

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

STAPLE OTHER REQUESTED DOCUMENTS IN UPPER LEFT

STAPLE W-2s AND ANY OTHER WITHHOLDING STATEMENTS HERE

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

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

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

Home address (number, street and suite/apartment number If applicable) 12345ABCDEF... City ABCDEFGHIJKLMNOP State AB ZIP Code +4 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

Table with 4 rows: a Wages, salaries, unemployment compensation and/or tips, see instructions; b Business income or loss, see instructions; c Capital gain (or loss); d Rental real estate, royalties, partnerships, etc. Includes amounts like \$123456789.00 and 'Mark if loss X'.

Computation of DC Gross and Adjusted Gross Income

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

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Enter your last name ABCDEFGHIJKLMNOP

Enter your TIN 123456789



Additions to DC Income

Table with 3 columns: Line number, Description, and Amount. Includes rows 5-15 with amounts of \$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 24 \$123456789.00

From federal Form 2441; if part-year DC resident, from Line 5, DC Form 2441

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

ABCDEFGHIJKLMN

Enter your TIN

123456789



- 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  No  See instructions.
- 46 Fill in  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  Direct Deposit or  ReliaCard (See instructions) or  Paper Check

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

Routing Number XXXXXXXXX

Account Number XXXXXXXXXXXXXXXXXXXX

Fill in  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  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

Preparer's signature

Date

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

Date

Preparer's Tax Identification Number (PTIN)

PTIN telephone number

123456789

1234567890