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2021 D-40B SUB Nonresident Request for Refund



8	Personal information								SC	OFTWARE D	DEVELOPE	R USE ONI	_Y	
9 🛋	Your first name	M.I.	Last name	e					V	'END(OR ID	# 123	4	
10 남	XXXXXXXXXXXXXX	X		XXXXXX	XXXXX	XXXXX	ζ							
	Your Taxpayer Identification Nur	nher (1		our date of b				Your day	vtime nh	one num	her			
11 HAD N	999999999	ibei (i		999999				9999			DCI			
12 Z								3333		5 5				
13 IS 14 WENTS 15 OOC														
14 💆	Current mailing address (number				nt numbe	r, if appli	cable)							1
15	9999XXXXXXXXXXX	XXX.	XXXXX	XXXXX										1
16 AT	X													1
17 ES	9999XXXXXXXXXXXXX	XXX.	XXXXX	XXXXXX										1
18 EQ	City				State		Zipcode	+ 4						
19 H H H H	XXXXXXXXXXXXXXXX	XXX	XXXXX	XXXXXX				99999						
20 E														
20) - E	Country or U.S. Commonwealth													
21 STAPLE OT	XXXXXXXXXXXXXXX	VVV	VVVVV'	v										2
22			ΛΛΛΛΛ	Δ										2
23	Email Address													2
24	9XXXX9XXXX9XXXX9	XXX.	XXXXX	XXXXXX	XXXXX	X								2
25	Review categories A - B below an	d attac	h your with	nholding sta	tements a	nd/or DD I	orm 205	58, Jan 201	8. Indi	cate the	state in	the boxes	below.	2
27 N	of residence to work in the Dist	rict of	Columbia (DC) or I was	a domici	liary or leg	al resider	nt of the sta	te listed	and my o	only inco	me from	sources	
ATE O	within DC was from wages and													
ST	of residency). I didnot maintain													
26 27 27 28 28 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20	from colon, and wages held to				total of III	ore triair 1	oo days.	(See Ilistiu	ctions).	DC tax w	as en on	cousiy wi	umeiu	7777
30 로	from salary and wages paid to r	ne by n	ту етпріоуе	er.										XX s
31 끝														3
32 ≥	B Military spouse exemption: If yo	our non	-resident m	nilitary spous	se was in	the armed	services	during 202	1, and y	ou are no	ot a DC r	esident, c	r elected	3
33 岩	to use the same residence as yo	our non	-resident m	nilitary spous	se, enter t	he state of	domicile	declared o	n DD Fo	rm 2058.	. You m	ust comp	lete and	3
34	attach a copy of DD Form 2058	3, JAN	2018 with	the D-40B.										XX s
35 A														9
>	C List the type and location of ar	N DC r	eal propert	ty you own	Tvi	ne of prop	erty XX	XXXXX	XXXX	XXXX	XXXX	X		
36 3 37 VE	C List the type and location of an	ly DC I	cai propert	.y you own.	1 1 1	oc or prop) Ly 211.							
	Address (number, street and su	ite/anaı	tment nur	mher if annli	cable)									
38		-			cubicy									3
39	9999XXXXXXXXXX	$\Lambda\Lambda\Lambda$		$\Delta\Delta$										3
40														4
41	Address (number, street and su				cable)									4
42	9999XXXXXXXXXX	XXX	XXXXXX	XX										4
43	Refund request								Ro	und cen	ts to	the nea:	rest dol	lar.
44													the line	
45	1 DC income tax withhel	d Attac	h conies of w	your withholdir	na statemen	te					1	9990	9999	9.00
					ig statemen	13.					2			9.00
46				HEHLS							3		99999	
47	3 Refund request Add II										3	2225	フフフラ	J. UU 4
48	Will the refund go to an accoun													4
49		Refund Options For more information on the tax refund card and program limitations, see instructions or visit our website MyTax.DC.gov												
50	Mark one refund choice X Direct Deposit or X ReliaCard (See Instructions) or X Paper Check													
51	Direct Deposit If you want yo	our refu	ınd deposit	ted in your t	oank acco	unt, fill in	type of a	ccount X	checkir	ig X sa	vings ar	d enter t	he routing	
52	number and account number b													
53	Routing Number 9999	- 1	99				ccount	Number	999	9999	9999	99990	999	
54				O C Incom	Tourse									
	Fill in X if you agree to re	ceive	our 1095	5-G INCOME	: rax reft	ınu statel	нент еге	спопісану	(see in	Struction	15).			
55	Third party designee To author	170 and	ther person	n to discuss	this retur	n with OT	fill in h	nere V and	d enter t	he name	and nho	ne numh	er of that	nerson
56		∠c ano	iner person	1 10 0130035	uns iciul	ii willi OIF	, 1111 111 11	icie V all			απα μπο	are munito	or or triat	
57	Designee's name									Phone				
58	Signature Under penalties of la	w, I de	lare that I h	have examine	ed this req	uest and ar	y attache	d statement	s and, to	the best of	of my kno	wledge, t	hey are cor	rect.
59														5
60	Your Signature				Date				Prepai	r er's signa	ature (If	other than	1	
61										's PTIN				6
62	<u>. </u>								. reparer	- 1 1 H				