (MMDDYYYY)                                     | Spouse's/registered dome       | stic partner's TIN and Date of Birth (   | (MMDDYYYY)                          |
| ER LE   | You               | ır first name   |                                |  | Fill in if Deceased                 |
| I UPPI  | Spo               | use's/registered domestic partner's first name  |                                |  |                                     |
| NTS II  | Ė                 |   |                                |  |                                     |
| CUME  | Hon               | ne address (number, street and suite/apartment number if applicable)                                    |                                |  |                                     |
| ER DO   |                   |   |                                |  |                                     |
| OTHE  |                   |   |                                |  |                                     |
| TAPLE   | City              |   | State                          | Zip Code +4  |                                     |
| S.  | <u></u>           |   |                                |  |                                     |
|   | <u>Filir</u><br>1 | ng status Single, Married filing jointly,  Fill in only one: Married filing separately on same return E | Married filing separately,     |  | neone else                          |
| 님   | -                 | Registered domestic partners filing jointly   |                                |  |                                     |
| S HE  |                   | Head of household Enter qualifying depen  | dent and/or non-dependen       | t information on Schedule S.   |                                     |
| MENT  | 2                 | Qualifying widow(er) with dependent child   |                                |  | Considerations                      |
| STATE   |                   | Part-year resident in DC from (MMDDYYY)  Complete your federal return first – Enter you                 |                                |  | See instructions.                   |
| DING  | Inco              | ome Information   | Round cents to nearest         | t dollar. If amount is zero, leave line blank;<br>enter amount and fill in oval. |                                     |
| HHOL  | а                 | Wages, salaries, unemployment compensation and/or tips,   | a \$                           | .00  | )                                   |
| WIT   | b                 | see instructions.  Business income or loss, see instructions.  Fill in if loss                          | <b>b</b> \$                    | .00  | )                                   |
| STAPLE W-2s AND ANY OTHER WITHHOLDING STATEMENTS HERE | С                 | Capital gain (or loss).   | oc\$                           | .00  | )                                   |
|   | d                 | Rental real estate, royalties, partnerships, etc. Fill in if loss                                       | od \$                          | 000  | )                                   |
| s AND   | Con               | nputation of DC Gross and Adjusted Gross Income   |                                |  |                                     |
| E W-2   |                   | Federal adjusted gross income. From adjusted gross income lines on fe                                   | deral Fill in if loss          | 3 \$   | 00                                  |
| TAPLE   | ı                 | Forms 1040, 1040A, 1040EZ, or 1040NR  |                                |  |                                     |
| 0)  | Add               | litions to DC Income  |                                |  | 00                                  |
|   | 4                 | Franchise tax deducted on federal forms, see instructions.  |                                | 4 \$   | .00                                 |
|   | 5                 | Other additions from DC Schedule I, Calculation A, Line 8.  |                                | 5 \$   | 00                                  |
|   | 6                 | Add Lines 3, 4 and 5.   | Fill in if loss                | 6 \$   | .00                                 |
|   | Sub               | stractions from DC Income   |                                |  |                                     |
|   | 7                 | Part year residents, enter income received during period of no  | onresidence, see instructions. | 7 \$   | .00                                 |
|   | 8                 | Taxable refunds, credits or offsets of state and local income to  | ax.                            | 8 \$   | .00                                 |
|   | 9                 | Taxable amount of social security and tier 1 railroad retirement  | nt                             | 9 \$   | .00                                 |
|   | 10                | Income reported and taxed this year on a DC franchise or fide   | uciary return.                 | 10 \$  | .00                                 |
|   | 11                | DC and federal government survivor benefits, see instructions.  |                                | 11 \$  | .00                                 |
|   | 12                | Other subtractions from DC Schedule I, Calculation B, Line 1  | 6.                             | 12 \$  | 00                                  |
|   | 13                | Total subtractions from DC income, Lines 7-12.  |                                | 13 \$  |                                     |
|   | 14                | DC adjusted gross income, Line 6 minus Line 13.   | Fill in if loss                | 14 \$  | .00                                 |

File order 1

| D-  | 40 PAGE 2  |   |                             |  |  |  |  |  |
|---|--|---|-----------------------------|--|--|--|--|--|
| En  | ter your last name.  |   |                             |  |  |  |  |  |
| Fn  | ter your TIN   |   |                             |  |  |  |  |  |
|   |  | Itomizad Oo : , , , ;                       |                             |  |  |  |  |  |
| 15<br>16  | Deduction type. Take the same type as you took on your federal return. Fill in which type: Standard or DC deduction amount. Do not copy from federal return. For amount to enter, see instructions.  | Itemized See instructions for a             | amount to enter on Line 16. |  |  |  |  |  |
| 17  | DC taxable income. Subtract Line 16 from Line 14 Fill in if loss   |   |                             |  |  |  |  |  |
| 18  | Tax. If Line 17 is \$100,000 or less, use tax tables to find the tax, if more, use Calculation I in instructions.  | 17 \$                                       | 00                          |  |  |  |  |  |
| 10  | Fill in if filing separately on same return. Complete Calculation J on Schedule S.   | 18 \$                                       | .00                         |  |  |  |  |  |
| 19  |  | 19 \$                                       | 00                          |  |  |  |  |  |
| 20  | Non-refundable credits from DC Schedule U, Part 1a, Line 7. Attach Schedule U.   | 20 \$                                       | 00                          |  |  |  |  |  |
| 21  | Total non-refundable credits. Add Line 19 and Line 20.   | 21 \$                                       | 00                          |  |  |  |  |  |
| 22  | Total tax. Subtract Line 21 from Line 18. If Line 18 is less than Line 21 leave Line 22 blank.   | 22 \$                                       | 00                          |  |  |  |  |  |
| 23  | DC Earned Income Tax Credit  | 23 \$                                       | 00                          |  |  |  |  |  |
|   | a Enter the number of qualified EITC children.  23b Enter earned income amount   |   | 00                          |  |  |  |  |  |
|   |  |   |                             |  |  |  |  |  |
|   | 7  | 23d \$                                      | 00                          |  |  |  |  |  |
| st 23   | e For filers <b>without</b> qualifying children. See <i>instructions for special calculations</i> .  Enter result >  | 23e \$                                      | 00                          |  |  |  |  |  |
| payments<br>5<br>7<br>7<br>7<br>7<br>7<br>7<br>7<br>7<br>7<br>7<br>7<br>7 | Property Tax Credit. From your DC Schedule H; attach a copy.   | 24 \$                                       | 00                          |  |  |  |  |  |
| <u>8</u> 25   | Refundable credits from DC Schedule U, Part 1b, Line 3. Attach Schedule U.   | 25 \$                                       | .00                         |  |  |  |  |  |
| credit and 27   | DC income tax withheld shown on Forms W-2 and 1099. Attach these forms.  | 26 \$                                       | .00                         |  |  |  |  |  |
| <u>j</u> 27   | 2018 estimated income tax payments and amount applied from 2017 return.  | 27 \$                                       | 00                          |  |  |  |  |  |
| 82 <u>x</u>   | Tax paid with Form FR-127 Extension of Time to File.   | 28 \$                                       | 00                          |  |  |  |  |  |
| 29  | If this is an amended 2018 return, enter payments made with original 2018 D-40 return.   | 29 \$                                       | 00                          |  |  |  |  |  |
| 30  | If this is an amended 2018 return, enter refunds requested with original 2018 D-40 return.   | 30 \$                                       | 00                          |  |  |  |  |  |
| 31  | Total payments and refundable credits. Add Line 23d or 23e through Line 29. (Do not include Line 30).  | 31 \$                                       | 00                          |  |  |  |  |  |
| 32  | Tax Due. Subtract Line 31 from Line 22.  | 32 \$                                       | .00                         |  |  |  |  |  |
| 33  | Amount to be overpaid. Subtract Line 22 from Line 31.  Amount applied to your 2019 estimated tax.  | 33 \$                                       | 00                          |  |  |  |  |  |
| 34<br>35  | Underpayment Interest. Fill in the oval and attach Form D-2210.  | 34 \$<br>35 \$                              | 00                          |  |  |  |  |  |
| 36  | Contribution amount from Schedule U, Part II, Line 5 or 6. (Cannot exceed refund amount on Line 38)  | 36 \$                                       | 00                          |  |  |  |  |  |
| 37  | Total Amount Due. Add Lines 32, 35 and 36.   | 37 \$                                       | 00                          |  |  |  |  |  |
| 38  | Net Refund. Subtract total of Lines 34, 35 and 36 from Line 33.  | 38 \$                                       | 00                          |  |  |  |  |  |
|   | Will this refund go to an account outside the U.S.? Yes No See instructions.   |   |                             |  |  |  |  |  |
| 39  | 39 Fill in if either spouse is claiming injured spouse protection. You <b>must</b> attach Form DC-8379.  |   |                             |  |  |  |  |  |
|   | Refund Options: For information on the tax refund card and program limitations, see instructions or visit our website MyTax.DC.gov.  |   |                             |  |  |  |  |  |
|   | Mark <u>one</u> refund choice: Direct deposit or Paper check  Direct Deposit. To have your refund deposited to your checking or savings account, fill in oval and enter bank routing and account numbers. See instructions.  |   |                             |  |  |  |  |  |
|   | Routing Number Account Number  |   |                             |  |  |  |  |  |
|   | d party designee To authorize another person to discuss this return with OTR, fill in here and enter the name and pho<br>gnee's name Phone number  | one number of that person. See ins          | tructions.                  |  |  |  |  |  |
| _   | nature 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 principles of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid principles of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid principles of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid principles of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid principles of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid principles of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. | reparer is based on information available t | to the preparer.<br>Date    |  |  |  |  |  |
| Spou  | se's/registered domestic partner's signature if filing jointly or separately on same return Date Preparer's Tax Identification Number  | (PTIN) PTIN telephone number                |                             |  |  |  |  |  |