



## 2D BARCODE TEST #5.1

×		rsonal information In telephone number	Fill in 🔵 if: Filing an	amended return. See instruction	OFFICIAL USE ONLY Vendor ID#0000		
IN BACK	You	Ir taxpayer identification number (TIN) and Date of Birth (MMDDYYYY)	Spouse's/registered dome	estic partner's TIN and Date of	Birth (MMDDYYYY)		
DOCUMENTS IN UPPER LEFT	Υοι	ur first name			Fill in if Deceased		
TS IN	Spo	buse's/registered domestic partner's first name					
UMEN	Hon	ne address (number, street and suite/apartment number if applicable)					
R DOC							
OTHER							
STAPLE	City		State	Zip Code +4			
с Г	Filir	n <u>g status</u> Single, Married filing jointly, N	Apprind filing congrately	Dependent elaimed h			
	1	ng status       Single,       Married filing jointly,       N         Fill in only one:       Married filing separately on same return En	larried filing separately, ter combined amounts fo	· ·			
ERE	Registered domestic partners filing jointly or filing separately on same return						
UTS HE		Head of household Enter qualifying dependence Qualifying widow(er) with dependent child					
LEMEN	2	Fill in if you are: Part-year resident in DC from (MMDDYYYY)	Liner quantying depende	to	See instructions.		
STAPLE W-2s AND ANY OTHER WITHHOLDING STATEMENTS HERE	Complete your federal return first – Enter your dependents' information on DC Schedule S     Round cents to nearest dollar. If amount is zero, leave line blank;						
OLDIN		ome Information	if minus,	, enter amount and fill in oval.			
ИТНН	a h	Wages, salaries, unemployment compensation and/or tips, see instructions.	a 5 5 b 5		00		
HER V	b	Business income or loss, see instructions.     Fill in if loss       Capital gain (or loss)     Fill in if loss			00		
NY OT	c d	Capital gain (or loss). Fill in if loss Fill i	d \$		.00		
AND A							
W-2s /		nputation of DC Gross and Adjusted Gross Income Federal adjusted gross income. From adjusted gross income lines on fede	ral Fill in if loss	3 \$	.00		
APLE		Forms 1040, 1040A, 1040EZ, or 1040NR					
ST	<u>Adc</u>	litions to DC Income					
	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		
		ptractions from DC Income					
	7	Part year residents, enter income received during period of non		.7 \$			
	8	Taxable refunds, credits or offsets of state and local income tax		8 \$	.00		
	9	Taxable amount of social security and tier 1 railroad retirement		9 \$	00		
	10	Income reported and taxed this year on a DC franchise or fiduc	lary return.	10 \$	.00		
	11	DC and federal government survivor benefits, see instructions.		11 \$	00		
	12 13	Other subtractions from DC Schedule I, Calculation B, Line 16 Total subtractions from DC income, Lines 7-12.		12 \$	.00		
	13 14	DC adjusted gross income, Line 6 minus Line 13.	Fill in if loss	13 \$	00		
	14	Do aujusteu gross income, Line 6 minus Line 13.		14 5	00		

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En	ier your last name.							
Ent	er your TIN							
15	Deduction type. Take the same type as you took on your federal return. Fill in which type: Standard 🔘 or	Itemized Osee instructions for amount to enter on L	ine 16.					
16	DC deduction amount. Do not copy from federal return. For amount to enter, see instructions.	16 \$	00					
17	<b>DC taxable income.</b> Subtract Line 16 from Line 14 Fill in if loss	17 \$	00					
18	Tax. If Line 17 is \$100,000 or less, use tax tables to find the tax, if more, use Calculation I in instructions.		00					
	Fill in if filing separately on same return. Complete Calculation J on Schedule S.	18 \$	00					
19	Credit for child and dependent care expenses       \$ .00 X .32 Enter result >         From federal Form 2441; if part-year DC resident, from Line 5, DC Form 2441	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					
230	c For filers with qualifying children. Enter federal EIC \$ .00 X .40 Enter result >	23d \$	00					
്വ 23	e For filers without qualifying children. See instructions for special calculations. Enter result >	23e \$	00					
иец 24	Property Tax Credit. From your DC Schedule H; attach a copy.	24 \$	00					
payments 5 5 7 2 7 2 7 2 2 2 2 2 2 2 2 2 2 2 2 2	Refundable credits from DC Schedule U, Part 1b, Line 3. Attach Schedule U.	25 \$	00					
and 26	DC income tax withheld shown on Forms W-2 and 1099. Attach these forms.	26 \$	00					
credit and 55 dit	2018 estimated income tax payments and amount applied from 2017 return.	27 \$	00					
tax, ci 82 ci	Tax paid with Form FR-127 Extension of Time to File.	28 \$	00					
C 19	If this is an amended 2018 return, enter payments made with original 2018 D-40 return.							
30	If this is an amended 2018 return, enter refunds requested with original 2018 D-40 return.	29 \$	00					
31	Total payments and refundable credits. Add Line 23d or 23e through Line 29. (Do not include Line 30).	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.	33 \$	00					
34	Amount applied to your 2019 estimated tax.	34 \$	00					
35	Underpayment Interest. Fill in the oval and attach Form D-2210.	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.		00					
39	Fill in if either spouse is claiming injured spouse protection. You <b>must</b> attach Form DC-837	79.						
_	und Options: For information on the tax refund card and program limitations, see instructions or visit ou							
	-	per check						
Dire	ect Deposit. To have your refund deposited to your <b>checking or savings</b> account, fill in oval and enter bank ro	uting and account numbers. See instructions.						
	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 phone number of that person. See instructions.         Designee's name       Phone number							
0	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 preparer is based on information available to the preparer.         Your signature       Date         Preparer's signature       Date							
Spou	Spouse's/registered domestic partner's signature if filing jointly or separately on same return Date Preparer's Tax Identification Number (PTIN) PTIN telephone number							

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