Government of the
District of Columbia

2019 D-40 SUB Individual
Income Tax Return

1 9 0 4 0 4 S 1 0 0 0 1

SOFTWARE DEVELOPER USE ONLY VENDOR ID # 1234

Personal information

Your telephone number
1234567890

Mark X if: Filing an **amended return.** *See instructions.*

Your Taxpayer Identification Number (TIN) and Date of Birth (MMDDYYYY)   Spouse's/registered domestic partner's TIN   and Date of Birth (MMDDYYYY)
123456789   12345678   123456789   12345678

Your first name	M.I.	LastName	Mark if Deceased
ABCDEFGHIJKLABC	A	ABCDEFGHIJKLABCDEFGH	X

Spouse's/registered domestic partner's first name	M.I.	Lastname	Mark if Deceased
ABCDEFGHIJKLABC	A	ABCDEFGHIJKLABCDEFGH	X

Home address (number, street and suite/apartment number If applicable)
12345ABCDEFGHIJKLABCDEFGHIJKLA
12345ABCDEFGHIJKLABCDEFGHIJKLA

City	State	ZIP Code +4
ABCDEFGHIJKLABCDEFGH	AB	123456789

Filing Status

1 *Mark only one:*   X Single,   X Married filing jointly, X Married filing separately, X Dependent claimed by someone else

X Married filing separately on same return *Enter combined amounts for lines 5 - 45.* See *instructions.*

X Registered domestic partners filing jointly or X filing separately on same return *Enter combined amounts for Lines 5-45. See instructions.*

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* 00000000 *to* 00000000 *See instructions.*
(MMDDYYYY)   (MMDDYYYY)

3 *Fill in ONLY if Full-year health coverage or exempt, see instructions* X

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

4 Federal adjusted gross income. From adjusted gross income lines on federal   Mark if loss X   4 $123456789.00
Forms 1040, 1040-SR, 1040-NR or 1040-NR-EZ.

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Enter your last name   ABCDEFGHIJKLABCDEFGH

Enter your TIN   123456789

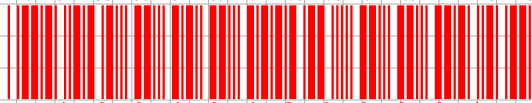1 9 0 4 0 4 S 2 0 0 0 1

5	Franchise tax deducted on federal forms, *see instructions.*	5	$123456789.00
6	Other additions from DC Schedule I, Calculation A, Line 8.	6	$123456789.00
7	Add Lines 4, 5 and 6. Mark if loss X	7	$123456789.00

Subtractions from DC Income

8	Part year residents, enter income received during period of non residence, *see instructions.*	8	$123456789.00
9	Taxable refunds, credits or offsets of state and local income tax.	9	$123456789.00
10	Taxable amount of social security and tier 1 railroad retirement.	10	$123456789.00
11	Income reported and taxed this year on a DC franchise or fiduciary return.	11	$123456789.00
12	DC and federal government survivor benefits, *see instructions.*	12	$123456789.00
13	Other subtractions from DC Schedule I, Calculation B, Line 16.	13	$123456789.00
14	Total subtractions from DC income, Lines 8-13.	14	$123456789.00
15	DC adjusted gross income, Line 7 minus Line 14. Mark if loss X	15	$123456789.00

16 Deduction type. *Take the same type as you took on your federal return. Fill in which type:*   Standard X or Itemized X

17	DC deduction amount.	17	$123456789.00
18	Tentative DC taxable income. Subtract Line 17 from Line 15. Mark if loss X	18	$123456789.00
19	Net capital gain from sale or exchange of an eligible investment in a QHTC, from Schedule QCGI, Line 3. If D-40 Line 18 is zero or less, enter zero here.	19	$123456789.00
20	**DC taxable income.** *Subtract Line 19 from Line 18.* Mark if loss X	20	$123456789.00
21	Tentative tax. If Line 20 is $100,000 or less, use tax tables to find the tax, if more, use Calculation I in instructions.	21	$123456789.00
22	3% tax on eligible QHTC capital gains income, from Schedule QCGI, Line 4. If D-40 Line 18 is zero or less, enter zero here.	22	$123456789.00
23	Add Line 21 and Line 22.	23	$123456789.00

Fill in X if filing separately on same return. *Complete Calculation J on Schedule S.*

24	Credit for child and dependent care expenses $1234 .00 X .32 From federal Form 2441; if part-year DC resident, from Line 5, DC Form 2441	24	$123456789.00
25	Non-refundable credits from DC Schedule U, Part 1a, Line 7. Attach Schedule U.	25	$123456789.00
26	Total non-refundable credits. *Add Line 24 and Line 25.*	26	$123456789.00
27	Subtract Line 26 from Line 23. *If Line 23 is less than Line 26, enter zero.*	27	$123456789.00
28	DC Health Care Shared Responsibility See instructions. If fully covered or fully exempt, enter zero.	28	$123456789.00
29	Total tax. *Add Line 27 and Line 28.*	29	$123456789.00

30 DC Earned Income Tax Credit

30a	Enter the number of qualified EITC children. XX 30b Enter earned income amount	30b	$123456789.00
30c	For filers **with** qualifying children. Enter federal EIC $1234 .00 X .40 Enter result >	30d	$123456789.00
30e	For filers **without** qualifying children. *See instructions for special calculations.* Enter result >	30e	$123456789.00
31	Property Tax Credit. *From your DC Schedule H; attach a copy.*	31	$123456789.00

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Enter your last name   ABCDEFGHIJKLABCDEFGH

Enter your TIN   1234567879

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32 Refundable credits from DC Schedule U, Part 1b, Line 3. *Attach Schedule U.*	32	$123456789.00
33 DC income tax withheld *shown on Forms W-2 and 1099. Attach these forms.*	33	$123456789.00
34 2019 estimated income tax payments and amount applied from 2018 return.	34	$123456789.00
35 Tax paid with Form FR-127 Extension of Time to File.	35	$123456789.00
36 If this is an amended 2019 return, enter payments made with original 2019 D-40 return.	36	$123456789.00
37 If this is an amended 2019 return, enter refunds requested with original 2019 D-40 return.	37	$123456789.00
38 Total payments and refundable credits. Add Line 30d or 30e through Line 36. *(Do not include Line 37).*	38	$123456789.00
39 Tax Due. Subtract Line 38 from Line 29.	39	$123456789.00
40 Amount overpaid. Subtract Line 29 from Line 38.	40	$123456789.00
41 Amount to be applied to your 2020 estimated tax.	41	$123456789.00
42 Underpayment Interest. **Fill in the oval and attach Form D-2210.** X	42	$123456789.00
43 Contribution amount from Schedule U, Part II, Line 5 . (Cannot exceed refund amount on Line 40)	43	$123456789.00
44 Total Amount Due. Add Lines 39, 42 and 43.	44	$123456789.00
45 Net Refund. Subtract total of Lines 41, 42 and 43 from Line 40.	45	$123456789.00

Will this refund go to an account outside the U.S.?   yes   X   No   X   *See instructions.*

46 Fill in   X   if either spouse is claiming injured spouse allocation. You **must** 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**

Make one refund choice   X   Direct Deposit   or   X ReliaCard (See instructions)   or   X   Paper Check

Direct Deposit. To *have your refund deposited to your*   X   *checking account* **or** X *savings account, fill in oval and enter bank routing and account numbers. See instructions.*

Routing Number   XXXXXXXXX   Account Number   XXXXXXXXXXXXXXXXX

Fill in   X   if you agree to receive your 1099-G Income Tax refund statement electronically (see instructions).

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*

Designee's name   ABCDEFGHIJKLMNO   Phone number   1234567890

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 _____

Spouse's/registered domestic partner's signature if filing jointly _____   Date _____

Preparer's signature _____   Date _____

Preparer's Tax Identification Number (PTIN)   123456789   PTIN telephone number   1234567890

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