# **2021** District of Columbia (DC) Individual Income Tax Forms and Instructions

D-40 All Individual Income Tax Filers





- You may use MyTax.DC.gov to file and pay online for Forms D-40ES (estimated tax) and FR-127 (extension of time to file).
- Payments can be made by ACH debit, credit/debit card, check or money order (US dollars).
- Direct deposit, U.S. Bank ReliaCard™ or paper check refund options are available.

#### INSIDE

#### Contents

Chief Financial Officer's Letter 2 What's New for 2021 Income Tax Returns 3 Reminders 5 Instructions Who must file a DC income tax return? 7 Other forms you may have to file 7 When are your taxes due? 7 Extension of time to file 7 Filing your return 7 Payment options 8 Penalties and interest 9 Direct deposit of refund 13

Refund status inquiry 13

#### Forms

#### D-40 form and schedules 35-88

Schedule S, Supplemental Information and Dependents Schedule H, Homeowner and Renter Property Tax Credit Schedule U, D-8609, District of Columbia Low-Income Housing Credit Allocation and Certification, D-8609A, Low-Income Housing Tax Credit Allotment, D-8609DS, Low-Income Housing Tax Credit Distribution Schedule, Additional Miscellaneous Credits and Contributions Schedule I, Additions to and Subtractions from Federal Adjusted Gross Income Schedule N, DC Non-Custodial Parent EITC Claim Schedule ELC, Keep Child Care Affordable Tax Credit Schedule HSR, DC Health Care Shared Responsibility DC-8379, Injured Spouse Allocation D-2210, Underpayment of Estimated Income Tax by Individuals D-40P, Payment Voucher FR-127, Extension of Time to File a DC Income Tax Return

#### **Tax tables and ads**

Tax tables for taxable income of \$100,000 or less **89-98** DC College Savings Plan **XX** Need assistance? **Back Cover** 

At the time of printing, all forms and line references were correct. Any language changes will be announced on the DC website, MyTax.DC.gov.

Revised 07/2021

### **GOVERNMENT OF THE DISTRICT OF COLUMBIA**

OFFICE OF THE CHIEF FINANCIAL OFFICER



Dear Taxpayer:

On behalf of the Office of Tax and Revenue (OTR), I am pleased to welcome you to the 2022 tax season.

As part of our commitment to better serve you and all District taxpayers, OTR continues to offer many services online at <u>MyTax.DC.gov</u> for individual income, business, and real property taxes. In October, OTR reopened its Walk-In Center and Recorder of Deeds (ROD) office for in-person services. Appointments are preferred; however, walk-in service will be available on a first-come, first-serve basis, Monday through Friday, from 9am to 4pm. You can schedule an appointment by visiting OTR's website at otr.cfo.dc.gov.

In our continuing efforts to keep you abreast of tax changes, I would like to bring to your attention a few updates for this filing season:

# • D-40ES, Individual Income Estimated Tax Booklet:

OTR will no longer mail the Estimated Payment for Individual Income Tax booklet (D-40ES). Returns and payment may be submitted via MyTax.DC.gov or electronically through a tax professional or software vendor. The form/coupon can also be downloaded from OTR's website at otr.cfo.dc.gov under "Forms" and mailed to the applicable address.

# • DC Fillable Forms and Free File:

OTR has retired its D-40 fillable form option and will also no longer be participants in DC Free File. However, the 2021 D-40 form and schedules can now be filed at MyTax.DC.gov, with certain limitations.

### • DC Government Employee First-Time Home Buyer Credit:

This credit is phased out and no longer available to first-time homebuyers who are District of Columbia government employees.

# • Unemployment Insurance Benefits:

For taxable years beginning after December 31, 2020, unemployment insurance benefits provided by the federal government, District of Columbia, and any other state, are excluded in the computation of District gross income.

To learn more about what's new this filing season, visit MyTax.DC.gov.

Sincerely,

Fitzroy Lee Chief Financial Officer, District of Columbia

# New for 2021 Income Tax Returns

#### • **Filing Deadline** For Tax Year 2021 the filing deadline is April 18, 2022.

- The D-40 form has been revised.
- Fillable Forms is retired. The web portal, <u>MyTax.DC.gov</u> offers the ability to file the D-40/Schedules with certain limitations, to registered taxpayers.
- The standard deductions are increasing based on the federal law; beginning January 1, 2021, from:
  - o \$12,400 to \$12,550 for single and married/registered domestic partner filers filing separately;
  - o \$18,650 to \$18,800 for head of household filers;
  - o \$24,800 to \$25,100 for married/registered partners filing jointly and qualifying widow(er) with dependent child(ren) filers;
  - o An updated worksheet is available for use by dependent filers.
- Additional Standard Deduction. If born before January 2, 1957, or blind, an additional standard deduction of \$1,350 (\$1,700 if single or head of household) is allowed use Schedule S, Calculation G-1. The Schedule S, Calculation G-1 must be submitted with your return. When married filing separately, you may take an additional standard deduction for your spouse/registered domestic partner only if your spouse/ registered domestic partner had no gross income, is not filing a return, and cannot be claimed as a dependent by another taxpayer.

#### • Earned Income Tax Credit (EITC)

- **The American Rescue Plan Act of 2021** includes changes to the Earned Income Tax Credit. For taxable years after December 31, 2020:
  - Taxpayers may now be eligible for childless earned income in the case of qualifying children who fail to meet certain identification requirements. See ARPA, § 9622 and IRC § 32, as amended.
  - The earned income tax credit is now allowed in the case of separated spouses if certain requirements are met. ARPA, § 9622 and IRC § 32(d), as amended.
  - The investment income test is increased from \$3,650 to \$10,000, adjusted for inflation after 2021.

#### o Temporary Special Rules for 2021 Only

- If your earned income in tax year 2021 is less than your earned income in tax year 2020, the earned income credit for tax year 2021 can be determined by substituting your tax year 2019 earned income for your tax year 2021 earned income. In the case of a joint return, the earned income of the taxpayer for taxable year 2019 must be the sum of the earned income of each spouse for such taxable year. ARPA, § 9626.
- In the case of individuals without qualifying children, the EITC is expanded by decreasing the minimum age of claimants from 25 to age 19, except that it is age 24 for a specified student, or age 18 for a qualified former foster youth or qualified homeless youth. The maximum age of 65 has been eliminated. In addition, there is an increase in the credit and phaseout percentages, and an increase in earned income and phaseout amounts.

#### Unemployment Insurance

o For taxable years beginning after December 31, 2020, unemployment insurance benefits provided by the federal government, District of Columbia, and any other state, are excluded in the computation of District gross income.

#### • Schedule HSR - DC Health Care Shared Responsibility

- o The D-40 filing thresholds have changed, refer to the instructions.
- o The District Average Bronze Plan Premium Calculation (Worksheet C-1) amounts have been updated.

#### • Schedule H - Homeowner and Renter Property Tax Credit

- o The real property tax credit is now based on your DC real property tax bill for tax year 2021. Do not include special assessments, interest penalties and services charges.
- o The maximum property tax credit limit is increased from \$1,200 to \$1,225
- o Schedule H federal Adjusted Gross Income (AGI) eligibility threshold for under age 70 increases to \$56,200.
- o Schedule H federal AGI eligibility threshold for age 70 and older increases to \$76,700.

#### Schedule U - Additional Miscellaneous Credit and Contributions

- o DC Government Employee first-time home buyer credit is expired
- o DC Low-Income Housing Tax Credits (LIHTC) are now available to entities/taxpayers investing in qualified projects located in the District. See page xx for details.

#### • Schedule ELC – Keep Child Care Affordable Tax Credit

- o The District taxable income thresholds have changed.
- o The maximum credit amount has been increased to \$1,020.
- o The Child Development Facility License Number (Line 7a) issued by the Office of the State Superintendent of Education (OSSE) is a mandatory field.

#### • D40ES – Individual Income Estimated Tax Booklet.

DC Office of Tax and Revenue (OTR) will no longer mail the D40ES, Estimated Payment for Individual Income Tax booklet.
 You may file/pay by either a) using the DC web portal, <u>MyTax.DC.gov</u>; b) via MeF; or c) print the coupon from the DC website and mail to the applicable address.

#### • Exclusion of Certain Grants From District Gross Income

o The District of Columbia enacted legislation amending D.C. Code § 47-1803.02 to exclude certain grants made by the District from District gross income. See instructions page 9, "Special Filing Circumstances" for guidance on how to report and exclude the amount of these grants from District gross income on your District income tax return for tax year 2021.

# Reminders

- Verify your Tax Preparer. You are responsible for the submission of your DC Tax Return. Also, if you file electronically, you must receive a copy of your D-40E form for your records in addition to a copy of your DC return.
- If you claim a standard deduction on your federal return, you must also claim the standard deduction on your DC return.
- DC Earned Income Tax Credit for Childless Workers

A DC Earned Income Tax Credit Worksheet for Filers Without A Qualifying Child is included in the Individual Income Tax Forms and Instructions Booklet.

- Schedule I Additions To and Subtractions From Federal Adjusted Gross Income
  - 2020 Approved DC Opportunity Zone Tax Benefits. Taxpayers may defer the realization of capital gains for investing in an approved District of Columbia Qualified Opportunity Fund.
  - Excluded Workers.
    - During the public health emergency declared in the Mayor's order dated March 11, 2020 and any extensions there of, the Washington Convention and Sports Authority shall issue, subject to the availability of funds, grants or contracts to nonprofit entities to use to provide cash assistance to District residents who are otherwise excluded from District and federal aid related to COVID-19.
      - Cash assistance for excluded workers given pursuant to grants awarded by the Washington Convention and sports authority in 2021 are non-taxable by the District and thus excluded in the computation of District gross income. If you are a recipient of such assistance, and the amount is included in your federal gross adjusted gross income for federal taxpurposes, use Schedule I, Calculation B, Line 13 to subtract the amount from your federal adjusted gross income for District tax purposes.
- D-40P, Payment Voucher is a non-year specific form.
- The email address has been added to the D-40, it is not mandatory but requested.
- DC is collecting sales tax for online purchases. Use the online FR-329, Consumer Use Tax Return to report the sales tax for online purchases on which sales tax was not paid.
- State and Local Taxes (SALT). DC does not allow a deduction for state and local income taxes. However, you can deduct your entire state and local real estate taxes. Refer to Calculation D if a part-year resident, or Calculation F if a full-year resident.
- 1099-G Beginning in January 2020, DC will be offering you a paperless option for receiving the 1099-G income tax refund statement. You will continue to receive your paper statement unless you choose the paperless option. See instructions.
- Statutory Resident/Part-Year Resident instructions have been updated. Some taxpayers who have filed in the past as part-year residents may now be required to file as statutory residents. See instructions.
- Schedule HSR DC Health Care Shared Responsibility. If you and your health care shared responsibility family had full coverage the entire year, do not complete this schedule. Complete the oval on Line 3 of the D40 and enter zero (\$0) on Line 25.
- Receiving your refund via the U.S. Bank ReliaCard Pre-Acquisition Disclosures

The Consumer Financial Protection Board (CFPB) has published its final Prepaid Account Rule, creating detailed consumer protections for prepaid accounts. For tax year 2020, if you elect to receive a refund using the U.S. Bank ReliaCard<sup>™</sup> or use a pre-paid card to make payments, you are required to review and acknowledge the Pre-Acquisition Disclosures (Short and Long Forms) prior to selecting the ReliaCard option as method for receiving a refund or using a pre-paid card when making a payment. Copies of the U.S. Bank ReliaCard Pre-Acquisition Disclosure and the U.S. Bank ReliaCard Fee Schedule can be found on pages 25-32.

• An oval was added to the D-40 form (Line 44) if claiming Injured Spouse Allocation. When claiming this allocation, you must attach Form DC-8379 to your return at the time of filing, otherwise, the offsets may not be recoverable by OTR.

**District of Columbia Opportunity Zone Tax Benefits** - The Tax Cuts and Jobs Act of 2017 included a provision called 'Opportunity Zones'which established certain tax benefits for federal taxpayers with capital gains who invest those gains into a Qualified Opportunity Fund (QOF). A QOF is an investment vehicle that files either a partnership or corporation federal income tax return and is organized for the purpose of investing in Qualified Opportunity Zone property. Pursuant to the "Aligning Opportunity Zone Tax Benefits with DC Community Priorities Emergency Act of 2020", the District of Columbia has also acted to establish certain tax benefits for DC taxpayers with capital gains who invest those gains into an approved DC QOF.

The District of Columbia Opportunity Zone Tax Benefits available to a DC taxpayer, if the taxpayer meets certain criteria, are: (1) a deferral of a capital gains tax payment for investing in a QOF; (2) a reduction of capital gains tax liability through a 10% step-up in basis, if invested in a QOF for 5 years prior to December 31, 2026, and an additional 5% step-up in basis, if invested in a QOF for 7 years prior to December 31, 2026; and (3) an abatement of capital gains tax on an investment of capital gains in a QOF for at least 10 years before December 31, 2047.

DC taxpayers seeking the capital gains tax deferral, reduction or abatement at the District level must invest in a QOF that: (1) is a QOF approved by the District of Columbia Government; and (2) has invested at least the value of the taxpayer's investment in the QOF in eligible Qualified Opportunity Zones Businesses (QOZBs) or Qualified Opportunity Zones Business Property (QOZBP) in the District of Columbia.

The District taxpayer investor will need to submit a DC QOF Approval letter issued by the Office of the Deputy Mayor for Planning and Economic Development (DMPED) with their tax returns, along with IRS Forms 8996 and 8997 for the tax year for which the taxpayer is seeking the benefits. The taxpayer must also submit other relating federal forms, if applicable, such as federal forms 8949, 4797, and federal Schedules K-1 and Schedule D, including any other information that OTR may require to administer the benefits.

If you have capital gain deferred on your federal return due to an investment in a Federal Qualified Opportunity Fund, add back the amount of the deferment on Line 8 of Schedule I and attach it to your D-40 return. If you have capital gain deferred due to an investment in a DC approved DC Qualified Opportunity Fund, subtract the amount of the deferment on Line 15 of Schedule I.

See DC Code §§ 47-1801.04(39)(A), (39)(B), (39)(C), (39)(D); and 47-1803.03(a)(20). For more information about the Qualified Opportunity Funds approval process and eligible investments, contact DMPED at <u>DCQOF@dc.gov</u> or (202) 727-6365. To apply for DC approved Opportunity Zone Tax Benefits, visit <u>OZMarketplace.dc.gov</u>.

The Office of Tax and Revenue Will No Longer Prepare Individual Income Tax Returns

The Office of Tax and Revenue (OTR) will no longer prepare District of Columbia individual income tax returns at its Walk-In Center located at 1101 4th Street, SW, Washington, DC 20024. OTR recommends the following free tax preparation services available throughout the District of Columbia and online:

• VITA – By appointment only.

The Internal Revenue Service (IRS) Volunteer Income Tax Assistance (VITA) program offers free tax preparation to low-moderate income taxpayers. IRS-certified volunteers help eligible taxpayers e-file their federal and District tax returns. During the filing season, taxpayers can locate the VITA site nearest them by visiting <u>http://irs.treasury.gov/freetaxprep/</u> or call 1-800-906-9887.

• AARP (Tax-Aide Locator) – By appointment only.

The Tax-Aide Program offers free tax help for everyone, with priority assistance to taxpayers who are 60 years of age and older, specializing in questions about pensions, and retirement issues unique to seniors. During the filing season, taxpayers can locate a site nearest them at <a href="https://secure.aarp.org/applications/VMISLocator/searchTaxAideLocations.action">https://secure.aarp.org/applications/VMISLocator/searchTaxAideLocations.action</a> or call 1-888-227-7669.

- Self-Help Tax Assistance OTR offers two convenient and easy options for residents to file their tax returns:
  - 1. Free File: A service that allows taxpayers to choose from a number of free tax prep software options
  - 2. Fillable Form: An online version of the D-40 form and schedules that allows taxpayers to fill in their tax information, e-sign, and file their tax return

Should you have additional questions, please call OTR's Telephone Center at (202) 727-4TAX (4829).

- DO NOT STAPLE OR DESTROY THE BARCODE PRINTED AT THE TOP OF THE RETURN.
- DO NOT USE THE 2021 RETURN IF YOU ARE FILING FOR A PREVIOUS YEAR. REFER TO THE BOOKLET AND INSTRUCTIONS ON THE DC WEBSITE <u>MYTAX.DC.GOV</u>, 'FORMS,' PRIOR YEAR FORMS.

#### Who must file a DC Income tax return?

#### You must file a 2021 DC Individual Income Tax Return if:

- You were a District of Columbia (DC) resident in 2021 and were required to file a federal income tax return. (A resident is an individual domiciled in DC at any time during the taxable year);
- You maintained a place of abode in DC for a total of 183 days or more during 2021 even if your permanent home was outside DC;
- You were a part-year resident of DC during 2021 (see instructions for part-year residents, page 17);
- You were a member of the United States (US) armed forces and DC was your legal residence for tax purposes for all or part of 2021.
- If you want to receive a refund of DC taxes withheld or estimated payments made during the year, or if you qualify for and want to receive the following refundable credits:
  - o DC Earned Income Credit;
  - o Schedule N, Non-Custodial Parent Earned Income Credit;
  - o Schedule H, Homeowner and Renter Property Tax Credit; or
  - o Schedule ELC, Keep Child Care Affordable Tax Credit.

**Note:** If you are the spouse/registered domestic partner of someone not required to file, such as a nonresident Congressional appointee, and you meet any of the above requirements, you yourself must file.

#### You do not need to file a 2021 DC Individual Income tax return if:

- You were not required to file a 2021 federal income tax return;
- You were not considered a resident of DC during 2021;
- You were an elected member of the US government who was not domiciled in DC;
- You were an employee on the personal staff of an elected member of the US Congress and you and the elected member were bona fide residents of the same state;
- You were a member of the US Executive Branch appointed by the President, subject to US Senate confirmation, whose tenure of office is at the pleasure of the President and you were not domiciled in DC during any part of 2021; or
- You were a justice of the US Supreme Court and were not domiciled in DC during any part of 2021.

#### Other forms you may have to file

#### **D-40B Nonresident Request for Refund**

If you were not a DC resident and you had DC taxes withheld or you are requesting a refund for erroneous estimated taxes paid, file Form D-40B, Nonresident Request for Refund, along with your W2's or 1099s attached. Military Spouses must include DD FORM 2058, JAN 2018 to honor your request for refund, including your W-2s and/ or 1099s. Schedule K-1's are not a substitute for W2/1099. Failure to provide this information will delay processing your request.

#### **D-40ES Estimated Payment for Individual Income Tax**

You must file these vouchers if you are required to file a District of Columbia (DC) income tax return and, you expect to owe \$100 or more in taxes. See Worksheet to Estimate DC Tax Payments.You will automatically be assessed interest for any underpayment of DC estimated tax.

**Note:** Electronic payment required. If the amount of the payment due for a period exceeds \$5,000, you must pay electronically. Visit <u>MyTax.DC.gov</u>.

#### **D-41 Fiduciary Income Tax Return**

Use the D-41 if you are the fiduciary of a DC estate or trust and the gross income for the trust is \$100 or more for the year.

#### **FR-329 Consumer Use Tax on Purchases and Rentals**

You should file this form electronically via the DC web portal and pay if during the tax year you paid a total of more than \$400 for merchandise, services, or rentals subject to DC use tax on which you did not pay sales tax. Visit <u>MyTax.DC.gov</u> for more information.

#### When are your taxes due?

April 18, 2022 is the deadline for filing your return and paying any taxes due. If the due date falls on a Saturday, Sunday, or legal holiday, the return is timely if filed on the next business day.

### **Extension of Time to File**

#### FR-127 Extension of Time to File a DC Income Tax Return

An extension of time to file of six months may be granted if a valid extension of time to file is requested. In order to be valid, an FR-127 Extension of Time to File form is due by April 18, 2022. If the due date falls on a Saturday, Sunday, or legal holiday, the request for extension of time is timely if filed on the next business day. The submission of the extension of time to file is subject to the following considerations:

- 1. If you expect to have a balance due when you file your D-40, you must pay with your timely filed extension. Penalty and interest charges are imposed on any tax found owing and not paid on time with the extension request.
- 2. If you do not expect to have a balance due when you file your D-40, you would not be required to file a Form FR-127, if you have reasonably estimated your D-40 tax liability and paid the estimated amount of DC income taxes through withholding or estimated tax payment; and
- 3. If you do not expect to have a balance due and wish to request an extension for your DC income tax return, you should submit a Form FR-127.

#### **Additional extensions**

In addition to the 6-month extension, you may receive an additional 6-month extension if you are living or traveling outside the U.S. You must file for the first 6-month extension by the April 18, 2022 deadline before applying for the additional extension of time to file.

# Extensions for Members of the US Armed Forces Deployed in a Combat Zone or Contingency Operation.

Deadlines for filing your return, paying your tax, claiming a refund, and taking other actions with OTR is extended for persons in the Armed Forces serving in a Combat Zone or a Contingency Operation. The extension also applies to spouses/registered domestic partners, whether they file jointly or separately on the same return. See IRS Pub. 3, Armed Forces Tax Guide for further information.

#### **Filing your return**

This booklet has all the forms and instructions you will need. You are responsible for filing and paying taxes on time whether or not you receive the printed forms.

#### • Modernized e-File (MeF)

MeF offers most DC individual income taxpayers a full federal/ state electronic filing program. There are three ways in which taxpayers can file their federal and District returns together electronically:

1. Through an authorized software provider listed on the IRS website or the OTR website;

- 2. Through a tax practitioner who is an authorized e-File provider; or
- 3. Through a commercial online filing service. This allows taxpayers to transmit their DC and federal returns from their PC for a fee.

If you use the e-File options to file your DC return, you also have three options to receive your refund:

- 1. Direct Deposit;
- 2. U.S. Bank ReliaCard<sup>™</sup>; or
- 3. Paper Check.

Be sure to make a selection on the return for the refund option that you want. If you do not select an option, you will receive a paper check. Please review the information about the refund card at the front of the book. Instructions for direct deposit can be found on page 13.

#### **Electronic Filing Instructions**

The instructions in this booklet are specifically for filers of paper returns. When you file electronically, note that the instructions may differ. Follow the "on screen" instructions. If you need further explanations, review the instructions in this booklet.

#### Substitute forms

You may file your DC tax return using a computer-prepared or computer-generated substitute form, provided the form is approved in advance by the Office of Tax and Revenue (OTR). The fact that a software package is available for retail purchase does not mean that the substitute form has been approved for use. Call or check with the software developer to determine if their form is a DC OTR approved form.

#### • By mail

- If mailing a return with a payment, send it to: Office of Tax and Revenue PO Box 96169 Washington, DC 20090-6169
- If mailing a refund request return or a no money due return, send it to: Office of Tax and Revenue PO Box 96145 Washington, DC 20090-6145

There are two adhesive mailing labels on the back flap of your return envelope. If you are sending a <u>payment</u> with your return, use the PO Box 96169 mailing label on your return envelope.

If you are filing a <u>no money due</u> or a <u>refund request</u> return, use the PO Box 96145 mail label on your return envelope.

Do not include more than one return per envelope.

#### **Payment Options**

#### ACH Debit

ACH debit is available for taxpayers who have signed up for <u>MyTax.DC.gov</u>. There is no fee. Bank account information is stored within their online account. <u>MyTax.DC.gov</u> can store multiple bank accounts across multiple tax types. Taxpayers give the right to debit the money from their bank account. Ensure you allow 1-3 business days if entering change of banking information.

#### **Direct Debit**

**Electronic filers** have the ability to pay their tax due or estimated payment by direct debit. Enter your banking information, including the routing and account numbers, checking or savings account and the date of withdrawal. The date of withdrawal cannot be greater than thirty (30) days after the due date of the return.

#### **Credit/Debit Card**

The taxpayer may pay the amount owed using Visa®, MasterCard®, Discover® or American Express®. You will be charged a fee that is paid directly to the District's credit card service provider. Payment is effective on the day it is charged. Visit <u>MyTax.DC.gov</u> for more information.

Visit the website <u>MyTax.DC.gov</u> for Credit/Debit Card Payment Information.

**Note:** International ACH Transaction (IAT). Your payment cannot be drawn on a foreign account. You must pay by money order (US dollars) or credit card instead.

#### Check or money order (US dollars)

Include a check or money order (US dollars), payable to the DC Treasurer, with your completed return. Write your Taxpayer Identification Number (TIN), daytime telephone number, tax year "2021" and "Form D-40" on your payment. Attach your payment to the Form D-40P voucher provided in this booklet. Do not attach either to your return.

#### Form D-40P, Payment Voucher - by mail

Use this form when sending a check or money order. Do not staple the voucher to the D-40. If you pay at the same time you file your return, include the D-40P with your D-40 in the return envelope provided. Use the PO Box 96169 mail label from the back flap of the return envelope.

#### **Dishonored Payments**

Make sure your check or electronic payment will clear. You will be charged a \$65 fee if your check or electronic payment is not honored by your financial institution and returned to OTR.

#### **Penalties and Interest**

OTR will charge -

- A penalty of 5% per month if you fail to file a return or pay any tax due on time. It is computed on the unpaid tax for each month, or fraction of a month, that the return is not filed or the tax is not paid. It may not exceed an additional amount equal to 25% of the tax due;
- A 20% penalty on the portion of an underpayment of taxes if attributable to negligence. Negligence is a failure to make a reasonable attempt to comply with the law or to exercise ordinary and reasonable care in preparing tax returns without the intent to defraud. One indication of negligence is failure to keep adequate books and records;
- Interest of 10% per year, compounded daily, on a late payment;
- A one-time fee to cover internal collection efforts on any unpaid balance. The collection fee assessed is 10% of the tax balance due after 90 days. Payments received by OTR on accounts subject to the collection fee are first applied to the collection fee, then to the penalty, interest and tax owed;
- A civil fraud penalty of 75% of the underpayment which is attributable to fraud (see DC Code §47-4212).

For Estimated Tax Underpayment Interest, Form D-2210, use D-40 Line 40. The form can also be located at <u>MyTax.DC.gov</u>. File the Form D-2210 with your return.

#### **Criminal Penalties**

You will be penalized under the criminal provisions of the DC Code, Title 47, if you are required to file a return or report, or to perform any act, and you:

- Fail to file the return or report timely. If convicted, you will be fined not more than \$1,000 or imprisoned for not more than 180 days, or both, for each failure or neglect;
- Willfully fail to file the return or report timely. If convicted, you will be fined not more than \$1,000 or imprisoned for not more than 180 days, or both;
- Willfully attempt to evade or defeat a tax; willfully fail to collect, account for, or pay a tax; or willfully make fraudulent and false statements or fail to provide information. See DC Official Code §47-4101 through 4107.

These penalties are in addition to penalties under DC Code §22-2405 for false statements (and any other applicable penalties).

#### **Enforcement Actions**

OTR may use lien, levy, seizure, collection agencies, and liability offset if the taxpayer fails to pay the District within 20 days after receiving a Notice of Tax Due and a demand for payment. Visit <u>MyTax.DC.gov</u>.

#### **Special filing circumstances**

#### **Amended return**

File an amended DC return if your DC tax liability for a prior open tax year (usually 3 years from date of filing) has changed on the D-40 return **for the tax year** you are amending. To file an amended return for the current year, complete another 2021 DC Individual Income Tax Return and fill in the "amended return" oval on the form. Attach a list with explanations of the changes covered by your amended return.

If you are filing an amended return for a prior year, attach a copy of the original and any amended returns filed for that tax year. You can download forms from <u>MyTax.DC.gov</u> or call 202-727-4829 to request forms by mail.

If the IRS adjusts your individual federal tax return, you must file an amended DC return within 90 days of receiving a final determination of the federal adjustment. Attach a copy of the adjusted federal return and/or determination letter.

**Filing for a deceased taxpayer.** Fill in the oval for a deceased taxpayer at the top of the page of the D-40.

If a taxpayer died in 2020 or 2021 before filing a return, a return must be filed for that person. Complete a D-40 on the correct year's tax return and provide the deceased person's information, not your own. Do not adjust the deceased's income, exemptions or deductions to reflect the date of death, unless a D-41 is being filed for the remainder of the year after the date of death. Tax preparers, other than the surviving spouse/registered domestic partner, such as executors, attorneys, or other personal representatives, must attach letters of administration. If a refund is due, all tax preparers must attach a completed Form FR-147, Statement of Persons Claiming Refund Due a Deceased Taxpayer, found on <u>MyTax.DC.gov</u> and a copy of the death certificate. Do not use the federal form to request a DC refund. Refunds will be issued by paper check only.

#### Joint Returns After Separate Returns

You can change your filing status from a separate return to a joint return by filing an amended return. You generally can change a joint return anytime within three (3) years from the due date of the separate return or returns. This does not include any extensions. A separate return includes a return filed by you or your spouse/registered domestic partner claiming married filing separately, registered domestic partners filing separately, single, or head of household filing status.

#### **Separate Returns After Joint Return**

Once you file a joint return, you cannot choose to file separate returns for that year after the due date of the return. **Exception**. A personal representative for a decedent can change from a joint return elected by the surviving spouse to a separate return for the decedent. The personal representative has one (1) year from the due date of the return (including extensions) to make this change.

#### **Exclusion of Certain Grants From District Gross Income**

The District of Columbia enacted legislation amending D.C.Code § 47-1803.02 to exclude the following grants made by the District from District gross income:

- Small business loans awarded and subsequently forgiven under § 7A of the Small Business Act (15 U.S.C. § 636m);
- For tax years beginning after December 31, 2020, public health emergency response grants issued pursuant to § 5b of the District of Columbia Public Emergency Act of 1980 (D.C. Official Code § 7-2304.02);
- Public health emergency small business grants awarded pursuant to section 2316 of the Small and Certified Business Enterprise Development and Assistance Act of 2005; (D.C. Law 24-9; 68 DCR 6913);
- Public health emergency grants authorized pursuant to section 16(m)(1) of the Advisory Neighborhood Commissions Act of 1975, effective March 26, 1976 (D.C. Law 1-58; D.C. Official Code § 1-309.13(m)(1).
- Grants awarded by the Mayor under the COVID-19 Hotel Recovery Grant Program of 2021;
- The following grants awarded by the Office of the Deputy Mayor for Planning and Economic Development (DMPED);
  - Grants awarded to Check It Enterprises under §1-328.4(h) (1)(A);
  - II- Small business grants awarded under § 1-328.04(I);
  - III- Grants to DC Center for LQBT Community awarded
  - under § 1-328.04(m); IV- Large company grants awarded under § 1-328.04(n);
  - V- Local food access grants awarded under § 1-328.04(o);
  - VI- Guaranteed income pilot program grants awarded under § 1-328.04(p);
  - VII- Grants awarded to Community Development Financial Institutions or Minority Depository Institutions awarded under § 1-328.04(q);
  - VIII- Equity growth impact grants awarded under § 1-328.04(r); IX- Great Streets program grants awarded under § 1-328.04(s);
  - IX- Bridge fund recovery and special event support grants awarded under § 1-328.04(t);
  - X- Small and medium business recovery and growth program grants awarded under § 1-328.04(u); and
  - XI- Equity impact enterprise commercial property acquisition grants awarded under § 1-328.04(v).

The amount received by businesses and individuals pursuant to these grants may be subject to federal income tax and included in federal gross income. For Form D-40 Individual Income Tax Return:

the amount of the grant should be included in the federal Adjusted Gross Income that is reported on the federal Form 1040 to Line 4 of Form D-40. Therefore, complete and submit Schedule I which is a Schedule for Additions to and Subtractions from federal Adjusted Gross Income. Use Line 13 of Schedule I to report the amount of the grant. The total additions to and subtractions from federal Adjusted Gross Income captured by Schedule I are carried over to Form D-40. Submit the 1099G showing the amount of the grant.

### **Getting Started**

To complete the paper Form D-40, in general you will need:

- A copy of your completed 2021 federal return, as applicable (Form 1040, 1040-SR, 1040-NR, or 1040-NR-EZ) and any additional forms or worksheets related to the return. You can copy many entries directly from federal forms 1040, 1040-SR, 1040-NR or 1040-NR-EZ. Please be careful since the line numbers may differ from the District Form D-40 line numbers;
- A copy of your completed state returns if you filed an income tax return with another state;
- Your 2021 W-2 and applicable 1099 forms with DC withholding tax or taxable income;
- A pen with black ink;
- A calculator.

Not all items will apply. Fill in only those that do. If an amount is zero, make no entry, leave the line blank.

Do not enter cents. Round to the nearest dollar. Examples: \$10,500.50 rounds to \$10,501 \$10,500.49 rounds to \$10,500

#### Taxpayer Identification Number(s) (TIN)

You must have a TIN, whether it is a Federal Employer Identification Number (FEIN), Social Security Number (SSN), Individual Taxpayer Identification Number (ITIN) or Preparer Tax Identification Number (PTIN).

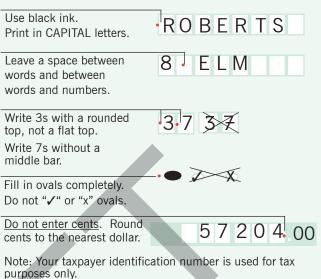
- An FEIN is a valid number issued by the IRS. To apply for an FEIN, get Form SS-4, Application for Employer Identification Number, or get this form online at <u>www.irs.gov/businesses</u> and click on Employer Identification Number (EIN) under Starting a Business. You may also get this form by calling 1-800-TAX-FORM (1-800-829-3676);
- An SSN is a valid number issued by the Social Security Administration (SSA) of the United States Government. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or online at <u>www.ssa.</u> gov. You may also get this form by calling 1-800-772-1213;
- An ITIN, Individual Taxpayer Identification Number is a valid number issued by the Internal Revenue Service (IRS). The IRS issues ITINs to individuals who are required to have a U.S. taxpayer identification number but who do not have, and are not eligible to obtain, an SSN from the SSA. ITINs do not serve any purpose other than federal and state tax reporting.
- A PTIN, Preparer Tax Identification Number is an identification number issued by the IRS that all paid tax preparers must use on tax returns or claims for refund.

You must wait until you receive either number before you file a DC return. Your return may be rejected if your TIN is missing, incorrect or invalid. You could be subject to a balance due or disallowance of credits if your dependent's or other qualifying person's TINs are missing, incorrect or invalid.

### Filling out the form

To aid us in processing your return please follow these rules.

Do not print outside the boxes.



# Personal information

Complete the personal information as instructed using CAPITAL letters and black ink. Use one block per letter, including using a space between address fields. Please write clearly, as this can delay processing your return.

#### Wages, tips and salaries

Enter the amount from your federal 1040, 1040-SR, 1040-NR, or 1040-NR-EZ, <u>plus</u> any unemployment compensation received on Line a, Income Information on the D-40, from your withholding statement, W2 or 1099.

#### DC income tax withheld (paper filers)

Add the DC income tax withheld as shown on your 2021 federal Forms W-2 and applicable Forms 1099. Attach all copies of your Forms W-2 and 1099 that show DC tax withheld to Form D-40 and submit with Form D-40.

#### **Filing Status**

More than one filing status may apply to you. Use the one that will give you the lowest tax. Please ensure the oval to the left of the filing status is filled in.

Generally, you will use the same filing status on your DC return as that used on your federal return. However, if you used married filing jointly on your federal return, it may be better for you to file your DC return using either *married/registered domestic partners filing separately or married/registered domestic partners filing separately on the same return.* If both have income, figure the tax both ways.

#### Single

You were unmarried, divorced or legally separated as of December 31, 2021, or were widowed prior to January 1, 2022, and did not remarry before January 1, 2022.

#### **Filing Jointly**

You were married or have a registered domestic partner and both spouses/registered domestic partners were DC residents as of December 31, 2021, or your spouse/registered domestic partner died in 2021 and you did not remarry/register in 2021. If legally separated, do not file jointly. If your spouse died during the year, you are consid-

ered married for the whole year for filing status purposes. If you did not remarry before the end of the tax year, you can file a joint return for yourself and your deceased spouse.

If claiming injured spouse allocation, complete Form DC-8379 and attach it to your D-40 return.

If you are filing a joint return or filing separately on the same return, enter the name and TIN shown first on your previous year return, then enter the name and TIN shown second on your previous year return.

#### **Registered domestic partners**

To be considered as a registered domestic partner for DC tax purposes, the parties must be registered with the Vital Records Division of the DC Department of Health. If you have registered your relationship you may either file a joint return or file separately on the same return. You may also file separately using the married filing separately status.

**Domestic partners or other similar relationship registered in other jurisdictions.** If you have registered your relationship in another jurisdiction, you may file a joint return, or file separately on the same return, or file a separate return using the single status.

- <u>If filing jointly</u> is chosen, enter the total federal adjusted gross income of both registered domestic partners on Line 4 of the Form D-40.
- <u>If you are married or registered domestic partners</u>, you may file either a joint return or file separately on the same return. If filing jointly is chosen, enter the total federal adjusted gross income of both spouses/partners on Line 4, Form D-40.
- <u>If filing separately on the same return</u> is chosen, follow the instructions under Married or Registered Domestic Partners filing separately on the same return.

#### Married or registered domestic partner filing separately

If you are married or have a registered domestic partner and both spouses/partners had income, you can use this filing status. Include your spouse/registered domestic partner's name and Taxpayer Identification Number (TIN) in the <u>Personal Information</u> section.

You will each report only your own income, deductions, and credits. You will each report one-half of the income from any securities, bank accounts, real estate, etc., that are registered or titled in both names.

Registered domestic partners who choose to file as married and married individuals must use this filing status if:

- You and/or your spouse/registered domestic partner were partyear residents of DC during different periods of 2021;
- You were a DC resident and your spouse/registered domestic partner was one of the following:
  - A member of the US armed forces and not considered a DC resident, but you are required to report income in DC;
  - A member of the US Congress or an employee on the personal staff of a member of Congress who is considered a resident of the member's state of residency;
  - An officer of the US Executive Branch whose primary residence was not in DC, who is appointed by the President, confirmed by the US Senate and serves at the pleasure of the President; or
  - A justice of the US Supreme Court whose primary residence was not in DC.

#### Dependent claimed by someone else

If you are claimed as a dependent on someone else's return, fill in the 'dependent claimed by someone else' oval.

# Married or registered domestic partner filing separately on the same return

You and your spouse/registered domestic partner must combine your separate amounts using Calculation J on Schedule S so that you will either receive one refund or make one tax payment. You may also claim a credit for child and dependent care expenses. Using this filing status may reduce the amount of tax you owe by allowing each spouse/ registered domestic partner to take advantage of lower tax brackets.

Before completing Calculation J, and the Form D-40, you will need to figure the following for you and your spouse/registered domestic partner:

- Each person's federal adjusted gross income;
- Each person's additions to federal income;
- · Each person's subtractions from federal income; and
- Each person's deductions.

NOTE: If you and your spouse/registered domestic partner were partyear residents of DC during different periods of 2021, you cannot file separately on the same return. You must file separate returns.

#### **Injured Spouse Allocation**

If either spouse/registered domestic partner has an outstanding liability for prior federal tax, DC income tax, DC unemployment compensation debt, child support, a federal nontax debt, such as a student loan or DC ticket and traffic penalties, the non-liable party may request that his/her portion of the refund, if any, not be offset to satisfy the other spouse's/registered domestic partner's debt by requesting "injured spouse" allocation. You must file Form DC-8379 before an offset occurs. Once the offset has been applied to a debt, you must contact the agency to which the offset amounts. If not filing electronically, fill in the oval on the D-40 form, attach Form DC-8379 (Injured Spouse Allocation) to your return and mail to:

> Office of Tax and Revenue PO Box 96145 Washington, DC 20090-6145

#### Head of Household

You may claim this status if you were unmarried or legally separated as of December 31, 2021, and paid over half of the costs of maintaining a home for a qualifying person, such as a child or parent. Certain individuals who lived apart from the spouse/domestic partner for the last six (6) months of 2021 may also be able to use this filing status. Use the appropriate section of Schedule S to enter the full name, TIN, relationship and Date of Birth (DOB) of the qualifying person whether that person is a dependent or the qualifying non-dependent. Failure to provide a Schedule S can delay processing. All the information must be complete, i.e., name, TIN, relationship and DOB.

#### **Qualifying Widow(er) with Dependent Child**

If your spouse/registered domestic partner died in 2021, you can use married filing jointly as your filing status for 2021 if you otherwise qualify to use this status. The year of death is the last year for which you can file jointly with your deceased spouse. You may be eligible to use qualifying widow(er) with dependent child as your filing status for 2 years following the year your spouse/registered domestic partner died. For example, if your spouse/registered domestic partner died in 2019, and you have not remarried, you may be able to use this filing status for 2021.

This filing status entitles you to use joint return tax rates and the highest standard deduction amount (if you do not itemize deductions) but it does not entitle you to file a joint return. **Eligibility rules**. You are eligible to file your 2021 return as a qualifying widow(er) with dependent child if you meet all of the following tests:

- You were entitled to file a joint return with your spouse/registered domestic partner for the year your spouse/registered domestic partner died. It does not matter whether you actually filed a joint return.
- Your spouse/registered domestic partner died in 2019 or 2020 and you did not remarry by the end of 2021.
- You have a child or stepchild whom you can claim as a dependent. This does not include a foster child.
- Your child lived in your home all year, except for temporary absences. There are exceptions for a child who was born or died during the year and for a kidnapped child.
- You paid more than half the cost of keeping up your home for the year.

#### **Standard Deduction**

You are not entitled to the standard deduction if you itemize on your federal return. You are entitled to the itemized deductions excluding the state and local taxes and subject to the DC 5 percent limitation.

District Code §47-1803.03 (c) states "Every individual who claims the standard deduction on his or her federal income tax return shall claim the applicable standard deduction specified in District Code §47-1801.04 (44). Every individual who itemizes the deductions on his or her federal income tax return shall itemize the deductions permissible under this chapter. If spouses or registered domestic partners file separate returns, the applicable standard deduction shall not be allowed to either spouse or registered domestic partner if the net income of one of the spouses/registered domestic partners is determined by itemizing deductions." Each spouse/registered domestic partner can claim only his/her own itemized deduction.

Single individuals, and married/registered domestic partners filing separately are allowed a standard deduction amount of \$12,550. Head of household filers are allowed a standard deduction of \$18,800. Married/registered domestic partners filing jointly, qualifying widow(ers) with dependent children, and married/ registered domestic partners filing separately on the same return are allowed a standard deduction of \$25,100.

An additional standard deduction amount of 1,350 (1,700 if single or head of household) is allowed if you were born before January 2, 1957, or blind. You must attach the Schedule S with a completed Calculation G-1 to claim the additional standard deduction except if you are a dependent filer.

Dependent filers are allowed a standard deduction in an amount based on a formula. Dependent filers should use the worksheet on page 21 to calculate their standard deduction only if someone can claim you, or your spouse/registered domestic partner if filing jointly, as a dependent.

#### **DC Earned Income Tax Credit (EITC)**

You cannot claim the DC EITC if your filing status is Dependent claimed by someone else.

#### **Qualifying Child for EITC Purposes**

A qualifying child as defined by the IRS for the EITC is a child who is your son, daughter, stepchild, foster child, brother, sister, stepbrother, stepsister, or a descendant of any of them (for example, your grandchild, niece or nephew) and was:

• At the end of the filing year, younger than you (or your spouse, if you file a joint return) and younger than 19;

- At the end of the filing year, younger than you (or your spouse, if you file a joint return), younger than 24 and a full-time student; and,
- At the end of the filing year, any age and permanently and totally disabled.

In addition, they must have lived with you in the US for more than half of 2021, **unless you are claiming the DC EITC** as a non-custodial parent (see instructions for Schedule N).

If your child was married at the end of the year, the child is not a qualifying child <u>unless</u> you can claim the child as a dependent or you have been given the right to claim the child as a dependent in an agreement signed by the child's custodial parent releasing the dependency exemption.

#### Taxpayers <u>with a</u> Qualifying Child

Taxpayers with a qualifying child who are eligible for and who claim the federal EITC may also claim a DC EITC of 40% of the federal credit. Enter the number of EITC qualifying child(ren), on Line 27a of the D-40.

DC Law also allows the same 40% of federal EITC to those who are not allowed to claim the EITC at the federal level but who meet other DC requirements, such as a non-custodial parent who is a District resident between the ages of 18 and 30, and paying child support under a court order for a minor child. The taxpayer must have paid the child support of at least the amount due for the year through a government sponsored support collection unit and the order must have been in effect for at least one-half of the year. **You must file a D-40 form to use this exception.** Complete Schedule N, DC Non-Custodial Parent EITC Claim, and attach to the D-40. Also enter the amount to be claimed on the Schedule U, Part 1B, Line 1.

#### Taxpayers without a Qualifying Child

Taxpayers without a qualifying child must use the DC Earned Income Tax Credit (EITC) Worksheet For Filers Without a Qualifying Child on page 22 to determine the DC EITC. You may need information from the federal instruction booklet concerning the Earned Income Credit to determine your eligibility for the DC Earned Income Tax Credit. If you do not have a qualifying child for the EITC and did not qualify for the federal credit due to your income, you may still qualify for the DC EITC.

#### Contributions

There are three (3) DC contributions. Contributions will be deducted from the refund due or added to the tax due. You can contribute as much as you would like, however your contribution cannot exceed your amount to be overpaid and the smallest contribution you can make to any one fund is \$1.00.

#### DC Statehood Delegation Fund

Enter on Part II Contributions, Line 1 of the Schedule U, and attach to the D-40.

Taxpayer Support for Afterschool Programs for At-Risk Students Enter on Part II Contributions, Line 2 of the Schedule U, and attach to the D-40.

#### Anacostia River Cleanup and Protection Fund

Enter on Part II Contributions, Line 3 of the Schedule U, and attach to the D-40.

#### **Tax tables**

If your taxable income is \$100,000 or less, use the tax tables on pages 89-98 to find the tax on Line 20 of the D-40.

If your taxable income is greater than \$100,000, use Calculation I on page 19 to determine your tax.

#### Tax paid with extensions

Report tax paid with extension of time to file on Line 33 of the D-40.

#### Tax paid with original return

Report tax paid with original return if this is an amended return on Line 34 of the D-40.

#### **Refund Options**

There are three refund options offered for individual income tax returns. All individual income tax returns require that one of three refund options be selected.

#### 1. Direct deposit of refund

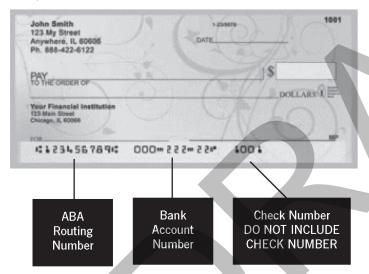
Direct Deposit Facts:

- 1. It's simple. You don't have to go to the bank to cash your check.
- 2. It's safe. No more lost, stolen or misplaced checks.
- 3. It's fast. Your money will be available the morning of the payment.

All new direct deposit requests (taxpayers requesting a direct deposit for the first time) will receive a paper check.

If you want your refund deposited directly in your bank account, complete the Direct Deposit Information on the D-40. If the routing or account number begins with zeros, include the zeros.

Fill in the bank routing and account number information. You can obtain this information from the lower left portion of your check (see example below).



**NOTE:** Refer to your own check or financial institution for your numbers. The routing and account numbers may be in different places on your check.

Your routing number is the left-most number located on your check, identified as the American Banking Association (ABA) routing number. The ABA number identifies your bank uniquely within the direct deposit system. It must be:

- Nine (9) digits in length, including zeros;
- A current valid bank routing number.

Your account number:

- Is usually just to the right of your ABA routing number including zeros;
- Can be up to 18 digits long; and
- Can be both letters and numbers.

You may want to verify your account and routing numbers with your financial institution before filling in the information.

Fill in the oval to show the type of bank account. If you want the refund to go to a savings account instead of your checking account, you may need to contact your financial institution for the account and routing number information.

Check the ABA routing number and account number carefully. If your bank account information is incorrect or missing digits, the money can be deposited in someone else's account. Please double check your routing and account number. OTR is not liable for any ABA routing and account numbers reported on the return in error.

# If you do not select the checking or savings oval, we will assume the refund will be deposited in your checking account. If the funds are returned to OTR, a paper check will be issued.

In the event of a rejection of direct deposit, refunds will be re-issued on a paper check.

**Note:** Identity theft and fraud using direct deposit has grown significantly nationally and locally in recent years. To minimize direct deposit/ identity theft refund fraud, OTR is converting new direct deposit refund requests to paper checks mailed to the taxpayer's address of record. Also see number 3, Paper Check section below for when paper checks will be issued.

# Refund direct deposit to a foreign account – International ACH Transaction (IAT)

If you request your refund to be direct deposited to an account outside of the United States, you will receive a paper check.

#### 2. U.S. Bank ReliaCard™

If you want your refund on a **ReliaCard**, select "ReliaCard" under the Refund Options on the D-40 form. Refunds under \$2 or greater than \$4,000 do not qualify for the ReliaCard. Non-qualified refunds will receive a paper check if direct deposit is not selected.

To obtain more information, visit <u>https://www.usbankreliacard.com</u>.

#### **3. Paper Check**

A paper check will be issued if:

- no refund option is selected;
- the taxpayer selects this option, or direct deposit is not selected or if the taxpayer selects "ReliaCard" and it is beyond the threshold for a ReliaCard;
- taxpayer is a first time filer, even if they select direct deposit;
  there is a gap between filing i.e., filed in 2018 and 2019, but did not file in 2020; or
- the bank account changes from one year to the next; or
- the taxpayer requests a refund on behalf of a deceased taxpayer.

#### **Refund status inquiry**

To check the status of your refund visit <u>MyTax.DC.gov.</u> You will need to enter your taxpayer identification number (TIN) and the refund amount you requested on your return.

#### **Third Party Designee**

If you want to authorize another person to discuss your 2021 tax return with the OTR, fill-in the oval in the Third Party Designee block on page 3 of the D-40, and enter the designee's name and phone number. If you want to authorize your paid preparer, enter 'preparer' in the 'third party designee' block. If you are filing a joint return, filling in the third party designee block oval constitutes authorization by both filers. Filling in the oval also gives the designee authorization to:

- Give OTR any information missing from your return;
- Contact OTR for information about processing your return and the status of any refund or payment; and
- Request, receive and/or respond to OTR notices related to your return.

The authorization does not:

- Give the designee the right to receive your refund;
- Bind you to any additional tax liability related to your return; or
- Otherwise represent you before OTR.

This authorization automatically ends on April 15, 2023 (without regard to extensions).

#### Signature

Sign and date your return. If your filing status is married filing jointly or married filing separately on the same return, both spouses/registered domestic partners must sign. If the return is not signed, it will be sent back to you. If the return was prepared by a paid tax preparer, the tax preparer must also sign the return and provide his or her identification (PTIN) and telephone number. You, the taxpayer(s) is/are responsible for the information prepared and submitted by a paid preparer.

#### **Email address**

Enter the email address of the person authorized to discuss your 2021 tax return with OTR. This can be the taxpayer, the third party designee, or the paid preparer if you have filled in the oval authorizing the paid preparer to discuss this return with OTR.

Send in your original return and attachments, if applicable; <u>please</u> keep a copy for your records.

#### Do not understate your taxes

There may be a penalty if an understatement of the tax required to be shown on your return exceeds the greater of:

- 10% of the tax required to be shown on the return; or
- \$2,000

The penalty is 20% of the excess of the amount required to be shown on the return over the tax shown on the return.

#### **Using a Paid Preparer**

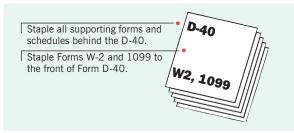
Although you may use a paid preparer, you the taxpayer(s) are responsible for the filing and payment of your tax return. Please review the tax return before you allow a paid preparer to issue a return on your behalf.

#### Preparers must pay a penalty for understating taxes where:

- The refund or amount due is based on unrealistic information; or
- The preparer should have been aware of a relevant law or regulation; or
- Relevant facts about the return are not adequately disclosed. Penalties range from \$250 to \$10,000.

### Assembling your D-40 return

- Do not staple or otherwise damage the Bar Code located in the upper right hand corner of the form or schedule being attached;
- <u>Do not cross out the tax year on the 2021 return.</u> If you are not filing a 2021 Individual Income Tax Return, do not use this booklet. Request a booklet for the specific year you are filing by calling our Forms Center at (202) 727-4829, or visit our Customer Service Administration (CSA) at 1101 4th Street, SW, Washington, DC 20024. You may also visit our website at <u>MyTax.DC.gov</u> for prior year(s) individual income tax booklets/ returns;
- Staple check or money order to the D-40P, Payment Voucher;
- Staple Forms W-2 and applicable 1099 to the front of your return;
- Staple any of the other required documents listed on this page in the upper left corner behind the return;
- Send in an original, signed DC return with attachments, if applicable, not a copy. Please fold your return once and use the return envelope provided;



- There are two adhesive mail labels on the back flap of the return envelope. If you are sending a <u>payment</u> by mail with your return, use the PO Box 96169 label on the return envelope. If you are filing a return with <u>no payment due or refund return</u>, use the PO Box 96145 label.
- Copies of the federal return and schedules are not required to be filed with DC and should not be attached unless specified below.

#### List of other documents for D-40 filers

Staple these behind the D-40 return in file order.

- Schedule S Supplemental Information and Dependents;
- Schedule H, Homeowner and Renter Property Tax Credit;
- Schedule U, Additional Miscellaneous Credits and Contributions;
- D-8609, District of Columbia Low-Income Housing Credit Allocation and Certification;
- D-8609A, Low-Income Housing Tax Credit Allotment;
- D-8609DS, Low-Income Housing Tax Credit Distribution Schedule;
- Schedule I, Additions to and Substractions from Federal Adjusted Gross Income:
- Schedule N, DC Non-Custodial Parent EITC Claim;
- Schedule ELC, Keep Child Care Affordable Tax Credit;
- Schedule HSR, DC Health Care Shared Responsibility;
- DC-8379, Injured Spouse Allocation;
- D-2210, Underpayment of Estimated Income Tax by Individuals;
   D-40P, Payment Voucher;
- FR-127, Extension of Time to File a DC Income Tax Return;
- DC Form FR-147, Refund Claim for Deceased Taxpayer, with letters of administration and a copy of the death certificate; DC Form D-2440, Disability Income Exclusion (and any
- certification);
- DC Form D-2441, Child and Dependent Care Credit for Part-Year Residents;
- DC Residential Form, Alternative Fuel Vehicle Conversion and Infrastructure Credits

If any of the above-referenced forms are needed, visit <u>MyTax.DC.gov</u>. Scroll to the "Individuals" section then click on "Current & Prior Year Tax Forms," and select form needed.

You may also contact our Forms Center at (202) 727-4829.

To complete your D-40 return, you will need to do a series of calculations contained in these instructions and copy many of the line items and totals onto your D-40. You may also need to attach DC schedules, or forms to your D-40. Unless instructed otherwise, if you complete any part of any Schedules S, H, U, I, N, ELC, HSR, DC-8379, D-2210, D-40P, FR-127, attach it to your return.

#### **DC-8379 Injured Spouse Allocation.**

You may be an injured spouse if you file a joint return and all or part of your portion of the overpayment is expected to be, offset to your spouse/ registered domestic partner's legally enforceable past-due federal tax, state income tax, state unemployment compensation debts, child support, or a federal nontax debt, such as a student loan. You must file the DC-8379 with your return. **In order to be eligible for this relief, you** 

must submit your completed DC-8379 prior to the offset occurring and filed with the return. Once funds have been offset, this relief may be unavailable.

#### Schedule ELC, Keep Child Care Affordable Tax Credit.

This schedule allows eligible taxpayers to claim an early learning tax credit for an eligible child under the age of 4 as of 9/30/21 and payments made during the taxable year after August 31st if the eligible child meets age requirements for enrollment in Pre-K according to DC Code §38-273.02(a).

#### Schedule H, Homeowners and Renter Property Tax Credit.

This schedule allows eligible residents to claim a property tax credit against their DC income tax liability. The total 2021 federal adjusted gross income (AGI) of your "tax filing unit" cannot exceed \$56,200 (under age 70) or \$76,700 (age 70 or older). Do not claim this credit for an exempt property owned by a government, a house of worship or a non-profit organization. See Schedule H in this booklet.

Note: File the Schedule H with your D-40 return. If you are not required to file a D-40 because you are below the filing threshold, you may file the Schedule H by itself. It can be filed online via <u>MyTax.DC.gov</u> (if you are not a first time Schedule H filer and registered to use the web portal), or mailed to:

Office of Tax and Revenue 1101 4th St SW, FL4 Washington DC 20024

#### Schedule HSR, DC Health Care Shared Responsibility.

DC law requires all residents to have health care coverage, have an exemption or pay a tax penalty on their DC tax return. See instructions for Schedule HSR, DC Health Care Shared Responsibility.

#### Schedule I, Additions to and Subtractions from Federal AGI.

This schedule contains two calculations, one for additions and another for subtractions from federal AGI. See Schedule I in this booklet. If you took the 100% federal bonus depreciation and/or the additional Internal Revenue Code (IRC) Section 179 expenses on your federal return, enter the total on Schedule I, Calculation A, Line 3.

If you reported deferred capital gains on your federal return due to an investment in a federal Qualified Opportunity Fund, you must add back the amount of the deferment on Line 8.

If you have deferred capital gains due to an investment in an approved DC Qualified Opportunity Fund, subtract the amount of the deferment on Line 15, provided this amount is also included on Line 8 of Schedule I.

Use Schedule I to exclude District nontaxable grants from District gross income where the amount of the grant is included in federal adjusted gross income. The amount of the grant should be included in the federal Adjusted Gross Income that is reported on the federal Form 1040, to

Colouistion K. Out of state income tax credit

Line 4 of Form D-40. Use Line 13 of Schedule I to report the amount of the grant if the amount of the grant is included in federal adjusted gross income. The total additions to and subtractions from federal Adjusted Gross Income captured by Schedule I are carried over to Form D-40. Submit the 1099G showing the amount of the grant.

#### Schedule N, DC Non-Custodial Parent EITC Claim.

Use this schedule to determine whether a non-custodial parent making court-ordered child support payments may claim the DC EITC. See Schedule N in this booklet.

#### Schedule S, Supplemental Information and Dependents.

If claiming dependents, use Schedule S to list each dependent's name, taxpayer identification number (TIN), relationship and date of birth (DOB). If filing head of household/qualifying widow(er) use Schedule S to report dependents or other qualifying non-dependent person.

Calculation G-1 is used to determine the computation of the standard deduction. You must also use Calculation G-1 to claim the additional standard deduction for yourself or your spouse/registered domestic partner for being blind and/or age 65 or older, unless you are a dependent claimed by someone else.

Calculation J is used to determine the DC tax amount for married or registered domestic partners filing separately on the same return.

List any TINs (EIN) in the applicable space(s) if there is an amount on D-40, Line 11.

#### Schedule U, Additional Miscellaneous Credits and Contributions.

This schedule lists certain additional non-refundable and refundable credits you may be able to claim. It also lists several contributions funds to which you may wish to contribute. See Schedule U in this booklet.

#### Non-refundable credits include:

**1. Out of State tax credit.** The amount DC domiciliary taxpayers may claim as a credit for individual income tax paid to other state(s) if the income taxed by that state is derived from that state and that income is of a kind taxed by DC. The tax paid to a state is the total state tax liability shown on the state tax return. (It is not the state withholding shown on your Form W-2.) The credit is limited to the rate of tax charged in the District. If you are a statutory resident, the state in which you are domiciled gives you a credit for the taxes paid to DC.

Complete Calculation K below, to determine your out of state credit. Enter the credit amount on Schedule U, Part 1a, Line 2. If you paid tax to more than one state, enter the respective amounts and other state codes in the spaces provided.

No DC credit is allowed for any other tax imposed by a state, including the following:

- Corporate franchise tax;
- License tax;
- Excise tax;

Calculation & Out-on-state income tax credit	
a Amount of income tax paid to other state(s), enter from the other state(s) return(s).	а
b Income subject to income tax in other states and received while a resident of DC.	b
c DC adjusted gross income from D-40, Line 16.	с
d Divide Line b by Line c. (Enter the percent.)	d
e DC Tax from D-40, Line 20.	е
f Maximum out-of-state credit. Multiply Line e by Line d.	f
g Enter the lesser of Line a or Line f. Also enter on Schedule U, Part 1a Line 2.	g

- · Unincorporated business franchise tax; and
- Occupation tax.

#### 2. Alternative Fuel Vehicle Conversion and Infrastructure

**Credits.** See D.C. Code Sections 47-1806.12 and 47-1806.13. A credit up to 50% of the costs for purchase and installation of qualified alternative fuel storage and dispensing or charging equipment per qualified alternative fuel vehicle refueling property or private residence. The credit shall not exceed \$1,000 per vehicle charging station for a private residence and \$10,000 per qualified alternative fuel vehicle refueling property or vehicle charging station. The cost of the purchase of the land on which the refueling or charging station will be located or the construction or purchase of any structure is not included in the equipment or labor costs. The unused credit can be carried over for two future years.

A credit, not to exceed \$19,000 per vehicle, up to the tax liability, for 50% of the cost of equipment and labor per vehicle for vehicle owners who modify their existing petroleum derived gasoline or diesel fuel vehicle into a vehicle capable of operating on one of a list of the listed acceptable operating fuels:

- a. At least 85% Ethanol;
- b. Natural gas;
- c. Compressed natural gas;
- d. Liquefied natural gas;
- e. Liquefied petroleum gas;

#### (Note: Calculations A and B are on Schedule I)

f. Biodiesel (excluding kerosene);

- g. Electricity from a vehicle charging station; or,
- h. Hydrogen.

Any unused credit for vehicle conversion cannot be carried forward.

If you are claiming one of these credits, complete the residential form, Alternative Fuel Vehicle Conversion and Infrastructure Credits available online only. Retrieve this form at <u>MyTax.DC.gov</u>, by clicking on 'Forms', 'Alternative Fuel Vehicle Infrastructure and Conversion Residential Form' under Individual Income Tax Forms; attach it to the DC-40, Schedule U.

If gross income derived from the operation of an alternative fuel dispensing or charging station exceeds \$12,000, you must file a DC Form D-30, Unincorporated Franchise Tax Return.

#### Refundable credits include:

a. DC Non-custodial parent EITC. See Schedule N;

b. Keep Child Care Affordable Tax Credit. See Schedule ELC.

#### **Contributions include:**

- 1. DC Statehood Delegation Fund;
- 2. Taxpayer Support for Afterschool Programs For At-Risk Students; and
- 3. Anacostia River Cleanup and Protection Fund.

Calculation C Standard deduction for part-year DC residents	
a Your standard deduction. See instructions, page 17.	а
Number of days you lived in DC from D-40, Line 2.	b
C Divide Line b by the number 365 (366 if leap year).	с
d Part-year DC standard deduction. <i>Multiply Line a by Line c, enter here and on D-40, Line 18.</i>	d
Calculation D DC Itemized deductions for part-year DC residents.	
a Total Itemized Deductions from Form 1040 or 1040-SR, Schedule A, Line 17, or Form 1040-NR, Schedule A, Line 8.	а
b Portion of Line a that applies to the time you were a DC resident.	b
c Portion of your state and local tax deduction reported on Form 1040 or 1040-SR, Schedule A, Line 7, or Form 1040-NR, Schedule A, Line 1b that was paid to DC.	с
d Subtract Line c from Line b.	d
e Portion of your state and local real estate tax deduction from Form 1040 or 1040-SR, Schedule A, Line 5b that was paid to DC.	е
f Portion of your other taxes deduction from Form 1040 or 1040-SR, Schedule A, Line 6 that was paid to DC.	f
g DC itemized deductions. Add Lines d, e, and f. If your District Adjusted Gross Income (AGI) is equal to or less than \$200,000 (\$100,000 if married filing separately) <b>stop here and enter this amount on Line 18 of the D-40.</b>	g
Note: If your District AGI is greater than \$200,000 (\$100,000 if married filing separately) continue below to determine the allowable itemized deductions. h Enter the sum of Form 1040 or 1040-SR, Schedule A, Lines 4, 9, and 15 allocable to the	
time you were a DC resident.	h
i Subtract amount on Line h from Line g.	i
Enter the amount of DC adjusted gross income.	j
Enter \$200,000 (or \$100,000 if married filing separately).	k
Subtract amount on Line k from Line j.	1
m Multiply amount on Line I by 5%.	m
n Subtract amount on Line m from amount on Line i (if $< 0$ , enter 0).	n
o Add the amounts on Line h and Line n (enter this on Line 18 of the D-40).	0

#### Who is a Resident?

You are a resident of DC if:

1. You are an individual domiciled in DC at any time during the taxable year, or

2. You are an individual who maintains a place of abode within DC for an aggregate of 183 days or more during the taxable year, this is also known as a statutory resident.

#### Domiciliary

An individual is domiciled in DC if his/her permanent home is in DC. Domicile, once established, is presumed to continue until it is shown to have been changed. To establish a change of domicile, a person must demonstrate (1) physical presence, and (2) an intent to abandon the former domicile and remain [in the new one] for an indefinite period of time. An individual can only have one domicile at a time. An individual domiciled in DC is a full-year resident under DC law and must file a full-year individual income tax return, except, if you establish or abandon your DC domicile during the year, then you are a part-year resident and will file a part-year return.

#### **Statutory Resident**

An individual is a DC statutory resident, even though not domiciled in DC, if he/she maintained a place of abode in DC for an aggregate of 183 days or more days during the taxable year. The period of residency does not have to be consecutive days. In determining whether an individual has maintained a place of abode in DC for 183 or more days, temporary absences from the DC residence i.e. vacations, hospitalization, business trips, and the like, shall be considered as periods of District residency. A statutory resident is a full-year resident under DC law and, therefore, must file a tax return reporting his/her entire income for the taxable year. A statutory resident may seek credits for individual income taxes paid to other state(s), while concurrently a resident of DC. However, he/she must provide satisfactory proof of payment, including an individual income tax return filed with the other state(s), in order to be eligible for a credit.

#### **Part-Year Resident**

An individual is a part-year resident if he/she moves into or out of DC during the year with the intent to establish or abandon his/her domicile in DC. The calculation of tax liability for a part-year resident is prorated based on the income earned in DC, during the period of residency. An individual filing a part-year return must indicate the period of residency on Line 2 of Form D-40. All credits, exemptions and deductions must be prorated according to the time of DC residency.

#### Part-Year Instructions

If you are a part-year resident for the 2021 tax year, fill in the oval on Line 2 of the D-40, complete the applicable month, day and year in the "from" and "to" boxes. Divide the number of days lived in DC by 365 (366 if leap year). Use that number (standard rounding to four decimal places) and multiply by your credit, additions or subtractions amounts not previously prorated. Complete Calculation C for standard deduction and Calculation D for DC itemized deductions showing the type and amount of income received:

- During the time you resided in DC;
- During the time you were a nonresident; and
- The total income reported on your federal return as adjusted for DC purposes.

Before completing the D-40, calculate the following:

- Income received when you were a resident of DC, and when you resided outside of DC; and
- Allowable expenses paid or incurred when you resided in DC and when you resided outside of DC. The same allocation is required for credits, and other deductions.

If you claimed itemized deductions on your federal income tax return, include, for DC purposes, only those relating to the time you were a DC resident. Your federal worksheet will assist you in completing Schedule I (Calculations A and B) and Calculation D (if applicable). Keep a copy of your worksheet, a copy of your tax return and all calculations. If you resided in DC for only part of 2021 tax year, allocate your DC income and deductions attributable to the time of your DC residency. Also prorate your standard deduction and credits by dividing the number of days you were a resident of DC by 365 (366 if leap year) and multiplying the result times the standard deduction/credit amount.

Example: \*71 days of residency in DC divided by 365 (366 for leap year) equals 0.1945. A taxpayer who is eligible to claim the maximum EITC For Filers Without a Qualifying Child, the credit amount is \$1,502. Multiply \$1,502 by 0.1945 and the result, \$292 is the prorated amount for credit.

January		February		March		
31	+	28	+	12	=	71 Days*

**Standard deduction for part-year DC residents.** Adjust your standard deduction to reflect the number of months you were a DC resident. Complete Calculation C on page 16.

**Itemized deductions for part-year DC residents.** Effective January 1, 2011, DC Official Code §47-1803.03 (b-4) provides that certain DC itemized deductions of DC taxpayers with over \$200,000 of DC AGI (\$100,000 for a separate return filed by a married individual) will be limited. Reduce the DC itemized deduction amount by 5% of DC AGI in excess of \$200,000 (\$100,000 for a separate return filed by a married individual). The itemized deductions that are not subject to the 5% limitation are medical and dental expenses, expenses incurred in the production of investment interest and casualty or theft loss deduction.

If your DC deductions are limited and you were a part-year DC resident, complete Calculation D on page 16.

Credit for child and dependent care expenses for part-year DC residents. Complete the DC Form D-2441 and enter the amount from Line 5 on Line 21 of the D-40. Attach a copy of your DC Form D-2441.

Do not include income tax withheld for other states in the DC tax withheld, Line 31, D-40.

#### Income Information Section

- Copy Line a through d from the appropriate lines on the federal return. Do not recalculate any amounts or totals.
- Not all items will apply to you. Fill in only those that do. If the amount is zero, leave the line blank.
- If you had a loss for Lines b, c, d, 4, 7, 15, or 18, fill in the "Fill in if loss" oval to indicate that the figure entered is a negative one. Do not enter a minus sign or brackets in the boxes.

**Line a Wages, salaries, unemployment compensation, and/or tips** Enter the amount from your federal 1040, 1040-SR, 1040-NR or 1040-NR-EZ plus any unemployment compensation received.

All unemployment compensation received in 2021 is taxable by the federal government. However, DC has enacted legislation that excludes all unemployment insurance benefits provided by the District, any other state, or the federal government, from District gross income. If any such unemployment insurance benefits are included in your D-40, Line 4 federal adjusted gross income, use Line 13 of the D-40 return to subtract all unemployment insurance benefits from District gross income.

#### Line b Business income or loss

If you had gross business/self-employment income from DC sources of more than \$12,000 from an unincorporated business or business activity, see the instructions for D-30, Unincorporated Franchise Tax Return, to see if you are required to file that return. If you are, do not include the income here, but report it on your D-30 return instead.

Calculation F DC Itemized deductions for full-year DC residents		
a Total itemized deductions from Form 1040 or 1040-SR, Schedule A, Line 17, or Form 1040-NR, Schedule A, Line 8.	а	
b Total state and local tax deductions. Enter the amount from your Form 1040 or 1040-SR, Schedule A, Line 7, or Form 1040-NR, Schedule A, Line 1b.	b	
c Subtract Line b from Line a.	С	
d State and local real estate tax from Form 1040 or 1040-SR, Schedule A, Line 5b.	d	
e Other taxes from Form 1040 or 1040-SR, Schedule A, Line 6.	е	
f DC itemized deductions. Add Lines c, d, and e. If your District Adjusted Gross Income (AGI) is equal to or less than \$200,000 (\$100,000 if married filing separately) <b>stop here and enter this amount on Line 18 of the D-40 form.</b>	f	
<b>Note:</b> If your District AGI is greater than \$200,000 (\$100,000 if Married filing separately) continue below to determine the allowable itemized deductions		
g Enter the sum of Form 1040 or 1040-SR, Schedule A, Lines 4, 9 and 15	g	
h Subtract amount on Line g from Line f.	h	
i Enter the amount of DC adjusted gross income.	i	
j Enter \$200,000 (\$100,000 if married filing separately).	j	
k Subtract amount on Line j from Line i.	k	
I Multiply amount on Line k by 5%.	I	
m Subtract amount on Line I from amount on Line h (if $< 0$ , enter 0).	m	
n Add the amounts on Lines g and m (enter this on Line 18 of the D-40).	n	

#### Line c Capital gains or loss

Enter the amount from your 1040, 1040-SR or 1040-NR. The maximum allowable annual capital loss claim is \$3000 (\$1500 if married or registered domestic partner filing separately).

If you had farm income or loss, enter on Line c the amount on Line 6 of your 1040 or 1040-SR, or Line 19 of your 1040-NR in the amount entered on Line c. If a loss, fill in the oval.

For DC tax purposes, upon disposing of an asset not fully depreciated, compute the capital gain/loss reported on your federal return for the year of disposition excluding any bonus depreciation.

#### Line d Rental real estate, royalties, S corporations, trusts, etc

Enter the amount from your 1040, 1040-SR or 1040-NR. If you had gross income, from DC sources, of more than \$12,000 from a unincorporated business or business activity, including rents and royalties, do not include on D-40. You are required to file a D-30 return. File a DC Form D-30, Unincorporated Franchise Tax Return if capital is a material income producing factor. An S Corporation must file a D-20, Corporation Franchise Tax Return.

#### Computation of DC Gross and Adjusted Gross Income

#### Line 4 Federal adjusted gross income

Enter the amount from 1040, 1040-SR, 1040-NR, or 1040-NR-EZ. Include your taxable portion of pension/annuity in your federal adjusted gross income.

NOTE: Any grants and stipends received by certain DC public or charter school teachers under the Housing Support for Teachers Act of 2007 are subject to both federal and DC income tax.

### **Additions to DC Income**

#### Line 5 Franchise Tax

Enter any franchise tax deducted on a federal business tax return, from federal Forms 1065 or 1120S.

#### Line 6 Other additions from DC Schedule I

Enter the amount from Line 9 of Calculation A, Schedule I.

#### Line 7 Add Lines 4, 5 and 6

Add federal adjusted gross income, franchise tax deducted and additions to DC income. Fill in oval if loss.

#### **Subtractions from DC Income**

# Line 8 Income received by a part-year resident during period of nonresidence

For each type of income reported on your federal 1040 or 1040-SR, determine the amount you received when you resided in DC. Subtract that amount from your total income and enter the results on Line 8.

# Line 9 Taxable refunds, credits or offset of state and local income tax

Enter the amount from your 1040, 1040-SR or 1040-NR.

**Line 10 Taxable amount of social security and tier 1 railroad retirement** Enter the amount from 1040 or 1040-SR.

# Line 11 Income reported and taxed this year on a DC franchise or fiduciary return (D-20, D-30 or D-41)

If the income reported on your 1040 or 1040-SR included income reported and taxed on a DC franchise or DC fiduciary return, enter that amount here. Provide the taxpayer identification number (TIN) and your share of the income reported. Refer to Instructions, page 9 regarding TINs. Include the TIN on page 2 of the Schedule S.

### **Calculation I/Tax Rate Schedule**

#### If your taxable income from D-40, Line 19 is:

Not over \$10,000	4% of the taxable income
Over \$10,000 but not over \$40,000 Over \$40,000 but not over \$60,000 Over \$60,000 but not over \$350,000 Over \$350,000 but not over \$1,000,000	\$400, plus 6% of the excess over \$10,000 \$2,200, plus 6.5% of the excess over \$40,000 \$3,500, plus 8.5% of the excess over \$60,000 \$28,150, plus 8.75% of the excess above \$350,000
Over \$1,000,000	\$85,025, plus 8.95% of the excess above \$1,000,000

#### Line 12 DC and federal government survivor benefits

If you are an annuitant's survivor and 62 years of age or older as of December 31, 2021, enter the total survivor benefits (do not include Social Security survivor benefits).

#### **Line 13 Unemployment Insurance Benefits**

For taxable years beginning after December 31, 2020, unemployment insurance benefits provided by the federal government, District of Columbia, and any other state, are excluded in the computation of District gross income.

#### Line 14 Other subtractions from DC Schedule I

# Line 15 Total subtractions from DC Income

Add Lines 8-14.

#### **DC Adjusted Gross Income**

#### Line 16 DC adjusted gross income Line 7 minus Line 15.

#### **DC Taxable Income**

#### Line 17 Deduction type

Indicate which type of deduction (itemized or standard) you are taking by filling in the appropriate oval. You must take the same type of deduction on your DC return as you took on your federal return.

#### Line 18 DC deduction amount

Enter the amount from your federal return.

Standard deduction. Reference page 12 of the Instructions. Part-year DC residents, reference page 17.

Itemized deductions. Do not copy the amount from your federal return. Use Calculation D if you are a part-year DC resident, or Calculation F if you are a full-year or statutory DC resident. DC does not allow a deduction for state and local income taxes. You can deduct your entire state and local real estate taxes.

If your DC AGI is \$200,000 or less, complete Calculation F on page 18. DC income taxes paid are not deductible on your DC return. Therefore, reduce your federal itemized deductions amount by those taxes before entering the total on your DC return.

Effective January 1, 2011, DC Official Code §47-1803.03 (b-4) provides that certain DC itemized deductions of DC taxpayers with over \$200,000 of DC AGI (\$100,000 for a separate return filed by a married individual) will be limited. Reduce the DC itemized deduction amount by 5% of DC AGI in excess of \$200,000 (\$100,000 for a separate return filed by a married individual). The itemized deductions that are not subject to the 5% limitation are medical and dental expenses, expenses incurred in the production of investment interest and casualty or theft loss deduction.

If your DC deductions are limited, complete Calculation F on page 18.

#### Line 19 DC taxable income

Subtract Line 18 from Line 16. Enter the result, if a loss, fill in the oval.

#### Line 20 Tax

If Line 19 is \$100,000 or less, use the tax tables on pages 89-98 to determine your tax. If Line 19 is more than \$100,000, use Calculation I on this page to determine your tax.

Married or registered domestic partners filing separately on the same return - Before completing Calculation J, the tax computation, on Schedule S, you must determine each person's separate federal AGI, additions to income, subtractions from income, and deductions. You must combine the separate amounts for each person before making entries on Lines 21-35 of the D-40.

#### DC tax, credits, and payments

The credits claimed on Lines 21 and 22 are non-refundable, which means they can reduce the taxes you owe, but they will not result in a tax refund. The credits you claim on Lines 27d or 27e, 28 and 29 are refundable credits, which means if these credits plus any tax payments are greater than your total tax due, you may receive a refund.

#### Line 21 Credit for child and dependent care expenses

If your status is married or registered domestic partner filing separately on the same return, you may claim the credit and divide it between spouses/ registered domestic partners any way you wish.

If you were a full-year or statutory DC resident, to figure your DC credit, multiply by .32, the amount from federal Form 2441, Line 9. Enter the result on Line 21 of the D-40. (Do not use the DC Form D-2441.)

If you were a part-year resident, see the instructions on page 17.

If you were eligible for the Child and Dependent Care Credit but did not claim it for federal purposes, complete the federal Form 2441, multiply the result by .32 and claim the DC credit for child and dependent care expenses.

Generally, married persons must file a joint return to claim the credit. If you claim the credit and your filing status is married filing separately, you are required to show you meet the special requirements listed in the IRS Form 2441 instructions.

#### Line 22 Non-refundable credits from DC Schedule U

This entry is the total of non-refundable amounts from DC Schedule U, Part 1a. Line 7.

#### Line 23 Total non-refundable credits

Add Lines 21 and 22.

#### Line 24 Subtract Line 23 from Line 20

Subtract Line 23 from Line 20. If Line 20 is less than Line 23, enter zero.

#### Line 25 DC Health Care Shared Responsibility

If you, your spouse/registered domestic partner (If filing jointly or separately on the same return), and anyone you or your spouse/registered domestic partner can claim as a dependent, had gualifying health coverage or an exemption for every month of 2021, enter zero. Otherwise complete Schedule HSR and accompanying worksheets to determine the amount of your Health Care Shared Responsibility Payment. From Schedule HSR, Part IV, Line 17.

#### Line 26 Total tax and DC Health Care Shared Responsibility Add Lines 24 and 25.

#### DC EITC

Refer to Instructions, page 12.

#### Line 27a Qualified EITC children

Refer to Instructions, page 12. Line 27b Enter your earned income amount.

**Line 27c** Enter your federal earned income credit (for taxpayers with qualifying children only).

**Line 27d** Multiply federal EIC x .40 and enter result (for taxpayers with qualifying children only).

**Line 27e** For filers without qualifying children, use the DC Earned Income Tax Credit Worksheet For Filers Without a Qualifying Child to determine your DC EITC and enter result.

#### Line 28 Property tax credit

If you filed a DC Schedule H, Homeowner and Renter Property Tax Credit, enter the amount from the appropriate Line (3 or 7). See the instructions in this booklet for assistance in completing Schedule H. If you are filing a D-40 and Schedule H by paper, attach Schedule H to your D-40.

#### Line 29 Refundable credits from DC Schedule U

Complete Schedule U, Part 1b. Attach Schedule U to your D-40. See Schedule N, DC Non-Custodial Parent EITC Claim, to determine if you are eligible to claim this credit. If you complete a Schedule N, attach it to your D-40.

#### Line 30 Total Refundable Credits

Add line 27d or 27e through Line 29.

#### Line 31 DC income tax withheld

Add the amount of DC income tax withheld as shown on your applicable 2021 federal Forms W-2 and 1099 that show DC tax withheld.

# Line 32 2021 Estimated income tax payments and amount applied from 2020 return

Enter the total of your 2021 DC estimated income tax payments and any amount applied from your 2020 return as a carry forward. If you are filing separate returns and paid estimated income tax payments, you and your spouse/registered domestic partner must divide the payments according to which spouse/registered domestic partner paid them. You cannot arbitrarily allocate the estimated payments between you.

#### Line 33 Tax paid with extension of time to file

If you filed Form FR-127, Extension of Time to file a DC Income Tax Return, enter the amount you paid with the FR-127.

# Line 34 If this is an amended 2021 return, enter payments made with original 2021 D-40 return.

#### Line 35 If this is an amended 2021 return, enter refunds requested with original 2021 D-40 return.

#### Line 36 Total payments and refundable credits

Add Lines 30 through Line 34. Do not include Line 35.

#### Line 37 Tax due

Subtract Line 36 from Line 26.

#### Line 38 Amount overpaid

Subtract Line 26 from Line 36.

#### Line 39 Amount to be applied to your 2022 estimated tax

#### Line 40 Underpayment interest

Fill in the oval if Form D-2210 is attached.

**D-2210:Underpayment of Estimated Income Tax By Individuals** You may use this form to calculate your underpayment interest when submitting your D-40 form. If you do, fill in the oval, attach it to your tax return and enter the interest amount on Line 40 of the D-40. If you do not wish to calculate the interest, the Office of Tax and Revenue (OTR) will do it when your return is processed and will notify you of the amount due. You may also complete this form if you believe the interest assessed by OTR for underpayment of estimated income tax is incorrect.

#### Line 41 Contribution amount from Schedule U, Part II, Line 5

(Cannot exceed refund amount on Line 38) Reference Instructions, page 12.

If you wish to contribute and you are not due a refund or do not owe additional tax, please enter the total contribution amount on Line 41. Make your payment payable to the DC Treasurer and include it with your return.

#### Line 42 Total amount due

Add Lines 37, 40 and 41. You must pay this amount in full with your return. See page 8 for payment options under Instructions.

#### Line 43 Net Refund

Subtract total of Lines 39, 40 and 41 from Line 38.

Be sure to use the PO Box 96145 mail label from the back flap of the return envelope when mailing your return, requesting a refund.

If you answer yes to the question, "Will this refund go to an account outside the U.S.", you will be issued a paper check in lieu of direct deposit. See page 13 of the Instructions.

#### Line 44 Injured spouse allocation

Fill in the oval if either spouse is claiming injured spouse allocation, and attach Form DC-8379 (Injured Spouse Allocation). Your DC-8379 must be attached to your return at the time of filing or the offsets cannot be recoverable by OTR.

#### Electronic 1099-G

In January 2020, the Office of Tax and Revenue (OTR) began offering a paperless option for receiving the Form 1099-G income tax refund statement. If you agree to receive your statement electronically, fill in the oval. We will notify you in January 2022 that your statement is available to be viewed and printed from our web portal if you are a registered user. Otherwise, you will continue to receive your paper statement unless you choose the paperless option.

Standard Dedu	ction Worksheet	for Dependent	Filers		
	f someone can claim you, o	-		ng jointly, as a dependent. To fi	nd out if someone can
1. Check if Yo	<b>u</b> were born before Janu	ıary 2, 1957			
Yo	ou are blind				
Sp	ouse/registered domest	<b>ic partner</b> was born bef	ore January 2, 195	57	
Sp	ouse/registered domesti	c partner is blind	Total number	of boxes checked1	
2. Is your earned inco	me* more than \$750?				
Yes. Add \$3	50 to your earned incon				
No. Enter \$3	1,100	<b>f</b> Enter the to	otal	2.	
<ul> <li>Single or ma</li> <li>Married/regis</li> </ul>	shown below for your fili arried/registered domesti stered domestic partners sehold - \$18,800	ic partner filing separate	ely - \$12,550 eparately on the sa	me return - $$25,100$ } 3.	
	smaller of Line 2 or Lin			ot blind, <b>stop here</b> and	
				\$1,350 (\$1,700 if single 4b.	
c. Add Lines	4a and 4b. Enter the to	otal here and on Form I	D-40, Line 18	4c.	
* Earned income incl	udes wages, salaries, ti	ps. professional fees. a	nd other compensa	ation received for personal	
services you performe	ed. It also includes any	taxable scholarship of	fellowship grant. G	enerally, your earned income yment compensation receive	
		4, iess any amount rep	resenting unemplo	yment compensation receive	.u.
Standard Deduc	tion Chart for P	eople who Were	Born before	January 2, 1957, or	Are Blind
		ur spouse/registered domes	stic partner if filing joi	ntly, as a dependent. Instead, us	se the worksheet above.
You were born b	efore January 2, 1957				
You are blind					
Spouse/registere	ed domestic partner wa	s born before January 2	2, 1957		
	d domestic partner is bl				
Enter the total number	of boxes checked				
If your filing status is	AND the number in the box above is	THEN your standard deduction is	If your filing status is	AND the number in the box above is	THEN your standard deduction is
Single	0 1 2	\$12,550 14,250 15,950	Head of Household	0 1 2	\$18,800 20,500 22,200
Married/registered	0	¢25,100		0	\$12,550
domestic partner	1	\$25,100 26,450	Married filing	1	13,900
filing jointly or filing	2	27,800	separately	2	15,250
separately on the same return	3 4	29,150 30,500		3* 4*	16,600 17,950
Qualifying widow(er)	0 1 2	\$25,100 26,450 27,800	your spouse <b>c</b> a federal or D	nim an additional standard de only if your spouse had no in OC income tax return and can on another person's return.	come, is not filing

# District of Columbia Earned Income Tax Credit (EITC) Worksheet For Filers Without A Qualifying Child

This worksheet is for taxpayers who do not have a qualifying child for the Earned Income Credit. If you have a qualifying child DO NOT USE THIS WORKSHEET.

If your earned income or federal adjusted gross income (fed AGI) is greater than \$37,455



#### Section A: General Eligibility for the DC Childless Worker EITC.

If you qualified for the federal Earned Income Credit, go directly to Section B, below. If you did not qualify for the federal Earned Income Credit, answer these questions:

- 1. Were you, or your spouse/registered domestic partner if married filing jointly, or married filing separately on the same return, at least age 19, or a student up to age 24, or age 18 for a qualified former foster youth, or qualified homeless at the end of 2021? If your spouse died in 2021 or if you are preparing a return for someone who died in 2021, see IRS Pub. 596 before you answer. If YES continue. **If NO, STOP, you cannot claim the EITC.**
- 2. Do you, and your spouse/registered domestic partner (if filing on the same tax return) have a social security number that allows you to work, or is valid for EITC purposes? (See the federal tax return instruction booklet for more information.) If YES, continue.
- 3. If you answer YES to any of the following questions, STOP, you are not eligible for the EITC. If you can answer NO to all the questions, go to step 4.
  - a. If you are unmarried, can you be claimed as a dependent on someone else's 2021 tax return, or are you someone else's qualifying child?
  - b. If you are married, and you are not filing with your spouse, can you be claimed as a dependent on someone else's 2021 tax return, or are you someone else's qualifying child?
  - c. On your federal return are you filing form 2555?
  - d. Is your investment income more than \$10,000? (Investment income includes: taxable interest, tax-exempt interest, ordinary dividends and capital gains more than \$0)
  - e. Did you file form 4797 with your federal return?
  - f. Did you file Schedule E with your federal return?
  - g. Did you have income from the rental of personal property not used in trade or business on your federal return?
  - h. Did you elect to report child's interest and dividends on your federal return?
  - i. Are you a qualifying child of another person for the Earned Income Credit?

4. Were you or your spouse a nonresident alien for any part of 2021? If NO, continue to Line 5. If YES, see the special rule below.

**Special Rule for nonresident Aliens:** If you are not married, and were a nonresident alien for any part of the year, **STOP**, you do not qualify for the EITC. If you were married, and both spouses were nonresident aliens for any part of the tax year, **STOP**, you do not qualify for the EITC. If only one spouse was a nonresident alien for any part of the year, you cannot claim the EITC unless your federal filing status is married filing jointly.

5. If you had income or loss from a passive activity, see IRS Pub. 596 to see if you can claim the EITC.

#### SECTION B: Calculating Your Earned Income

(For Individuals without federal Schedule SE, Schedule C, and who were not members of the clergy or statutory employees)

If you were self-employed at any time in 2021, or are filing federal Schedule SE because you were a member of the clergy or had church employee income, or are filing federal Schedule C as a statutory employee, <u>DO</u> <u>NOT USE THIS WORKSHEET</u> to figure out your earned income. See special instructions below.

This worksheet is for taxpayers without a qualifying child only. If you claimed the federal EITC on a 1040 or a 1040-SR, DO NOT USE THIS WORKSHEET to figure out your earned income. Report the earned income amount derived from the federal worksheet used to make your federal EITC claim on your 1040 or 1040-SR.

1.	Enter the amount of your wages, salaries, tips, etc.,		
	(from federal Form 1040 or 1040-SR)	.1.	
2.	Enter any amount included on Line 1, that is a taxable scholarship or		
	fellowship grant not reported on a Form W-2	.2.	
3.	Enter any amount included on Line 1, for work performed while an inmate in a penal institution	2	
4.	Enter any amount included on Line 1 that you received as a pension or		
	annuity from a nonqualified deferred compensation plan or nongovernmental		
	section 457 plan. This amount may be shown in box 11 of Form W-2. If you received such an amount but box 11 is blank, contact your employer for		
	the amount received	.4.	
5.	Enter any amount included on Line 1, that is a Medicaid waiver payment you exclude from income	5	
6.	Add Lines 2, 3, 4, and 5	6.	
7.	Subtract Line 6 from Line 1	.7.	
-			
8.	Enter all of your nontaxable combat pay if you elect to include it in earned income	8	
9.	Add Lines 7 and 8. This is your earned income	.9.	

Special instructions for Members of the Clergy, Statutory employees and those filing Schedule SE, Schedule C. See IRS 1040 instruction, Worksheet B. Use the amount on line 4b as your earned income. (Ignore line 5). Clergy and Church employees take note of special instructions.

#### **SECTION C:** Figuring your DC Earned Income Credit

**Note:** This Earned Income Credit Worksheet is for <u>filers without a qualifying child only</u>. If you are a filer with a qualifying child, DO NOT USE THIS WORKSHEET.

If your earned income or federal adjusted gross income (fed AGI) is greater than \$37,455, STOP, you cannot claim this credit.

1.	Enter your earned income from Line 9 of the Earned Income worksheet on the previous page, or from Line 4b of Worksheet B from the IRS instructions1.
2.	If earned income is less than \$9,817, multiply the amount by .0153, otherwise enter \$1502. \$1502 is the maximum amount that can be claimed. This is your tentative EITC amount based on your earned income. Complete the Lines below to determine the actual EITC amount2.
3.	Enter your federal adjusted gross income (from Form 1040 or 1040-SR)
4.	Enter the higher of Line 1 or Line 34.
5.	If Line 4 is less than \$19,743, enter the amount from Line 2. This is your actual EITC. If you are a part-year resident, you must prorate the credit attributable to the time of your DC residency. Enter this amount on Form D-40, Line 27e
6.	If Line 4 is between \$19,743 and \$37,455 subtract \$19,743 from the amount on Line 4, enter result
7.	Multiply the amount on Line 6 by 0.0848, enter result7.
8.	Subtract Line 7 from Line 2, enter result here. If less than zero, enter zero. If you are a part-year resident, you must prorate the credit attributable to the time of your DC residency. This is your actual EITC. Enter this amount on Form D-40, Line 27e

U.S. Bank ReliaCard<sup>®</sup> Pre-Acquisition Disclosure Program Name: District of Columbia Personal Income Tax

Monthly fee <b>\$0</b>	Per purchase <b>\$0</b>	ATM withdrawal <b>\$0</b> in-network	Cash reload <b>N/A</b>	
		\$2.00 out-of-netwo	ork	
ATM Balance	Inquiry (in-network or o	out-of-network)	\$0 or \$1.00	
Customer Ser	VICE (automated or live a	agent)	\$0 percall	
Inactivity (after	\$2.00 per month			
We charge 4	other types of fees.			
For general inforr Find details and c	gible for FDIC insurance. nation about prepaid acco	ounts, visit <i>cfpb.gov/prepaid.</i> services inside the card packa	age or call	

### U.S. Bank ReliaCard® Fee Schedule

Program Name: District of Columbia Personal Income Tax

All fees	Amount	Details
Getcash		
ATM Withdrawal (in-network)	\$0	This is our fee per withdrawal. "In-network" refers to the U.S. Bank or MoneyPass <sup>®</sup> or Allpoint <sup>®</sup> ATM networks. Locations can befound at <u>usbank.com/locations</u> or <u>moneypass.com/atm-</u> <u>locator.html</u> or <u>allpointnetwork.com</u> .
ATM Withdrawal (out-of-network)	\$2.00	This is our fee per withdrawal. "Out-of-network" refers to all the ATMs outside of the U.S. Bank or MoneyPass or Allpoint ATM networks. You may also be charged a fee by the ATM operator even if you do not complete a transaction.
Teller Cash Withdrawal	\$0	This is our fee for when you withdraw cash off your card from a teller at a bank or credit union that accepts Visa <sup>®</sup> .
Information		
ATM Balance Inquiry (in-network)	\$0	This is our fee per inquiry. "In-network" refers to the U.S. Bank or MoneyPass or Allpoint ATM networks. Locations can be found at <u>usbank.com/locations</u> or <u>moneypass.com/atm-locator.html</u> or <u>allpointnetwork.com</u> .
ATM Balance Inquiy (out-of-network)	\$1.00	This is our fee per inquiry. "Out-of-network" refers to all the ATMs outside of the U.S. Bank or MoneyPass or Allpoint ATM networks. You may also be charged a fee by the ATM operator.
Using your card outside the U.S.		
International Transaction	3%	This is our fee which applies when you use your card for purchases at foreign merchants and for cash withdrawals from foreign ATMs and is a percentage of the transaction dollar amount, after any currency conversion. Some transactions, even if you and/or the merchant or ATM are located in the United States, are considered foreign transactions under the applicable network rules, and we do not control how these merchants, ATMs and transactions are classified for this purpose.
International ATM Withdrawal	\$2.00	This is our fee per withdrawal. You may also be charged a fee by the ATM operator even if you do not complete a transaction.
International ATM Balance Inquiry	\$2.00	This is our fee per inquiry. You may also be charged a fee by the ATM operator.
Other		
Card Replacement \$5.00 This is our fee per replacement of a lost card mailed to you with standard delivery (up to business days).		This is our fee per replacement of a lost card mailed to you with standard delivery (up to 10 business days).
Card Replacement Expedited Delivery	\$25.00	This is our fee for expedited delivery (up to 3 business days) charged in addition to any Card Replacement fee.
Inactivity	\$2.00	This is our fee charged each month after you have not completed a transaction using your card for 90 consecutive days.

Your funds are eligible for FDIC insurance. Your funds will be held at U.S. Bank National Association, an FDIC-insured institution, and are insured up to \$250,000 by the FDIC in the event U.S. Bank fails. See <u>fdic.gov/deposit/deposits/prepaid.html</u> for details.

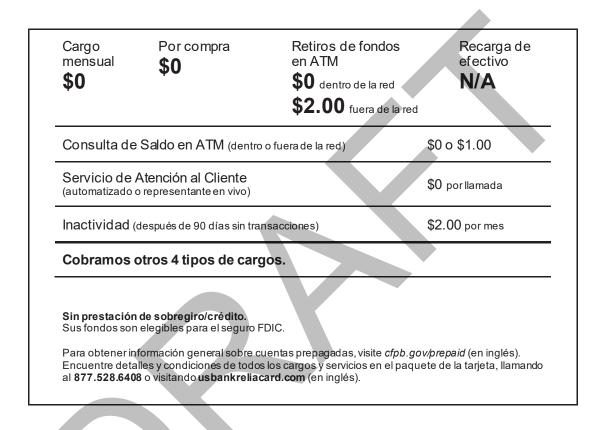
No overdraft/credit feature.

Contact Cardholder Services by calling 1-877-528-6408, by mail at P.O. Box 551617, Jacksonville, FL 32255 or visit usbankreliacard.com.

For general information about prepaid accounts, visit <u>*cfpb.gov/prepaid*</u>. If you have a complaint about a prepaid account, call the Consumer Financial Protection Bureau at 1-855-411-2372 or visit <u>*cfpb.gov/complaint*</u>.

Cr-19743526

Divulgación Previa a la Adquisición de la Tarjeta U.S. Bank ReliaCard<sup>®</sup> Nombre del Programa: District of Columbia Personal Income Tax



# Lista de Cargos de la Tarjeta U.S. Bank ReliaCard®

Nombre del Programa: District of Columbia Personal Income Tax

Todos los cargos	Monto	Detalles
Retiros de efectivo	-	
Retiro de Fondos en ATM (dentro de la red)	\$0	Este es nuestro cargo por retiro de fondos. "Dentro de la red" se refiere a las redes de ATM de U.S. Bank, MoneyPass <sup>®</sup> y Allpoint <sup>®</sup> . Puede encontrar ubicaciones en <u>usbank.com/locations</u> (en inglés), <u>moneypass.com/atm-locator.html</u> (en inglés) y <u>allpointnetwork.com</u> (en inglés).
Retiro de Fondos en ATM (fuera de la red)	\$2.00	Este es nuestro cargo por retiro de fondos. "Fuera de la red" se refiere a todos los ATM que se encuentran fuera de las redes de ATM de U.S. Bank, MoneyPass y Allpoint. El operador del ATM también puede cobrarle un cargo, incluso si no termina de realizar la transacción.
Retiro de Efectivo con Personal de Ventanilla	\$0	Este es nuestro cargo por realizar un retiro de efectivo desde su tarjeta con la ayuda del personal de ventanilla en un banco o cooperativa de crédito que acepte Visa®.
Información		
Consulta de Saldo en ATM (dentro de la red)	\$0	Este es nuestro cargo por consulta. "Dentro de la red" se refiere a las redes de ATM de U.S. Bank, MoneyPass y Allpoint. Puede encontrar ubicaciones en <u>usbank.com/locations</u> (en inglés), <u>monevpass.com/atm-locator.html</u> (en inglés) y <u>allpointnetwork.com</u> (en inglés).
Consulta de Saldo en ATM (fuera de la red)	\$1.00	Este es nuestro cargo por consulta. "Fuera de la red" se refiere a todos los ATM que se encuentran fuera de las redes de ATM de U.S. Bank, MoneyPass y Allpoint. El operador del ATM también puede cobrarle un cargo.
Uso de su tarjeta fuera de los EE. I	JU.	
Transacción Internacional 3%		Este es el cargo que cobramos y que se aplica al uso de su tarjeta para compras en comercios extranjeros y por retiros de efectivo en ATM extranjeros y es un porcentaje del monto en dólares de la transacción después de cualquier conversión de moneda. Algunas transacciones, aunque usted y/o el comercio o ATM estén ubicados en los Estados Unidos, se consideran transacciones en el extranjero conforme a las reglas aplicables de la red, y nosotros no tenemos control sobre cómo se clasifican estos comercios, ATM y transacciones para este fin.
Retiro de Fondos en ATM Internacional	\$2.00	Este es nuestro cargo por retiro de fondos. El operador del ATM también puede cobrarle un cargo, incluso si no termina de realizar la transacción.
Consulta de Saldo en ATM Internacional	\$2.00	Este es nuestro cargo por consulta. El operador del ATM también puede cobrarle un cargo.
Otros		
Reemplazo de Tarjeta	\$5.00	Este es nuestro cargo por reemplazo de una tarjeta extraviada con servicio de entrega estándar (hasta 10 días hábiles).
Reemplazo de Tarjeta con Entrega Expresa	\$25.00	Este es nuestro cargo por entrega expresa (hasta 3 días hábiles), adicional a cualquier cargo por Reemplazo de Tarjeta.
Inactividad	\$2.00	Este es nuestro cargo por mes si no ha realizado una transacción con su tarjeta durante 90 días consecutivos.

Si bien esta comunicación de U.S. Bank se ofrece en español, las futuras comunicaciones de U.S. Bank y los documentos relacionados con sus acuerdos contractuales, divulgaciones, notificaciones y estados de cuenta, así como los servicios en Internet y de la banca móvil, pueden estar disponibles solamente en inglés. Usted debe poder leer y comprender estos documentos o tener asistencia en su traducción para poder entender y utilizar este producto o servicio. Los documentos en inglés están disponibles a petición suya.

Sus fondos son elegibles para el seguro FDIC. Sus fondos se conservarán en U.S. Bank National Association, una institución asegurada por la FDIC, y están asegurados por la FDIC hasta \$250,000 en caso de que U.S. Bank no lo haga. Consulte <u>fdic.gov/deposit/deposits/prepaid.html</u> (en inglés) para obtener detalles.

#### Sin prestación de sobregiro/crédito.

Comuníquese con Servicios para Titulares de Tarjetas, llamando al 877.528.6408, por correo a: Cardholder Services P.O. Box 551617, Jacksonville, FL 32255 o visite <u>usbankreliacard.com</u> (en inglés).

Para obtener información general sobre cuentas prepagadas, visite <u>cfpb.gov/prepaid</u> (en inglés). Si tiene alguna queja sobre una cuenta prepagada, llame a la Oficina para la Protección Financiera del Consumidor (Consumer Financial Protection Bureau) al 855.411.2372, o visite <u>cfpb.gov/complaint</u> (en inglés).

Cr-19743526

# U.S. Bank ReliaCard<sup>®</sup> 소지 전 정보설명 프로그램명: District of Columbia Personal Income Tax

월 수수료	구매 건당	자동화기기 인출	현금 충전		
\$0	\$0	<b>\$0</b> 네트워크 내	해당		
		\$2.00 네트워크 S	없음		
자동화기기	잔액조회(네트워크내또는	= 네트워크 외)	\$0 또는 \$1.00		
고객서비스(;	자동화 또는 실제 상담원)		\$0 통화 건당		
휴면상태(거래없이 90 일 경과) \$2.00 매월					
4 가지의 기태	타 수 수 료 가 부 가 됩니	다.			
당좌차월/신용기	H래 기능 없음				
귀하의 자금은 FDIC 의 보호를 받습니다.					
모든 수수료와 🗸	한 일반 정보를 원하시면 <i>cf</i>  비스의 내용과 조건에 대한 거나 <b>usbankreliacard.com</b>	<i>bb.gov/prepaid</i> (영어)를 방문 해서는 본 카드 패키지에서 찾 1(영어)을 방문해 주십시오.	해 주십시오. 아보거나, <b>1-877-528-</b>		

#### U.S. Bank ReliaCard® 이용 수수료 명세서

Program Name: District of Columbia Personal Income Tax

모든 수수료	금액	설명
출금		
자동화기기 인출(네트워크 내)	\$0	이 수수료는 인출 건당 수수료입니다. '네트워크 내'란 U.S. Bank, MoneyPass <sup>®</sup> 또는 Allpoint <sup>®</sup> 자동화기기 네트워크를 뜻합니다. 기기의 위치는 <u>usbank.com/locations</u> (영어) 또는 <u>moneypass.com/atm-locator.html</u> (영어) 또는 <u>allpointnetwork.com</u> (영어)에서 확인하실 수 있습니다.
자동화기기 인출(네트워크 외)	\$2.00	이 수수료는 인출 건당 수수료입니다. "네트워크 외"란 U.S. Bank, MoneyPass 또는 Allpoint 자동화기기 네트워크 외에 존재하는 기타 모든 자동화기기를 뜻합니다. 귀하가 거래를 종료하지 않은 경우에도 또한 자동화기기 운영자가 수수료를 부과할 수 있습니다.
창구 현금 인출	\$0	이 수수료는 귀하가 은행 또는 Visa <sup>®</sup> 를 수락하는 신용조합의 창구에서 카드로 현금을 인출할 때 부과되는 수수료입니다.
정보		
자동화기기 잔액조회(네트워크 내)	\$0	이 수수료는 조회 건당 수수료입니다. "네트워크 내"한 U.S. Bank, MoneyPass 또는 Allpoint 자동화기기 네트워크를 뜻합니다. 기기의 위치는 <i>usbank.com/locations</i> (영어) 또는 <u>moneypass.com/atm-locator.html</u> (영어) 또는 <u>allpointnetwork.com</u> (영어)에서 확인할 수 있습니다.
자동화기기 잔액조회(네트워크 외)	\$1.00	이 수수료는 조회 건당 수수료입니다. "네트워크 외"란 U.S. Bank, MoneyPass 또는 Allpoint 자동화기기 네트워크 외에 존재하는 기타 모든 자동화기기를 뜻합니다. 또한 자동화기기 운영자가 수수료를 부과할 수 있습니다.
미국 외에서의 카드 사용		
해의 거래	3%	이 수수료는 귀하가 해외 상점에서 카드로 구매하거나 해외 자동화기기를 사용하여 현금을 인출한 경우에 적용되며, 환전 후 달러 지준 거래 금액의 백분율입니다. 특정 거래는 귀하 및/또는 상점 또는 자동화기기가 미국에 위치한다 하더라도 해당 네트워크 규정에 따라 해외 거래로 간주되며, 당사는 해당 상점, 자동화기기 및 거래가 어떻게 이러한 목적으로 분류되는지를 통제하지 않습니다.
해외 자동화기기 인출	\$2.00	이 수수료는 인출 건당 수수료입니다. 귀하가 거래를 종료하지 않은 경우에도 또한 자동화기기 운영자가 수수료를 부과할 수 있습니다.
해외 자동화기기 잔액조회	\$2.00	이 수수료는 조회 건당 수수료입니다. 또한 자동화기기 운영자가 수수료를 부과할 수 있습니다.
기타		
카드교체	\$5.00	이 수수료는 분실 카드에 대해 표준 배송(최대 10영업일 소요)으로 귀하에게 발송되는 교체 건당 수수료입니다.
카드교체 긴급 배송	\$25.00	이 수수료는 카드교체 수수료에 추가하여 긴급 배송(최대 3영업일 소요)에 부과되는 수수료입니다.
휴면상태	\$2.00	이 수수료는 90일 연속으로 카드 사용 거래 실적이 없는 경우 매월 부과되는 수수료입니다.

본 커뮤니케이션은 한국어로 제공되지만, 이후의 U.S. Bank 커뮤니케이션과 계약 동의서, 공시, 알림 및 입출금 내역서와 관련된 문서와 인터넷, 모바일 팽킹 서비스의 경우 영어로만 이용 가능할 수 있습니다. 본인이 이런 문서를 읽고 이해할 수 있거나 다른 사람의 도움을 받아 이들 문서를 번역할 수 있어야만 본 상품이나 서비스를 이해하고 이용하실 수 있습니다. 영어 문서는 요청하시면 언제든지 이용 가능합니다.

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당좌차월/신용거래기능 없음 카드소지자 서비스는 **1-877-528-6408**으로 전화하시거나 우체국 사서함 551617, Jacksonville, FL 32255로 우편을 통해, 또는 <u>usbankreliacard.com</u>(영어)에 방문하여 문의하십시오.

선불 계좌에 대한 일반 정보를 원하시면 <u>cfpb.gov/prepaid</u>(영어)를 방문해 주십시오. 선불 계좌에 대하여 불만 사항이 있으신 경우, 소비자 금융보호국(Consumer Financial Protection Bureau)에 1-855-411-2372으로 전화하시거나 <u>cfpb.gov/complaint</u>(영어)를 방문하십시오.

Cr-19743526

# U.S. Bank ReliaCard<sup>®</sup> 領卡前的披露事項 計劃名稱: District of Columbia Personal Income Tax

月費	每次購物	<b>ATM</b> 取款	現金充值
\$0	<b>\$0</b>	<b>\$0</b> 網內	不適用
		<b>\$2.00</b> 網外	
ATM 餘額	查詢 (網內或網外)		\$0 或 \$1.00
客戶服務(	(自動或即時客服)		每通電話 \$0
閒置 (未進)	亏交易逾90天後)		每月 \$2.00
我們還收明	Q另外4種費用。		
如需瞭解預付 如需瞭解所有	FDIC保險資格。 帳戶的一般資訊,請造訪 c		R,或致電 <b>1-877-528-6408</b> ,或

# U.S. Bank ReliaCard<sup>®</sup> 費用明細表

計劃名稱: District of Columbia Personal Income Tax

所有費用	金額	詳細資訊
提取現金	-	
ATM 取款(網內)	\$0	每次取款的費用。「網內」意指 U.S. Bank 或 MoneyPass <sup>®</sup> 或 Allpoint <sup>®</sup> ATM 網絡。地點可從 <u>usbank.com/locations</u> (英文)或 <u>moneypass.com/atm-locator.html</u> (英文)或 <u>allpointnetwork.com</u> (英文)查詢。
ATM 取款(網外)	\$2.00	每次取款的費用。「網外」意指 U.S. Bank 或 MoneyPass 或 Allpoint ATM 網絡外的所有 ATM。即便您未辦完一宗交易,但 ATM 的營運商仍有可能向您收取費用。
櫃檯提取現金	\$0	這是您在接受 Visa <sup>®</sup> 之銀行或信用合作社的櫃檯,請行員從您的卡中提取現金時,我們會收取的費用。
資訊		
ATM 餘額查詢(網內)	\$0	每次查詢的費用。「網內」意指 U.S. Bank 或 MoneyPass 或 Allpoint ATM 網絡。地點可從 <u>usbank.com/locations</u> (英文)或 <u>moneypass.com/atm-locator.html</u> (英文)或 <u>allpointnetwork.com</u> (英文)查詢。
ATM 餘額查詢(網 外)	\$1.00	每次查詢的費用。「網外」意指 U.S. Bank或 MoneyPass或 Allpoint ATM 網絡外的所有 ATM。 ATM 營運商可能也會向您收取費用。
在美國境外使用您的卡		
國際交易	3%	這是您使用卡片在國外商家購物以及從國外 ATM 提取現金的費用,且按照匯率換算後的交易美元金額比例計算。即使您和/或商家或 ATM 位於美國,有些交易仍會根據適用的網路規則視為國外交易;而且這些商家、ATM 及交易基於此目的所做的分類,非由我們控制。
國際 ATM 取款	\$2.00	每次取款的費用。即便您未辦完一宗交易,但 ATM 的營運商仍有可能向您收取費用。
國際 ATM 餘額查詢	\$2.00	每次查詢的費用。ATM 營運商可能也會向您收取費用。
其他		
換卡	\$5.00	每次换發丟失的銀行卡的費用,卡會以標準郵寄方式寄給您(最長 10 個營業日)。
加急換卡寄送	\$25.00	任何换卡費用之外另加收的加急寄送(最長3個營業日)費。
閒置	\$2.00	連續 90 天未用卡交易後,每個月要收取的費用。

雖然此通訊內容係以繁體中文提供,爾後 U.S. Bank 的通訊,以及與您合約協議、揭露、通知及聲明、網際網路與行動銀行服務相關之文件可能僅提供英文版。您須能閱讀並瞭解這些文件,或者具備相關的翻譯輔助,以便瞭解及使用此產品或服務。可依要求提供英文文件。

您的資金符合 FDIC 保險資格。您的資金會由 FDIC 承保之 U.S. Bank 全國聯合會持有,若U.S. Bank 失去支付能力,FDIC 會承兌您的資金,最高為 \$250,000。詳細資訊請見 <u>fdic.gov/deposit/deposits/prepaid.html</u>(英文)。

無透支/信貸功能。

如需聯絡持卡人服務部,請致電 1-877-528-6408、寄信至 P.O. Box 551617, Jacksonville, FL 32255,或造訪 usbankreliacard.com (英文)。

如需瞭解預付帳戶的一般資訊,請造訪 <u>cfpb.gov/prepaid</u>(英文)。如果您想就預付帳戶事宜提出投訴,請致電消費者金融保護局 (Consumer Financial Protection Bureau),電話為:1-855-411-2372,或造訪 <u>cfpb.gov/complaint</u>(英文)。

Cr-19743526

# **Key website resources**

DC Official Code www.lexisnexis.com/hottopics/dccode/

DC Regulations

DC Tax Forms/Publications

MyTax.DC.gov

Mailing Address for Returns MyTax.DC.gov

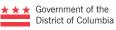
Electronic Funds Transfer (EFT) Guide MyTax.DC.gov

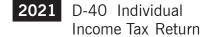
NACHA Guidelines www.nacha.org/

Social Security Administration <a href="http://www.ssa.gov/">www.ssa.gov/</a>

Internal Revenue Service

33







mpor	tant: Print in CAPITAL letters using black ink.		l IIIIII IIIII 2	1 0 4 0 0	1 1 0 0	
Yo	ersonal information ur telephone number		Fill in if: Filing	an <b>amended return</b> .	See instructions.	OFFICIAL USE ONLY Vendor ID#0000
Yo	our taxpayer identification number (TIN) and Date of	Birth (MMDDYYYY)	Spouse's/registered do	mestic partner's TIN	<b>and</b> Date of Birth (	(MMDDYYYY)
Yo	our first name	M.I. Last name				Fill in if Decease
Ychar	oouse's/registered domestic partner's first name	M.I. Last name				Fill in if Deceased
Ho	ome address (number, street and suite/apartment numbe	r if applicable)				
Cit	y		State	e Zip Code +4		
	ail Address					
LIIId						
<u>Fil</u>	ing status_					
1	Fill in only one: Single, Marrie	ed filing jointly,	Married filing separate	ly, 🔵 Dependent	claimed by som	neone else
	Married filing separa	itely on same return	Enter combined amounts	s for Lines 5–43. See	instructions.	
	Registered domestic	partners filing jointl	y filing separate	ly on same return En	ter combined ar	nounts
	for Lines 5-43. See	instructions.		-		
	Head of household	Enter qualifying depe	ndent and/or non-depend	lent information on So	chedule S.	
	Qualifying widow(er)	with dependent chi	ld Enter qualifying deper	ndent and/or non-dep	endent informati	on on Schedule S.
_						
2	Fill in if you are: Part-year resident in	DC from	to		See instructio	ons
			MDDYYYY)	(MMDDYYYY)		
3	Did you have qualifying health care coverage for			ily for the entire year	? Yes 🔵	No
_	If no, or if claiming an exemption, complete Sch	edule HSR (see insti	uctions).			
	<ul> <li>Complete your federal return</li> </ul>	rn first – Enter y	our dependents' info	ormation on DC S	Schedule S •	
Ind	come Information		Round cents to nea if min	rest dollar. If amount is zei us, enter amount and fill in	oval.	
а	Wages, salaries, unemployment compensati see instructions.	on and/or tips,	a \$		.00	
b	Business income or loss, see instructions.	Fill in if los			.00	
C	Capital gain or loss.	Fill in if los		++++	.00	
d	Rental real estate, royalties, partnerships,	etc. Fill in if los	; d \$		.00	
	mputation of DC Gross and Adjusted Gro		federal Fill in if loss			.00
4	Federal adjusted gross income. From adjusted Forms 1040, 1040-SR, 1040-NR or 1040-NR-EZ.	I gross income lines on	federal			

D-40 PAGE 2

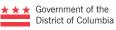
Enter your TIN

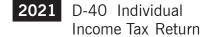
Enter your last name.

	2	1	0	4	0	0	1	2	0	0	0	0	

Add	litions to DC Income		
5	Franchise tax deducted on federal forms, see instructions.	5 \$	00
6	Other additions from DC Schedule I, Calculation A, Line 9.	6 \$	00
7	Add Lines 4, 5 and 6.	7 \$	00
Sub	stractions from DC Income		
8	Part year residents, enter income received during period of nonresidence, see instructions.	8 \$	00
9	Taxable refunds, credits or offsets of state and local income tax.	9 8	.00
10	Taxable amount of social security and tier 1 railroad retirement	10 \$	.00
11	Income reported and taxed this year on a DC franchise or fiduciary return.	11 \$	00
12	DC and federal government survivor benefits, see instructions.	12 \$	00
13	Unemployment Insurance Benefits, see instructions.	13 \$	00
14	Other subtractions from DC Schedule I, Calculation B, Line 16.	14 \$	00
15	Total subtractions from DC income, Lines 8-14.     Fill in if loss	15 \$	00
16	DC adjusted gross income, Line 7 minus Line 15.	16 \$ _	.00
17	Deduction type. Take the same type as you took on your federal return. Fill in which type: Standard or	Itemized	
		See instructions for amount to enter on Lin	e 17
18	DC deduction amount.	See instructions for amount to enter on Line 18\$	ne 17. 00
18 19			
	DC deduction amount. DC taxable income. Subtract Line 18 from Line 16. Tax. If Line 19 is \$100,000 or less, use tax tables to find the tax, if more, use Calculation I in instructions.	18\$	00
19	DC deduction amount. DC taxable income. Subtract Line 18 from Line 16. Tax. If Line 19 is \$100,000 or less, use tax tables to find the tax, if more, use Calculation I in instructions. Fill in if filing separately on same return. Complete Calculation J on Schedule S. Credit for child and dependent care expenses00 X .32	18\$	00 00
19 20 21	DC deduction amount. DC taxable income. Subtract Line 18 from Line 16. Tax. If Line 19 is \$100,000 or less, use tax tables to find the tax, if more, use Calculation I in instructions. Fill in if filing separately on same return. Complete Calculation J on Schedule S. Credit for child and dependent care expenses .00 X .32 From federal Form 2441; if part-year DC resident, from Line 5, DC Form 2441	18\$     19\$     10       20\$     10	00 00 00
19 20 21 22	DC deduction amount. DC taxable income. Subtract Line 18 from Line 16. Tax. If Line 19 is \$100,000 or less, use tax tables to find the tax, if more, use Calculation I in instructions. Fill in if filing separately on same return. Complete Calculation J on Schedule S. Credit for child and dependent care expenses From federal Form 2441; if part-year DC resident, from Line 5, DC Form 2441 Non-refundable credits from DC Schedule U, Part 1a, Line 7. Attach Schedule U.	18\$     19\$     10       20\$     10       21\$     10	00 00 00 00
19 20 21 22 23	DC deduction amount. DC taxable income. Subtract Line 18 from Line 16. Tax. If Line 19 is \$100,000 or less, use tax tables to find the tax, if more, use Calculation I in instructions. Fill in if filing separately on same return. Complete Calculation J on Schedule S. Credit for child and dependent care expenses From federal Form 2441; if part-year DC resident, from Line 5, DC Form 2441 Non-refundable credits from DC Schedule U, Part 1a, Line 7. Attach Schedule U. Total non-refundable credits. Add Line 21 and Line 22.	18\$       18\$       19\$       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10	00 00 00 00 00
19 20 21 22 23 24	DC deduction amount. DC taxable income. Subtract Line 18 from Line 16. Tax. If Line 19 is \$100,000 or less, use tax tables to find the tax, if more, use Calculation I in instructions. Fill in if filing separately on same return. Complete Calculation J on Schedule S. Credit for child and dependent care expenses .00 X .32 From federal Form 2441; if part-year DC resident, from Line 5, DC Form 2441 Non-refundable credits from DC Schedule U, Part 1a, Line 7. Attach Schedule U. Total non-refundable credits. Add Line 21 and Line 22. Subtract Line 23 from Line 20. If less than zero, enter zero.	18\$       18\$       19\$       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10	00 00 00 00 00 00
19 20 21 22 23 24 25	DC deduction amount. DC taxable income. Subtract Line 18 from Line 16. Tax. If Line 19 is \$100,000 or less, use tax tables to find the tax, if more, use Calculation I in instructions. Fill in if filing separately on same return. Complete Calculation J on Schedule S. Credit for child and dependent care expenses From federal Form 2441; if part-year DC resident, from Line 5, DC Form 2441 Non-refundable credits from DC Schedule U, Part 1a, Line 7. Attach Schedule U. Total non-refundable credits. Add Line 21 and Line 22. Subtract Line 23 from Line 20. If less than zero, enter zero. DC Health Care Shared Responsibility See instructions. If fully covered or fully exempt, enter zero.	18\$       18\$       19\$       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10	00 00 00 00 00 00 00
19 20 21 22 23 24 25	DC deduction amount. DC taxable income. Subtract Line 18 from Line 16. Tax. If Line 19 is \$100,000 or less, use tax tables to find the tax, if more, use Calculation I in instructions. Fill in if filing separately on same return. Complete Calculation J on Schedule S. Credit for child and dependent care expenses .00 X .32 From federal Form 2441; if part-year DC resident, from Line 5, DC Form 2441 Non-refundable credits from DC Schedule U, Part 1a, Line 7. Attach Schedule U. Total non-refundable credits. Add Line 21 and Line 22. Subtract Line 23 from Line 20. If less than zero, enter zero. DC Health Care Shared Responsibility See instructions. If fully covered or fully exempt, enter zero. Total tax and DC Health Care Shared Responsibility. Add Line 24 and Line 25.	18\$       18\$       19\$       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10	00 00 00 00 00 00
19 20 21 22 23 24 25	DC deduction amount. DC taxable income. Subtract Line 18 from Line 16. Tax. If Line 19 is \$100,000 or less, use tax tables to find the tax, if more, use Calculation I in instructions. Fill in if filing separately on same return. Complete Calculation J on Schedule S. Credit for child and dependent care expenses From federal Form 2441; if part-year DC resident, from Line 5, DC Form 2441 Non-refundable credits from DC Schedule U, Part 1a, Line 7. Attach Schedule U. Total non-refundable credits. Add Line 21 and Line 22. Subtract Line 23 from Line 20. If less than zero, enter zero. DC Health Care Shared Responsibility See instructions. If fully covered or fully exempt, enter zero.	18\$       18\$       19\$       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10	00 00 00 00 00 00 00 00
19 20 21 22 23 24 25 26 27	DC deduction amount. DC taxable income. Subtract Line 18 from Line 16. Tax. If Line 19 is \$100,000 or less, use tax tables to find the tax, if more, use Calculation I in instructions. Fill in if filing separately on same return. Complete Calculation J on Schedule S. Credit for child and dependent care expenses	18\$       18\$       19\$       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10	00 00 00 00 00 00 00
19 20 21 22 23 24 25 26 27 272	DC deduction amount. DC taxable income. Subtract Line 18 from Line 16. Tax. If Line 19 is \$100,000 or less, use tax tables to find the tax, if more, use Calculation I in instructions. Fill in if filing separately on same return. Complete Calculation J on Schedule S. Credit for child and dependent care expenses .00 X .32 From federal Form 2441; if part-year DC resident, from Line 5, DC Form 2441 Non-refundable credits from DC Schedule U, Part 1a, Line 7. Attach Schedule U. Total non-refundable credits. Add Line 21 and Line 22. Subtract Line 23 from Line 20. If less than zero, enter zero. DC Health Care Shared Responsibility See instructions. If fully covered or fully exempt, enter zero. Total tax and DC Health Care Shared Responsibility. Add Line 24 and Line 25. DC Earned Income Tax Credit Fill in if prior year (2019) earned income See instructions.	18\$       18\$       19\$       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10	00 00 00 00 00 00 00 00
19 20 21 22 23 24 25 26 27 272 272	DC deduction amount. DC taxable income. Subtract Line 18 from Line 16. Tax. If Line 19 is \$100,000 or less, use tax tables to find the tax, if more, use Calculation I in instructions. Fill in if filing separately on same return. Complete Calculation J on Schedule S. Credit for child and dependent care expenses 000 X .32 From federal Form 2441; if part-year DC resident, from Line 5, DC Form 2441 Non-refundable credits from DC Schedule U, Part 1a, Line 7. Attach Schedule U. Total non-refundable credits. Add Line 21 and Line 22. Subtract Line 23 from Line 20. If less than zero, enter zero. DC Health Care Shared Responsibility See instructions. If fully covered or fully exempt, enter zero. Total tax and DC Health Care Shared Responsibility. Add Line 24 and Line 25. DC Earned Income Tax Credit Fill in if prior year (2019) earned income See instructions. Enter the number of qualified EITC children. 27b Enter earned income amount	18\$       19\$       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       <	00 00 00 00 00 00 00 00

	D-	40 PAGE 3							
	Ent	er your last name.							
	Ent	er your TIN		<b>NII ANIII ANIII INANA INIII ANIII ANIII ANIII ANII</b>					
	29	Refundable cre	edits from DC Schedule U, Part 1b, Line 3. Attach Schedule U.	29 \$	00				
	30	Total refundab	le credits. Add Line 27d or 27e through Line 29.	30 \$	00				
	31	DC income tax	withheld shown on Forms W-2 and 1099. Attach these forms.	31 \$	00				
	32	2021 estimate	ed income tax payments and amount applied from 2020 return.	32 \$	00				
	33	Tax paid with	Form FR-127 Extension of Time to File.	33 \$	00				
	34	If this is an am	nended 2021 return, enter payments made with original 2021 D-40 return.	34 \$	00				
	35	If this is an am	nended 2021 return, enter refunds requested with original 2021 D-40 return.	35 \$	00				
	36	Total payment	s and refundable credits. Add Line 30 through Line 34. (Do not include Line 35).	36	00				
	37	Tax Due. Subtr	act Line 36 from Line 26.	37	00				
nts	38	Amount overpa	aid. Subtract Line 26 from Line 36.	38 \$	00				
ayme	39	Amount to be	applied to your 2022 estimated tax.	39 \$	00				
credit and payments	40	Underpayment	Interest. Fill in the oval and attach Form D-2210.	40 \$	00				
dit aı	41	Contribution a	mount from Schedule U, Part II, Line 5. (Cannot exceed amount on Line 38)	41 \$	00				
, cre	42	Total Amount	Due. Add Lines 37, 40 and 41.	42 \$	.00				
DC tax,	43	Net Refund. s	ubtract total of Lines 39, 40 and 41 from Line 38.	43 \$	00				
ŏ			nd go to an account outside the U.S.? Yes No See instructions.						
	44 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 Reliacard (See instructions) 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								
	Fill in 🔿 if you agree to receive your 1099-G Income Tax refund statement electronically (see instructions).								
	Thirc	l party designee <i>To a</i>	uthorize another person to discuss this return with OTR, fill in here and enter the name and pho	one number of that person. See instructions.					
	Desi	gnee's name	Phone number						
	-	ature 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 pr Date Preparer's signature	reparer is based on information available to the preparer. Date					
		-Brataro							
	Spous	e's/registered domestic p	artner's signature if filing jointly or separately on same return Date Preparer's Tax Identification Number	(PTIN) PTIN telephone number					
			Ŧ						







mpor	tant: Print in CAPITAL letters using black ink.				2 1 0 4 0	0 1 1 0 0					
Yo	ersonal information ur telephone number		Fill i	n 🔵 if: Fil	ing an <b>amended ret</b>	urn. See instructions.	OFFICIAL USE ONLY Vendor ID#0000				
Yo	our taxpayer identification number (TIN) and Date of	Birth (MMDDYY	YY) Spo	use's/registere	d domestic partner's TI	N and Date of Birth	n (MMDDYYYY)				
Yo	our first name	M.I. Last	name				Fill in if Decease				
Ychar	oouse's/registered domestic partner's first name	M.I. Last	t name				Fill in if Deceased				
Ho	ome address (number, street and suite/apartment numbe	r if applicable)									
Cit	y				State Zip Code	2 +4					
	ail Address										
LIIId											
<u>Fil</u>	ing status_										
1	Fill in only one: Single, Marri	ed filing jointly,	Marrie	ed filing sepa	rately, 🔵 Deper	dent claimed by so	meone else				
	Married filing separately on same return <i>Enter combined amounts for Lines 5–43. See instructions.</i>										
	Registered domestic partners filing jointly filing separately on same return Enter combined amounts										
	for Lines 5-43. See	instructions.									
	Head of household	Enter qualifying	g dependent a	nd/or non-de	pendent information	on Schedule S.					
	Qualifying widow(er	) with depende	nt child Enter	qualifying d	ependent and/or non	-dependent informa	tion on Schedule S.				
_											
2	Fill in if you are: Part-year resident ir	DC from		to		See instruct	tions				
	The full you how the	Donom	(MMDDYY		(MMDDYYYY)						
3	Did you have qualifying health care coverage fo				family for the entire	year? Yes 🔵	Νο				
_	If no, or if claiming an exemption, complete Scl	iedule HSR (see	e instructions).								
	<ul> <li>Complete your federal retu</li> </ul>	rn first – Enf	ter your de	pendents'	information on [	C Schedule S					
Ind	come Information			Round cents to i	o nearest dollar. If amount f minus, enter amount and	l fill in oval.					
а	Wages, salaries, unemployment compensat see instructions.	ion and/or tips	з, а			.0					
b	Business income or loss, see instructions.	Fill ir	n if loss 🔵 b			.0					
C	Capital gain or loss.		n if loss OC			0					
d	Rental real estate, royalties, partnerships	etc. Fill in	n if loss O d			0	0				
	mputation of DC Gross and Adjusted Gro			Fill in if los			.00				
4	Federal adjusted gross income. From adjuste Forms 1040, 1040-SR, 1040-NR or 1040-NR-EZ.	i gross income lir	nes on tederal		Ψ.						

D-40 PAGE 2

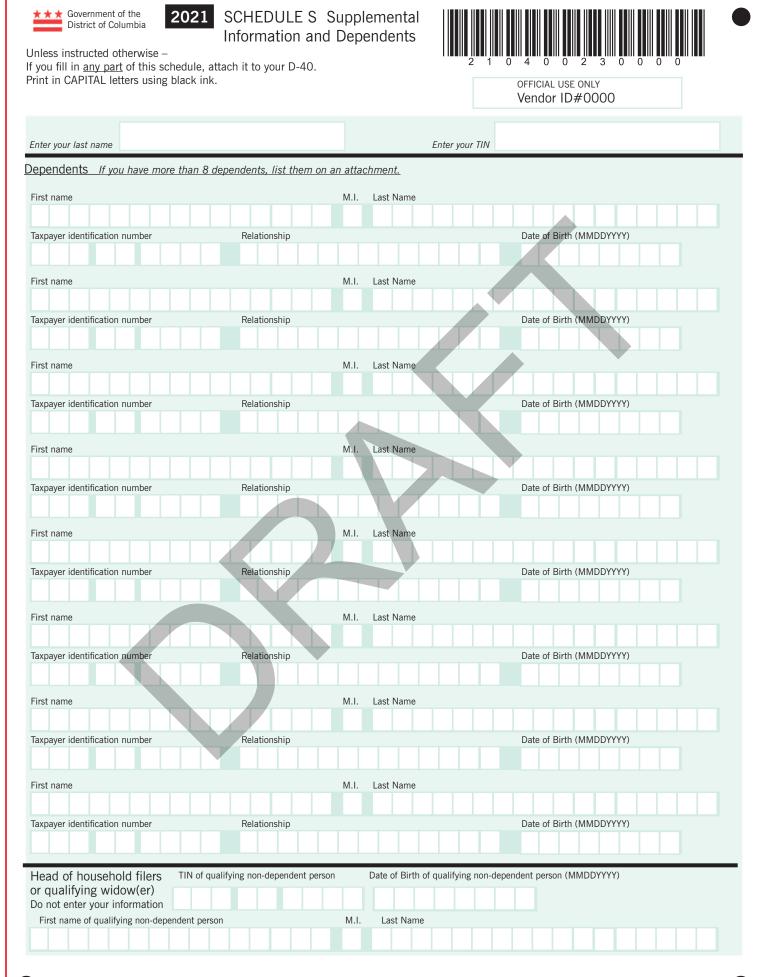
Enter your TIN

Enter your last name.

	2	1	0	4	0	0	1	2	0	0	0	0		

Add	litions to DC Income		
5	Franchise tax deducted on federal forms, see instructions.	5 \$	00
6	Other additions from DC Schedule I, Calculation A, Line 9.	6 \$	00
7	Add Lines 4, 5 and 6.	7 \$	00
Sub	tractions from DC Income		
8	Part year residents, enter income received during period of nonresidence, see instructions.	8 \$	00
9	Taxable refunds, credits or offsets of state and local income tax.	9 8	.00
10	Taxable amount of social security and tier 1 railroad retirement	10 \$	.00
11	Income reported and taxed this year on a DC franchise or fiduciary return.	11 \$	00
12	DC and federal government survivor benefits, see instructions.	12 \$	00
13	Unemployment Insurance Benefits, see instructions.	13 \$	00
14	Other subtractions from DC Schedule I, Calculation B, Line 16.	14 \$	.00
15	Total subtractions from DC income, Lines 8-14.     Fill in if loss	15 \$	00
16	DC adjusted gross income, Line 7 minus Line 15.	16 \$ _	.00
17	Deduction type. Take the same type as you took on your federal return. Fill in which type: Standard or	Itemized	
		See instructions for amount to enter on Lin	ie 17
18	DC deduction amount.	See instructions for amount to enter on Lin 18\$	00 00
18 19			
19	DC deduction amount. DC taxable income. Subtract Line 18 from Line 16. Tax. If Line 19 is \$100,000 or less, use tax tables to find the tax, if more, use Calculation I in instructions.	18\$	00
19	DC deduction amount. DC taxable income. Subtract Line 18 from Line 16. Tax. If Line 19 is \$100,000 or less, use tax tables to find the tax, if more, use Calculation I in instructions. Fill in if filing separately on same return. Complete Calculation J on Schedule S. Credit for child and dependent care expenses00 X .32	18\$	00 00
19 20 21	DC deduction amount. DC taxable income. Subtract Line 18 from Line 16. Tax. If Line 19 is \$100,000 or less, use tax tables to find the tax, if more, use Calculation I in instructions. Fill in if filing separately on same return. Complete Calculation J on Schedule S. Credit for child and dependent care expenses .00 X .32 From federal Form 2441; if part-year DC resident, from Line 5, DC Form 2441	18\$       18\$       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       <	00 00 00
19 20 21 22	DC deduction amount. DC taxable income. Subtract Line 18 from Line 16. Tax. If Line 19 is \$100,000 or less, use tax tables to find the tax, if more, use Calculation I in instructions. Fill in if filing separately on same return. Complete Calculation J on Schedule S. Credit for child and dependent care expenses From federal Form 2441; if part-year DC resident, from Line 5, DC Form 2441 Non-refundable credits from DC Schedule U, Part 1a, Line 7. Attach Schedule U.	18\$     19\$     10     10       20\$     10     10     10       21\$     10     10     10       22\$     10     10     10	00 00 00 00
19 20 21 22 23	DC deduction amount. DC taxable income. Subtract Line 18 from Line 16. Tax. If Line 19 is \$100,000 or less, use tax tables to find the tax, if more, use Calculation I in instructions. Fill in if filing separately on same return. Complete Calculation J on Schedule S. Credit for child and dependent care expenses From federal Form 2441; if part-year DC resident, from Line 5, DC Form 2441 Non-refundable credits from DC Schedule U, Part 1a, Line 7. Attach Schedule U. Total non-refundable credits. Add Line 21 and Line 22.	18\$       19\$       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       <	00 00 00 00 00
19 20 21 22 23 24	DC deduction amount. DC taxable income. Subtract Line 18 from Line 16. Tax. If Line 19 is \$100,000 or less, use tax tables to find the tax, if more, use Calculation I in instructions. Fill in if filing separately on same return. Complete Calculation J on Schedule S. Credit for child and dependent care expenses .00 X .32 From federal Form 2441; if part-year DC resident, from Line 5, DC Form 2441 Non-refundable credits from DC Schedule U, Part 1a, Line 7. Attach Schedule U. Total non-refundable credits. Add Line 21 and Line 22. Subtract Line 23 from Line 20. If less than zero, enter zero.	18\$       18\$       19\$       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10	00 00 00 00 00 00
19 20 21 22 23 24 25	DC deduction amount. DC taxable income. Subtract Line 18 from Line 16. Tax. If Line 19 is \$100,000 or less, use tax tables to find the tax, if more, use Calculation I in instructions. Fill in if filing separately on same return. Complete Calculation J on Schedule S. Credit for child and dependent care expenses From federal Form 2441; if part-year DC resident, from Line 5, DC Form 2441 Non-refundable credits from DC Schedule U, Part 1a, Line 7. Attach Schedule U. Total non-refundable credits. Add Line 21 and Line 22. Subtract Line 23 from Line 20. If less than zero, enter zero. DC Health Care Shared Responsibility See instructions. If fully covered or fully exempt, enter zero.	18\$       19\$       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       <	00 00 00 00 00 00 00
19 20 21 22 23 24 25 26	DC deduction amount. DC taxable income. Subtract Line 18 from Line 16. Tax. If Line 19 is \$100,000 or less, use tax tables to find the tax, if more, use Calculation I in instructions. Fill in if filing separately on same return. Complete Calculation J on Schedule S. Credit for child and dependent care expenses .00 X .32 From federal Form 2441; if part-year DC resident, from Line 5, DC Form 2441 Non-refundable credits from DC Schedule U, Part 1a, Line 7. Attach Schedule U. Total non-refundable credits. Add Line 21 and Line 22. Subtract Line 23 from Line 20. If less than zero, enter zero. DC Health Care Shared Responsibility See instructions. If fully covered or fully exempt, enter zero. Total tax and DC Health Care Shared Responsibility. Add Line 24 and Line 25.	18\$       18\$       19\$       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10	00 00 00 00 00 00
19 20 21 22 23 24 25 26 27	DC deduction amount. DC taxable income. Subtract Line 18 from Line 16. Tax. If Line 19 is \$100,000 or less, use tax tables to find the tax, if more, use Calculation I in instructions. Fill in if filing separately on same return. Complete Calculation J on Schedule S. Credit for child and dependent care expenses .00 X .32 From federal Form 2441; if part-year DC resident, from Line 5, DC Form 2441 Non-refundable credits from DC Schedule U, Part 1a, Line 7. Attach Schedule U. Total non-refundable credits. Add Line 21 and Line 22. Subtract Line 23 from Line 20. If less than zero, enter zero. DC Health Care Shared Responsibility See instructions. If fully covered or fully exempt, enter zero. Total tax and DC Health Care Shared Responsibility. Add Line 24 and Line 25. DC Earned Income Tax Credit Fill in if prior year (2019) earned income See instructions.	18\$       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18 <t< td=""><td>00 00 00 00 00 00 00 00</td></t<>	00 00 00 00 00 00 00 00
19 20 21 22 23 24 25 26 27 27z	DC deduction amount. DC taxable income. Subtract Line 18 from Line 16. Tax. If Line 19 is \$100,000 or less, use tax tables to find the tax, if more, use Calculation I in instructions. Fill in if illing separately on same return. Complete Calculation J on Schedule S. Credit for child and dependent care expenses	18\$       18\$       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       <	00 00 00 00 00 00 00 00
19 20 21 22 23 24 25 26 27 27a 27a	DC deduction amount. DC taxable income. Subtract Line 18 from Line 16. Tax. If Line 19 is \$100,000 or less, use tax tables to find the tax, if more, use Calculation I in instructions. Fill in if filing separately on same return. Complete Calculation J on Schedule S. Credit for child and dependent care expenses	18\$       19\$       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       10       <	00 00 00 00 00 00 00 00 00
19 20 21 22 23 24 25 26 27 27a 27a	DC deduction amount. DC taxable income. Subtract Line 18 from Line 16. Tax. If Line 19 is \$100,000 or less, use tax tables to find the tax, if more, use Calculation I in instructions. Fill in if illing separately on same return. Complete Calculation J on Schedule S. Credit for child and dependent care expenses	18\$       18\$       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       18       <	00 00 00 00 00 00 00 00

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	Ent	er your last name.							
	Ent	er your TIN		<b>NII ANIII ANIII INANA INIII ANIII ANIII ANIII ANII</b>					
	29	Refundable cre	edits from DC Schedule U, Part 1b, Line 3. Attach Schedule U.	29 \$	00				
	30	Total refundab	le credits. Add Line 27d or 27e through Line 29.	30 \$	00				
	31	DC income tax	withheld shown on Forms W-2 and 1099. Attach these forms.	31 \$	00				
	32	2021 estimate	ed income tax payments and amount applied from 2020 return.	32 \$	00				
	33	Tax paid with	Form FR-127 Extension of Time to File.	33 \$	00				
	34	If this is an am	nended 2021 return, enter payments made with original 2021 D-40 return.	34 \$	00				
	35	If this is an am	nended 2021 return, enter refunds requested with original 2021 D-40 return.	35 \$	00				
	36	Total payment	s and refundable credits. Add Line 30 through Line 34. (Do not include Line 35).	36	00				
	37	Tax Due. Subtr	act Line 36 from Line 26.	37	00				
nts	38	Amount overpa	aid. Subtract Line 26 from Line 36.	38 \$	00				
ayme	39	Amount to be	applied to your 2022 estimated tax.	39 \$	00				
credit and payments	40	Underpayment	Interest. Fill in the oval and attach Form D-2210.	40 \$	00				
dit aı	41	Contribution a	mount from Schedule U, Part II, Line 5. (Cannot exceed amount on Line 38)	41 \$	00				
, cre	42	Total Amount	Due. Add Lines 37, 40 and 41.	42 \$	.00				
DC tax,	43	Net Refund. s	ubtract total of Lines 39, 40 and 41 from Line 38.	43 \$	00				
ŏ			nd go to an account outside the U.S.? Yes No See instructions.						
	44 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 Reliacard (See instructions) 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								
	Fill in 🔿 if you agree to receive your 1099-G Income Tax refund statement electronically (see instructions).								
	Thirc	l party designee <i>To a</i>	uthorize another person to discuss this return with OTR, fill in here and enter the name and pho	one number of that person. See instructions.					
	Desi	gnee's name	Phone number						
	-	ature 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 pr Date Preparer's signature	reparer is based on information available to the preparer. Date					
		-Brataro							
	Spous	e's/registered domestic p	artner's signature if filing jointly or separately on same return Date Preparer's Tax Identification Number	(PTIN) PTIN telephone number					
			Ŧ						

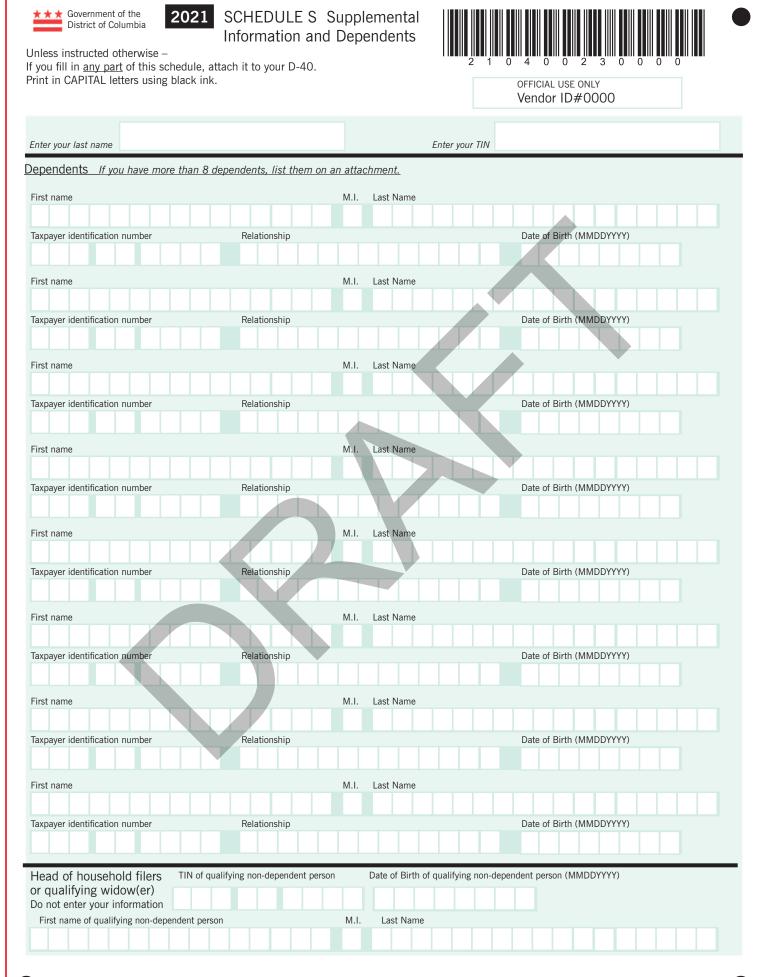


# SCHEDULE S PAGE 2

Last name and TIN Last name and SSN



	ulation G-1 Computation of Standard Deduction <i>Calculation</i> were born before January 2, 1957, you are considered to be age 65 at the end of 2021	G-1 must be	e completed and submit	tted with the ret	urn except fo	or dependent	filers
a Ba	sic standard deduction amount. See instructions.				a \$		00
b En	ter 1 if you are age 65 or over *				b		
c En	ter 1 if you are blind				С		
	ter 1 if married or registered domestic partner filing jointly or filing d your spouse or registered domestic partner is 65 or over *	g separatel	y on same return		d		
	ter 1 if married or registered domestic partner filing jointly or filing d your spouse or registered domestic partner is blind	g separately	y on same return		е		
f To	al number of additions to standard deductions. Add Lines b thr	ough e.			f		
	ditional standard deduction amount. Multiply \$1,350 (\$1,700 i number on Line f. See instructions.	f single or I	head of household.		g \$		.00
h To	tal standard deduction. Add Lines a and g, enter here and on D-4	40, Line 18	3.		h \$		00
i Tot	al number of dependents				i		
Cal	ulation J Tax computation for married or registered domest	ic partners	s filing separately o	on the same [	DC return.		
Ente	separate amounts in each column. Combine amounts on Line i.		You	Your spo	use/registere	ed domestic p	partner
li p	ederal adjusted gross income. Fill in if loss you and your spouse filed a joint federal return, enter each person's ortion of federal adjusted gross income. Registered domestic partners hould enter the federal AGI reported on their separate federal returns.	) a \$		.00 🗢 \$			.00
	otal additions to federal adjusted gross income. Inter each person's portion of additions entered on D-40, Lines 5 and 6.	bş		.00 \$			.00
c A	dd Lines a and b. Fill in if loss	<b>) c</b> \$		.00 🔿 \$			00
	otal subtractions from federal adjusted gross income, nter each person's portion of subtractions entered on D-40, Line 15.	d \$		.00 \$			.00
	C adjusted gross income. Subtract Line d from Line c. Fill in if loss	e S		.00 \$			00
	reduction amount.	f \$		.00 ● S 1.00   S			00
	nter each person's portion of the amount entered on D-40, Line 18. 'ou may allocate this amount as you wish.)			.00 🔍			00
gТ	axable income. Subtract Line f from Line e Fill in if loss	⊇ g \$_		.00 •\$			00
	ax. If Line g is \$100,000 or less, use tax tables. more than \$100,000, use Calculation i in instructions.	h \$		.00 \$			.00
i A	dd the amounts on Line h, enter here and on D-40, Line 20.		i \$			00 Total	tax
List	TINs associated with Income reported and taxed on Franchise	and Fiduci	ary Returns for the a	amount listed	on D-40.	Line 11.	
a	b		c				
d	e		f				
g	h		i				
а	b		С		·		
d	e		f				
g	h		i				
Ĩ	Revised 07/2021				C:	ile order 4b	



# SCHEDULE S PAGE 2

Last name and TIN Last name and SSN



	ulation G-1 Computation of Standard Deduction <i>Calculation</i> were born before January 2, 1957, you are considered to be age 65 at the end of 2021	G-1 must be	e completed and submit	tted with the ret	urn except fo	or dependent	filers
a Ba	sic standard deduction amount. See instructions.				a \$		00
b En	ter 1 if you are age 65 or over *				b		
c En	ter 1 if you are blind				С		
	ter 1 if married or registered domestic partner filing jointly or filing d your spouse or registered domestic partner is 65 or over *	g separatel	y on same return		d		
	ter 1 if married or registered domestic partner filing jointly or filing d your spouse or registered domestic partner is blind	g separately	y on same return		е		
f To	al number of additions to standard deductions. Add Lines b thr	ough e.			f		
	ditional standard deduction amount. Multiply \$1,350 (\$1,700 i number on Line f. See instructions.	f single or I	head of household.		g \$		.00
h To	tal standard deduction. Add Lines a and g, enter here and on D-4	40, Line 18	3.		h \$		00
i Tot	al number of dependents				i		
Cal	ulation J Tax computation for married or registered domest	ic partners	s filing separately o	on the same [	DC return.		
Ente	separate amounts in each column. Combine amounts on Line i.		You	Your spo	use/registere	ed domestic p	partner
li p	ederal adjusted gross income. Fill in if loss you and your spouse filed a joint federal return, enter each person's ortion of federal adjusted gross income. Registered domestic partners hould enter the federal AGI reported on their separate federal returns.	) a \$		.00 🗢 \$			.00
	otal additions to federal adjusted gross income. Inter each person's portion of additions entered on D-40, Lines 5 and 6.	bş		.00 \$			.00
c A	dd Lines a and b. Fill in if loss	<b>) c</b> \$		.00 🔿 \$			00
	otal subtractions from federal adjusted gross income, nter each person's portion of subtractions entered on D-40, Line 15.	d \$		.00 \$			.00
	C adjusted gross income. Subtract Line d from Line c. Fill in if loss	e S		.00 \$			00
	reduction amount.	f \$		.00 ● S 1.00   S			00
	nter each person's portion of the amount entered on D-40, Line 18. 'ou may allocate this amount as you wish.)			.00 🔍			00
gТ	axable income. Subtract Line f from Line e Fill in if loss	⊇ g \$_		.00 •\$			00
	ax. If Line g is \$100,000 or less, use tax tables. more than \$100,000, use Calculation i in instructions.	h \$		.00 \$			.00
i A	dd the amounts on Line h, enter here and on D-40, Line 20.		i \$			00 Total	tax
List	TINs associated with Income reported and taxed on Franchise	and Fiduci	ary Returns for the a	amount listed	on D-40.	Line 11.	
a	b		c				
d	e		f				
g	h		i				
а	b		С				
d	e		f				
g	h		i				
Ĩ	Revised 07/2021				C:	ile order 4b	

Government of the District of Columbia 2021 SCHEDULE H Homeowne and Renter Property Tax Cr	
Important: Read eligibility requirements before completing. Print in CAPITAL letters using black ink.	2 1 9 9 8 0 1 1 0 0 0 0
Personal information Your daytime telephone number	OFFICIAL USE ONLY Vendor ID#0000
	pouse's/registered domestic partner's TIN and Date of Birth (MMDDYYYY)
Your first name M.I. Last name	
Spouse's/registered domestic partner's first name M.I. Last name	
Mailing address (number, street and suite/apartment number if applicable)	
City	State Zip Code + 4
Email Address	
Address of <b>DC</b> property (number, street and suite/apartment number if applicable) for wh	ich you are claiming the credit if different from above
The of execute for which you are allowing the anality fill in only and Haves	Apartment Rooming house Condominium Cooperative
Type of property for which you are claiming the credit. Fill in only one: House	
<ul> <li>Complete Section A or Section B, whichever applies.          <ul> <li>Do not clai a house of worship or a non-profit organization.</li> </ul> </li> <li>Section A Credit claim based on rent paid</li> </ul>	Round cents to nearest dollar. If amount is zero, leave line blank.
1 Federal adjusted gross income of the tax filing unit (see instructions). If less t	than zero, enter zero. 1 \$
2 Rent paid by you on the property in 2021	.00 x.20 = 2 \$
3 Property tax credit. Use the "Computing Your Property Tax Credit" worksheet	3 \$ .00
4 Landlord's name	
_andlord's address (number, street and suite/apartment number if applicable)	Apartment number
andioro's address (number, street and suite/apartment number if applicable)	
	ndlord's telephone number
City	State Zip Code +4
Section B Credit claim based on real property tax owed.	Round cents to nearest dollar. If amount is zero, leave line blank.
5 Federal adjusted gross income of the tax filing unit (see instructions). If less t	than zero, enter zero. 5 \$
6 DC real property tax bill for tax year 2021. Do not include special assessme penalties and service charges.	ents, interest, 6 \$ 00
7 Property tax credit Use the "Computing Your Property Tax Credit" worksheet.	7\$ .00
8 Enter information from your real property tax bill or assessment. If a section is	blank on your property tax bill, l <u>eave it blank here.</u>
Square number Suffix number	Lot number

2021	SCHEDULE H	PAGE 21	ast name	and TIN
2021	SOULDOLL II		ust nume	



	For S	TANDALONE FILERS only, please complete the following "Refu	und Options" information Will	this refund an to an ac	count outside of the U.S.?	Yes No
		<b>Refund Options:</b> For information on the tax refund card and		-		
		Mark <u>one</u> refund choice:	ReliaCard (See instructions)	or Paper o	check	
		Direct Deposit. To have your refund deposited to your <b>checking</b>	g or osavings account, fill in ova	al and enter bank routir	g and account numbers. See	instructions.
		Routing Number Acc	count Number			
	Ś	Signature under penalty of law, I declare that I have examined this return and, to th	e best of my knowledge, it is correct. Decla	aration of paid preparer is b	ased on information available to the	preparer.
		Your signature Date	Preparer's signature		Date	
		Spouse's/domestic partner's signature if filing jointly or separately Date	Preparer's Tax Identificatior	Number (PTIN) PT	IN telephone number	
		on same return.	·			
		FOR STANDALONE FILERS ONLY - WORKS	HEET TO DETERMINE	FEDERAL AD.	JUSTED GROSS IN	COME
		This Worksheet is for use by standalone filers or	nly. If you are filing a D-40 Retu	ırn, do not complete	this worksheet.	
			COLUMN A (YOU)	COLUMN	B (SPOUSE/DOMESTIC PAR	TNER)
	1	Menne estados titos ate	1.0			
	1	Wages, salaries, tips, etc.	1\$	\$		
INCOME	2	Taxable interest	2			
N N	3 4	Ordinary Dividends Taxable refunds, credits, or offsets of state and local income taxes	3 4			
_	4 5	Alimony received (only if divorce or separation agreement on or before 12/31/18)				
	6	Business Income Fill in if minus	6	Fill in if minus		
	7	Capital gain Fill in if minus	7	Fill in if minus		
	8	Other gains Fill in if minus	8	Fill in if minus		
	9	IRA distributions: Taxable amount	9			
	10		10			
	11	Rental real estate, royalties, partnerships, S-Corp., trusts, etc. Fill in if minus	11	Fill in if minus		
	12	Farm income Fill in if minus	12	Fill in if minus		
	13	Unemployment compensation	13			
	14	Social security benefits: Taxable amount	14			
	15	Other taxable income. Attach separate sheet(s) Fill in if minus	15	Fill in if minus 🔵		
	16	Add Lines 1 through 15 in each column. Fill in if minus	16	Fill in if minus		
	17	Educator expenses	17			
	18	Certain business expenses of reservists, performing artists, and	10			
~	10	fee-basis government officials	18			
ADJUSTMENTS		Health savings account deduction	19			
Ξ		Moving expenses for members of the armed forces. Attach fed. Form 3903				
SU		Deductible part of self-employment tax	21			
ADJ		Self-employed SEP, SIMPLE, and qualified plans	22			
		Self-employed health insurance deduction	23			
	24	Penalty on early withdrawal of savings	24			
		Alimony paid (only if divorce or separation agreement on or before 12/31/18)	25			
	26	IRA deduction	26			
		Student loan interest deduction	27			
	28	Tuition and fees per federal Form 8917	28			
	29	Add Lines 17 through 28 in each column	29			
	30	Subtract Line 29 from Line 16 Fill in if minus	30	Fill in if minus		
	31	Total federal adjusted gross income. Add amounts entered on Line 30 and enter total here on Line 31 and on Section A, Line 1 or Section B,		). 31 \$		

# WORKSHEET TO COMPUTE YOUR PROPERTY TAX CREDIT

This credit may not be claimed if you live in a property owned by a government, a house of worship or a nonprofit organization.

The credit equals a percentage of the property taxes paid or accrued *or* the portion of the rent paid that is equivalent to property taxes (20% of rent paid) *in* excess of the applicable percentage of the total federal adjusted gross income. The maximum credit amount is \$1225.

If you are under age 70 and the	
Federal AGI of your tax filing unit is:	Percentage -
\$0 - \$24,999	The amount of property tax that exceeds 3.0% of the adjusted gross income
\$25,000 - \$51,999	The amount of property tax that exceeds 4.0% of the adjusted gross income
\$52,000 - \$56,200	The amount of property tax that exceeds 5.0% of the adjusted gross income
If you are age 70 or older and the	
Federal AGI of your tax filing unit	Percentage -
is: \$0 - \$76,700	The amount of property tax that exceeds 3.0% of the adjusted gross income of the tax filing unit

- 1. Enter federal AGI (Line 1, Section A, Schedule H or Line 5, Section B, Schedule H).
- 2. Enter real property tax bill for 2021 or 20% of rent paid in 2021. (Do not include special assessments, interest, penalties and service charges).
- 3. Multiply Line 1 by the applicable percentage (.03), (.04) or (.05).
- 4. Balance (Subtract Line 3 from Line 2).
- 5. Property Tax Credit Limit.
- 6. Enter the smaller of Line 4 or Line 5 here on Line 6 and on Line 3 of Schedule H, Section A for credit based on rent paid, or Line 7 of Schedule H, Section B for credit based on property tax paid or accrued. Round to the nearest whole dollar.

1	
2.	
3.	
3	
4	
5	\$1,225.00

6. \_

## **Instructions for Schedule H**

## Homeowner and Renter Property Tax Credit

### Home Defined

The term "home" refers to houses, apartments, rooming houses, condominiums, and cooperatives.

#### Eligibility

You must meet the following requirements to claim this credit:

- You were a District of Columbia (DC) resident from Jan 1. through Dec. 31, 2021;
- Your residence is not part of a public housing dwelling;
- You rented or owned and lived in a home, apartment, rooming house, or condominium in DC during all of 2021;
- Your 2021 federal adjusted gross income (AGI), was \$56,200 or less (\$76,700 or less if you are age 70 or older);
- You did not rent from a landlord whose property was either exempt from real property taxes or who paid a percentage of rental income to DC instead of paying a real estate tax;
- You must not be claimed as a dependent on someone else's federal, state, or DC income tax return unless you reached age 65 on or before December 31, 2021.

### Additional Information:

- A Homeowner and Renter Property Tax Credit cannot be claimed on behalf of a taxpayer who died on or before December 31, 2021.
- Only one claimant per "tax filing unit" can claim the property tax credit.
- An individual who is claimed as a dependent on someone else's individual income tax return is eligible to file the claim for his/her tax filing unit only if the individual is 65 years of age or older.

## Tax Filing Unit Defined

A tax filing unit is defined as an individual or married couple that would -- were their income above the federal filing threshold -- file an individual income tax return. A married couple/ registered domestic partners residing in the same household are part of the same tax filing unit whether filing jointly, separately on the same return, or separately on separate returns.

## D-40 Filers

If you are required to file a DC individual income tax return (D-40), attach Schedule H to your D-40 return. Use the federal adjusted gross income amount from Line 4 of your D-40 (and the AGI of your spouse/registered domestic partner if filing separately on separate returns). You have three years from the due date to claim the credit. If you have already submitted your tax return for a previous year without the Schedule H form, you may file an amended return to include Schedule H.

## Standalone Filers

If you are not required to file a DC individual income tax return because you are below the income tax filing threshold, you can file Schedule H as a standalone return. You may use the "Worksheet To Determine Federal Adjusted Income" on page 2 of Schedule H to calculate the total federal adjusted gross income for yourself, and, if applicable, your spouse or registered domestic partner.

You can now electronically file the standalone Schedule H by accessing the <u>MyTax.DC.gov</u> web portal. For more information, visit <u>MyTax.DC.gov</u> or call e-Services at (202) 759-1946.

### When is Schedule H due?

The Schedule H is due by April 18, 2022. You have three years from the due date to claim the credit.

### Where to Mail Schedule H

If you are required to file a DC income tax return, attach Schedule H to your DC income tax return. Send it to:

> Office of Tax and Revenue PO Box 96145 Washington, DC 20090-6145

If you file Schedule H by mail as a standalone return, send it to:

Office of Tax and Revenue 1101 4th Street, SW, FL 4 Washington, DC 20024

### Do I Use Section A or Section B?

If you **rent** your home, apartment, rooming house, condominium, or cooperative, use Section A.

If you **own** your home, apartment, rooming house, condominium or cooperative, use Section B.

## Section A—Credit claim based on rent paid

#### Line 1 Total federal AGI of the tax filing unit

If you filed a D-40, enter the amount, you and if applicable, your spouse or registered domestic partner reported on Line 4 of your D-40. If you are a standalone filer, you must compute your federal adjusted gross income and enter that amount on Line 1 of Schedule H. For assistance in computing your federal adjusted gross income you may complete the "Worksheet To Determine Federal Adjusted Gross Income".

# If the sum of your federal AGI is more than \$56,200, (\$76,700 if you are age 70 or older) do not claim the property tax credit. You are not eligible.

If you are a standalone filer it is important that you list the name, taxpayer identification number, and date of birth on page 1 of Schedule H of the person whose income is included in the total federal AGI of your tax filing unit.

#### Line 2 Rent paid on the property in 2021

Enter the total rent you paid for the property during the year and multiply it by .20. If you sublet part of your home to another person, the rent that you received is gross income and must be reported on your D-40, or D-30 if gross rental income is greater than \$12,000.

Note: If a claimant rents more than one home in the District in the same calendar year, rent paid by the claimant during the year is determined by dividing the rent paid pursuant to the last rental agreement in force during the year by the number of months during the year for which this rent was paid and by multiplying the result by 12. Multiply the rent entered by .20.

### Line 3 Property tax credit

Using the amounts entered on Lines 1 and 3, calculate your property tax credit amount using the "Computing Your Property Tax Credit Worksheet".

# Section B—Credit claim based on real property tax paid or accrued

#### Line 5 Total federal AGI of the tax filing unit

If you filed a D-40, enter the amount, you, and if applicable, your spouse or registered domestic partner reported on Line 4 of your D-40. If you are a standalone filer, you must compute your federal adjusted gross income and enter that amount on Line 1 of Schedule H. For assistance in computing your federal adjusted gross income you may complete the "Worksheet To Determine Federal Adjusted Gross Income".

# If the sum of your federal AGI is more than \$56,200, (\$76,700 if you are age 70 or older) do not claim the property tax credit. You are not eligible.

If you are a standalone filer, it is important that you list the name, taxpayer identification number, and date of birth on page 1 of the person whose income is included in the total federal AGI of your tax filing unit.

## Line 6 DC real property tax bill for tax year 2021

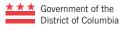
Refer to your real property tax bill. Enter the amount of DC real property tax for tax year 2021 as reflected on the District real estate tax bill ordinarily sent out in September each year. The claim is based upon the amount of real property taxes owed, whether paid or unpaid. Do not include interest, penalties, special assessments or service charges, and do not include taxes paid for earlier tax periods.

If a home is an integral part of a larger unit such as a multi-purpose building or a multi-dwelling building, property taxes accrued shall be that percentage of the total property taxes accrued as the value of the home bears to the total value of the property.

REMINDER: If you rent out part of your residence to another person, the rent you receive is gross income and needs to be reported on your federal and DC tax returns. If gross rental income is greater than \$12,000, you will need to file a DC Form D-30.

#### Line 7 Property tax credit

Using the amounts entered on Lines 8 and 9, calculate your property tax credit amount using the "Worksheet to Compute Your Property Tax Credit".



 
 Government of the District of Columbia
 2021
 SCHEDULE U Additional Miscellaneous Credits and
 Contributions



Important: Print in CAPITAL letters using black ink. Attach to D-40. **NOTE:** Contribution(s) will either decrease a refund or increase the tax owed by the amount of the contribution(s).

OFFICIAL USE ONLY Vendor ID#0000

Enter	your last name	Taxpayer Identification Number (TIN)	
	Credits Non-refundable Credits		
	1 Enter state income tax credit. List additional states on a separate sheet, attach it to th (Enter total of <u>all</u> state tax credits on Line 2 below.)	this Schedule.	
	State (a) \$ 00 (b) \$	.00	
	State (c) \$ 00 (d) \$	00	
	2 Total of Line 1 state tax credits and any additional tax credits from the attachm	ments. 2 S	00
	3 Enter alternative fuel credits, see instructions.	.00	
	3(a) Alternative fuel infrastructure - private residence. # of stations	.00	
	3(b) Alternative fuel infrastructure - public use. # of stations	.00	
	3(c) Alternative fuel vehicle conversion. # of vehicles		
	4 Total of Line 3 alternative fuel credits. Add Lines 3(a) - 3(c) only and enter her	re. 4 \$	00
	5 DC Low-Income Housing Tax Credit. See reverse page.	5 \$	00
	6 RESERVED	6 \$	00
	7 Total your non-refundable credits, enter here and on Form D-40, Line 22.	7 \$	00
b.	Refundable Credits		
	1 DC Non-custodial parent EITC. See Schedule N.	1 \$	00
	2 Keep Child Care Affordable Tax Credit. See Schedule ELC.	2 \$	00
	3 Total your refundable credits, enter here and on Form D-40, Line 29.	3 \$	00
Part II	Contributions (The minimum contribution is \$1.00.)		
	1 DC Statehood Delegation Fund.	1\$	00
	2 Taxpayer Support for Afterschool Programs for At-Risk Students.	2 \$	00
	3 Anacostia River Cleanup and Protection Fund.	3 \$	00
	4 RESERVED	4 \$	00
	5 Total your contributions, enter here and on Form D-40, Line 41.	5 \$	00
lf you	are not due a refund and do not owe tax, you may still make contributions. Tota	al your contri	

If you owe tax, make the payment plus any contributions, payable to the DC Treasurer and mail it

Attach this schedule to your D-40 Return.

#### DISTRICT OF COLUMBIA LOW-INCOME HOUSING TAX CREDIT

The federal Low-Income Housing Tax Credit (LIHTC) was established by the Tax Reform Act of 1986 and is a dollar-fordollar tax credit for federal taxpayers who invest in the construction and rehabilitation of housing for low and moderateincome individuals and families in the United States.

Pursuant to the District of Columbia Low-Income Housing Tax Credit Clarification Amendment Act of 2020, (D.C. Law 23-149, § 7201), the District of Columbia has also acted to establish a low-income housing tax credit for qualified projects located in the District of Columbia. Effective October 1, 2020, a "qualified project" means a rental housing development in the District that receives an allocation of federal low-income housing tax credits under IRC §42(h)(1) or IRC §42(h)(4) after October 1, 2021, and receives an executed extended low-income housing commitment pursuant to IRC §42(h)(6)(B) from the District of Columbia Department of Housing and Community Development (DHCD) dated on or after October 1, 2021.

The District of Columbia low-income housing tax credit (DC LIHTC) can be taken against income tax, franchise tax, and insurance premium tax. The credit can be claimed equally for 10 years and subtracted from the amount of District tax otherwise due for each taxable period. The credit cannot be taken against any tax that is dedicated in whole or in part to the Healthy DC and Health Care Expansion Fund established by DC Code §31-3514.02.

The credit is not refundable, but any amount of the credit that exceeds the tax due for a taxable year can be carried forward to any of the 10 remaining subsequent taxable years. The owner of a qualified project eligible for the District low-income housing tax credit must submit a copy of the eligibility statement issued by the Department of Housing and Community Development with respect to the qualified project at the time of filing the project owner's DC tax return. If the eligibility statement is not attached, no credit will be allowed with respect to such qualified project for that year until the copy is provided to the Office of Tax and Revenue.

All or any portion of District low-income tax credits may be transferred, sold, assigned, or allocated to parties who are eligible pursuant to Chapter 48 of Title 47 of the District of Columbia Official Code. There is no limit on the total number of allocations of all or part of the total credit authorized. Collectively, all transfers, sales, assignments, and allocations are subject to the maximum credit allowable to a particular qualified project. A tax credit earned or purchased by, or transferred or assigned to, a partnership, limited liability company, S corporation, or other pass-through entity may be allocated to the partners, members, or shareholders in accordance with the provisions of any agreement among the partners, members, or shareholders and without regard to the ownership interest of the partners, members, or shareholders in the qualified project. A partner, member, or shareholder to whom a tax credit is allocated may further allocate all or part of the allocated credit or may transfer, sell, or assign the allocated credit. Collectively all transfers, sales, assignments, and allocations are subject to the maximum credit allowable to a particular qualified project.

An owner, transferee, purchaser, assignee, or taxpayer to whom a credit is allocated desiring to make a transfer, sale assignment or allocation must submit to the CFO and the Commissioner of the Department of Insurance, Securities, and Banking (Commissioner) a statement that describes the amount of District low-income housing tax credit for which such transfer, sale, assignment, or allocation of District credit is eligible. The owner, transferor, seller, assignor, or taxpayer must provide to the CFO and the Commissioner appropriate information so that the low-income housing tax credit can be properly allocated.

The District low-income housing tax credit can be recaptured if the owner fails to submit a copy of the eligibility statement issued by the Department with respect to the qualified project at the time of filing the return, or, if under IRC §42, a portion of any federal low-income tax credits taken on a low-income qualified project is required to be recaptured. If a recapture is required, any statement submitted to the CFO as required by DC Code §47-4806(b) must include the proportion of the credit required to be captured, the identity of each transferee subject to recapture, and the amount of credit previously transferred, sold, assigned, or allocated to such transferee, purchaser, assignee, or taxpayer to whom a credit is allocated.

Except for unused credits carried forward and for credits claimed under regulations promulgated by the Department consistent with the special rule set forth in IRC §42, a qualified District of Columbia project is not eligible for any District tax credits for more than 11 taxable years.

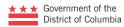
## **Claiming the Credit**

The DC Low-Income Housing Tax Credit can only be claimed for buildings placed in service after October 1, 2021. To claim the DC Low-Income Housing Tax credit on a District tax return, the owner/transferor of the project credit must file with the return:

a copy of the eligibility statement from DHCD; properly executed Forms D-8609, D8609A, D8609DS, federal Schedule K-1s where applicable; and Schedule U.

Failure to attach these documents will result in disallowance of the credit. Do <u>NOT</u> submit a claim for any property for which a Federal Form 8609 has not been issued.

See DC Code §47-4801 through 4812. For more information about the DC low-income housing tax credit approval process and eligible investments, contact DHCD at d<u>hcd.dc.gov</u> or (202) 442-7200.



and Certification



Important: Print in CAPITAL letters using black ink.		OFFICIAL USE ONLY Vendor ID#0000
DHCD Certificate Number		This Section to be completed by DHCD
Part IA. Credit 1. Building Address		
2. Building Owner and Address		
3. Building Owner and TIN		
4. Federal Building Identification Numl 5. Maximum Allowable DC LIHTC Amo		
<ul><li>6. Date of Allocation</li><li>7. Date Building Placed in Service</li></ul>		
Signature of Authorized DHCD Official		Date
Part IB. Owner Certification		Ownership Entity
Under penalties of perjury, I declare that: (1) the housing development and meets the requireme (2) the qualified basis of the building (check on and to the best of my knowledge and belief, it i	nts of Internal Revenue Code Sectior ne)hashas not decreased for	n 42(g) and DC Code §47-4801 and
Signature	Taxpayer ID Number	Date
Name (please type or print)		
*The amount for each year of the 10-year credit period		

2021 CERTIFICATION OF DC LOW-INCOME HOUSING TAX CREDIT PAGE 2

DHCD Certificate No.



	Partners or Members of Ownership Entity
Part II. Owner Information 1. Taxpayer Entity	
2. Taxpayer's Entity TIN	
3. Taxpayer's Address	
4. Partner is aGeneral PartnerLimited PartnerLimited Liability Con	npany Member
5. Partner type is anIndividualCorporationPartnership	
6. Taxpayer's percentage of Federal Low-Income Housing Tax Credit	%
7. Taxpayer's percentage of DC Low-Income Housing Tax Credit	%
Each partnership or other entity involved in marketing DC Low-Income Housing attach an assignment letter.	Tax Credits must

Taxpayer or Shareholder Claiming the Credit

## Part III. Instructions:

In the schedule below, each shareholder, partner or member who receives a proportionate share of the DC Low-Income Housing Tax Credit should list the amount claimed/earned each year. Then complete the following lines to arrive at the credit to be claimed on their tax return. This form will be used to show your credits earned and used and will be filed with shareholders' income tax return or insurance premium tax return.

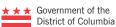
The letters TIN appear at certain points on this form and mean taxpayer identification number. The DC Low-Income Housing Tax Credit can only be claimed for buildings placed in service after October 1, 2021. For the purposes of the DC Low-Income Housing Tax Credit, transfers of ownership of the credit do not trigger recapture. However, in case of a transfer, the Chief Financial Officer and/or the Commissioner of Insurance must be notified. Both the transferor, on the return following the transfer, and the transferee, on tax returns claiming the credit should check the box indicating transfer below. There is a ten year carry forward of unused tax credits.

Tax Year         FYE         FY		Name of Taxpayer TIN# of Taxpayer/Shareholder		OTR Certificate No.	ate No.	
	Tax Year	VE 20	FYE 20	FYE 20	FYE 20	FYE 20
-lincome dit dit dit	Credit Amount					
-Income     Income       off     Income       off     Income       off     Income       off     Income	Unused Carryforward					
-Income	Total Available Credit					
-Income	DC Tax Liability					
-Income dit	Current Year Credit Allowed					
	Unused DC Low-Income Housing Tax Credit					
	Recaptured Credit					
	A properly exe A federal Sche A schedule tha allocation.	ecuted Form D-8609, Page 3 and edule K-1 equivalent indicating th at includes for each property for v	Page 4, reflecting e amount of State vhich a credit is cla	the total amount credit allocated; aimed with a buil	of credit claime and ding-by-building	d;
A properly executed Form D-8609, Page 3 and Page 4, reflecting the total amount of credit claimed; A federal Schedule K-1 equivalent indicating the amount of State credit allocated; and A schedule that includes for each property for which a credit is claimed with a building-by-building allocation.	***Failure to atl NOTE: Do <u>NOT</u> submit a claim Estimates <u>will</u> not be accepted	tach these docu for credit for a	iments will result in disallowance of the credit.*** ny property for which a Federal Form 8609 has not been issued.	sallowance of the a Federal Form 8(	credit.*** 509 has not beer	n issued.

Rev 08/2021

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2021 CERTIFICATION OF DC LOW-INCOME HOUSING TAX CREDIT PAGE 4	DC LOW-INCOME HC	USING TAX CREDIT PAG	E 4			
Name of Taxnaver						
TIN# of Taxpayer/Shareholder	nareholder			UIR Certificate No.	ate No.	
Tax Year	РҮЕ 20	20	FYE 20	FYE 20	FYE 20	FYE 20
Credit Amount						
Unused Carryforward						
Total Available Credit						
DC Tax Liability						
Current Year Credit Allowed						
Unused DC Low-Income Housing Tax Credit						
Recaptured Credit						
Check if Trans	fer has occurred	Check if Transfer has occurred (this does not apply to insurance companies	ply to insurance of	companies).		
For Insurance Companies Only: "I give (my) permission to the Commissioner of the Department of Insurance, Securities, and Banking to share the information contained herein with the District of Columbia Office of Tax and Revenue, Department of Housing and Community Developme other government agencies as necessary to verify and process the requested tax credit."	<b>npanies Only:</b> ion to the Comm th the District of gencies as necess	issioner of the Depa Columbia Office of sary to verify and pr	rtment of Insuranc Tax and Revenue, ocess the requeste	e, Securities, and Ba Department of Housi d tax credit."	s, and Banking to share the information of Housing and Community Development, or "	information Development, or
Signature			Print Name		Date	ite
<ul> <li>Attach the following documentation when filing the DC Income Tax Return or Insurance Premium Tax Return where the credit is claimed:</li> <li>A properly executed Form D-8609, Page 3 and Page 4, reflecting the total amount of credit claimed;</li> <li>A federal Schedule K-1 equivalent indicating the amount of State credit allocated; and</li> <li>A schedule that includes each property for which a credit is claimed with a building-by-building allocation.</li> </ul>	documentation ted Form D-8609 le K-1 equivalen ncludes each pro	lach the following documentation when filing the DC Income Tax Return or Insurar nimed: A properly executed Form D-8609, Page 3 and Page 4, reflecting the total amount A federal Schedule K-1 equivalent indicating the amount of State credit allocated; A schedule that includes each property for which a credit is claimed with a buildir	Income Tax Return 4, reflecting the t ount of State credi redit is claimed wi	ach the following documentation when filing the DC Income Tax Return or Insurance Premium Tax Return imed: A properly executed Form D-8609, Page 3 and Page 4, reflecting the total amount of credit claimed; A federal Schedule K-1 equivalent indicating the amount of State credit allocated; and A schedule that includes each property for which a credit is claimed with a building-by-building allocation.	nce Premium Tax Return wh t of credit claimed; and ng-by-building allocation.	ere the credit is
***Failure to attach these documents will result in disallowance of the credit.*** NOTE: Do <u>NOT</u> submit a claim for credit for any property for which a Federal Form 8609 has not been issued. Estimates will not be accepted.	Failure to attack t a claim for cred	these documents v t for any property for	will result in disallo which a Federal Fo	***Failure to attach these documents will result in disallowance of the credit.*** bmit a claim for credit for any property for which a Federal Form 8609 has not been issu	*** n issued. Estimates w	vill not be accepted.







Low-Income Housing Tax Credit Allotment

OFFICIAL USE ONLY Vendor ID#0000

Important: Print in CAPITAL letters using black ink.			Vendor ID	#0000
For calendar year 2021 or taxable year beginning		ar	id ending	
Name of recipient	Federal Ident	ification number	Social Security number	
Street address				
City	State	Zip Code + 4	Phone number	
Name of project	Building Identi	fication number	DHCD Certificate number	
Street address				
City	State	Zip Code + 4	Phone number	
Name of project owner	Federal Io	dentification number		
Street address				
City	State	Zip Code + 4	Phone number	
Name of transferor (if different than project owner)	Federal Ic	dentification number	OTR Certificate number	
Street address				
City	State	Zip Code + 4	Phone number	
Taxpayer's credit share				
This statement is issued by the owner/transferor of a proj (LIHTC) to each recipient to whom the owner/transferor b				

## **Allotment information**

1. Amount of allotment credit. . . . . .

**Owner/Transferor** 

**Taxpayer ID Number** 

governing the owner/transferor. The recipient should enter the amount of the credit being received from the project on the LIHTC line of the

appropriate tax return and file a copy with the return. Retain this statement with your records.

Date

## Instructions for D-8609A Low-Income Housing Tax Credit Allotment

## Use this form to report a transfer, sale, assignment, or allocation of Low-Income Housing Tax Credits.

All or any portion of credits issued in accordance with the provisions of the District of Columbia Low-Income Housing Tax Credit Program may be transferred, sold, or assigned to another taxpayer. There is no limit on the total number of transactions for the transfer, sale or assignment of all or part of the total credit authorized by the Program. Collectively, all transfers, sales, assignments, and allocations, are subject to the maximum credit allowable to a particular qualified project.

A tax credit earned or purchased by, transferred or assigned to, a partnership, limited liability company, S corporation or other pass-through entity may be allocated to the partners, members, or shareholders of that entity in accordance with the provisions of any agreement among the partners, members, or shareholders and without regard to the ownership interest of the partners, members, or shareholders in the qualified project. A partner, member or shareholder to whom a tax credit is allocated may further allocate all or part of the allocated credit or may transfer, sell, or assign the allocated credit. There is no limit on the total number of allocations of all or part of the total credit, however, collectively, all transfers, sales, assignments, and allocations made, are subject to the maximum credit allowable to a particular project.

An owner, transferee, purchaser, assignee, or taxpayer to whom a tax credit is allocated, desiring to make a transfer, sale, assignment, or allocation to another transferee, purchaser, assignee or taxpayer, must submit to the Office of Tax and Revenue, and the Commissioner of the Department of Insurance, Securities, and Banking, Form D-8609A along with other prescribed forms and statements, so that the low-income housing tax credit can be properly allocated.

Enter the name, TIN, address and telephone number of the taxpayer recipient of the credit allocated.

Enter the name of the project, address, BIN number and DHCD Certificate Number for the project.

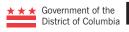
Enter the name, address, telephone number and TIN of the project owner.

If the transferor of an allocated credit is not the original project owner, enter the name, address, telephone number and TIN of the transferor. Enter the OTR Certificate Number, if any.

Under "Allotment information" report the amount of the credit transfered, sold, assigned or allocated to the recipient.

In addition to Form D-8609A, all taxpayers claiming the credit, whether original project owner, transferee, or transferor, must submit copies of Form D-8609A received by them from a transferor of the credit, and copies of Form D-8609A given by the claimant to a taxpayer/recipient. All taxpayers claiming the credit must file a properly executed Form D-8609, Part III, Pages 3 and 4; and a federal Schedule K-1 equivalent indicating the amount of State credit allocated.

# NOTE: The original project owner must submit a D-8609 that includes properly executed Part 1A, Part1B and Part II in addition to Part III. Copies should be provided to all transferees of the credit.





Low-Income Housing Tax Credit Distribution Schedule

D-8609DS



OFFICIAL USE ONLY Vendor ID#0000

Important: Print in CAPITAL letters using black ink.			Vendor ID#0000	
For calendar year 2021 or taxable year beginning		and ending		
Name of project owner/transferor	Federal Io	dentification number	Social Security number	
Street address				
City	State	Zip Code + 4	Phone number	
Name of project	Building Identi	fication number	DHCD Certificate number	
Street address			OTR Certificate number	
City	State	Zip Code + 4	Phone number	
Distribution information				
1. Maximum Allowable DC LIHTC Amount for this P	roject:			
2. Total Amount of Credit Available to Owner/Transfe	eror for Distribution:			
Name of recipient	Taxpayer Ide	ntification Number	Amount of credit being allotted	
			2	
3. Total amount of credit transferred, sold or assigned.	·			
4. Amount of credit retained by owner/transferor				
Owner/Transferor	Taxpayer ID	Number	Date	

Rev 08/2021

## Instructions for D-8609DS Low-Income Housing Tax Credit Distribution Schedule

Use this form to report the identity of each transferee, purchaser, assignee, or party to whom a credit is allocated, and the amount of credit allocated to such transferee, purchaser, assignee, or party to whom the credit is allocated.

Pursuant to DC Code § 47-4806(b), the owner, transferor, seller, assignor, or taxpayer who is allocating the DC low-income housing tax credit must provide to the Chief Financial Officer and the Commissioner of the Department of Insurance, Securities, and Banking appropriate information so that the low-income housing tax credit can be properly allocated. There is no limit on the total number of transactions for the transfer, sale, or assignment of all or part of the total credit that is authorized, however, collectively, all transfers, sales, assignments, and allocations, are subject to the maximum credit allowable to a particular qualified project.

If under § 42 of the 1986 Internal Revenue Code, as amended and in effect for the taxable year, a portion of any federal low-income housing tax credits taken on a low-income qualified project is required to be recaptured, the District of Columbia low-income housing tax credit authorized with respect to such qualified District of Columbia project shall also be recaptured by the Office of Chief Financial Officer or Commissioner of Insurance Securities and Banking. The District of Columbia recapture amount shall be equal to the amount of the District of Columbia low-income housing tax credits previously claimed times a fraction, the numerator of which shall be the amount of recaptured federal low-income housing tax credits previously claimed times a date the denominator of which shall be the amount of federal low-income housing tax credits previously claimed.

If the recapture of District of Columbia low-income housing tax credit is required, any statement submitted to the Chief Financial Officer and the Commissioner must include: (1) the proportion of the District of Columbia credit required to be recaptured; (2) the identity of each transferee, purchaser, assignee, or party to whom a credit is allocated subject to the recapture; and (3) the amount of credit previously allocated to such transferee, purchaser, assignee, or party to whom the credit is allocated.

Enter the name, TIN, address and telephone number of the project owner/transferor.

Enter the name of the project, address, BIN Number and DHCD Certificate Number for the project.

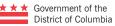
Line 1, enter the yearly maximum allowable DC LIHTC amount for the project.

Line 2, enter the total amount of credit available to the owner/transferor for distribution.

Enter the name and TIN of each recipient and the amount of credit allotted.

Line 3, enter the total amount of credit transferred, sold or assigned to all recipients.

Line 4, enter the amount of credit retained by the owner/transferor, if any.



## 2021 SCHEDULE I Additions to and Subtractions from Federal Adjusted Gross Income



## Important: Print in CAPITAL letters using black ink. Attach to your D-40.

Las	name Taxpayer Identification Number (TIN)	OFFICIAL USE ONLY Vendor ID#0000	
Cal	culation A Additions to federal adjusted gross income. Fill in only those that apply.	Dollars only, do not en	ter cents
1	Part-year DC resident – enter the portion of adjustments (from Federal Form 1040, 1040-SR or 1040-NR) that relate to the time you <u>resided outside</u> DC. <i>For Lines 2 – 7 below include only the amounts related to the time you <u>resided in</u> DC.</i>	1 \$	.00
2	Income distributions eligible for income averaging on your federal tax return (from federal Form 4972).	2 \$	.00
3	100% federal bonus depreciation and/or extra IRC §179 expenses claimed on fed. return.	3 \$	.00
4	Any part of a discrimination award subject to income averaging.	4 \$	.00
5	Deductions for S Corporations from Schedule K-I, Form 1120 S.	5 \$	.00
6	Pass through losses from DC unincorporated businesses that exceed the \$12,000 threshold (reported as a loss on federal 1040 or 1040-SR return).	6 \$	00
7	Other. See instructions on other side.	7 \$	.00
8	Capital gains deferred on federal return due to investment in Qualified Opportunity Fund	8 \$	.00
9	Total additions. Add entries on Lines 1-8. Enter the total here and on D-40, Line 6.	9 \$	.00
Cal	culation B Subtractions from federal adjusted gross income. Fill in only those that apply.		
1	Taxable interest from US Treasury bonds and other obligations. See instructions on other side.	1 \$	.00
2	Disability income exclusion from DC Form D-2440, Line 10. See instructions on other side.	2 \$	.00
3	Interest and dividend income of a child from Federal Form 8814*.	3 \$	.00
4	Awards, other than front and back pay, received due to unlawful employment discrimination.	4 \$	.00
5	Excess of DC allowable depreciation over federal allowable depreciation. See instructions.	5 \$	00
6	Amount paid (or carried over) to DC College Savings plan in 2021 (maximum \$4,000 per person, \$8,000 for joint filers if each is an account owner). <i>Part-year residents see instructions.</i>	6 \$	.00
7a	Exclusion of up to \$10,000 for DC residents (certified by the Social Security Adm. as disabled) with adjusted annual household income of less than \$100,000. See instructions.	7a \$	00
7b	Annual household adjusted gross income. 7b 00		
8	Expenditures by DC teachers for necessary classroom teaching materials, \$500 annual limit per person. See <i>instructions on other side</i> .	8 \$	.00
9	Expenditures by DC teachers for certain tuition and fees, \$1500 annual limit per person. See <i>instructions on other side</i> .	9 \$	.00
10	Loan repayment awards received by health-care professionals from DC government. See instructions on other side.	10 \$	.00
11	Health-care insurance premiums paid by an employer for an employee's registered domestic partner or same sex spouse. Make no entry if the premium was deducted on your federal return, see instructions on other side.	11 \$	.00
12	DC Poverty Lawyer Loan Assistance. See instructions on other side.	12 \$	.00
13	Other. See instructions on other side.	13 \$	.00
14	Military Spouse Residency Relief Act. See instructions on other side.	14 \$	.00
15	Capital gains deferred due to DC approved investment in DC Qualified Opportunity Fund	15 \$	.00
16	Total subtractions. Add entries on Lines 1–7a and 8-15. Enter the total here and on D-40, Line 14.	16 \$	.00

\*Note: Since income reported on Federal Form 8814, Parents' Election to Report Child's Interest and Dividends, and included in the parents' federal return income is subtracted above on Line 3 of Calculation B, the child must file a separate DC return reporting this income.

## SCHEDULE I Additions to and Subtractions from Federal Adjusted Gross Income

## **Calculation A Instructions**

Additions to federal adjusted gross income

Line 6 Pass through losses from DC unincorporated businesses that exceed the \$12,000 threshold (reported as a loss on federal 1040 or 1040-SR return).

Line 7 Other is for those items not subject to federal tax but subject to DC tax. Please attach a list.

**Line 8** If you reported deferred capital gains on your federal return due to an investment in a Qualified Opportunity Fund, you must add back the amount of the deferment here.

## **Calculation B Instructions**

Subtractions from federal adjusted gross income

Line 1 Taxable interest from US Treasury bonds and other obligations. This interest is included on your federal Forms 1040 or 1040-SR, Line 2b or 1040-NR, Line 9a. It may be all or part of that amount, or it may be 0. Also see your federal Form 1099-INT, Line 3.

Line 2 Disability income exclusion from DC Form D-2440. Enter the amount from Form D-2440, Line 10. Attach a completed D-2440. If disability payments were included in your federal gross income, you may be able to claim an exclusion for them on your DC return.

Line 5 Excess of DC allowable depreciation over federal allowable depreciation. If you claimed the federal bonus depreciation (100%) on your federal return, the DC basis for the depreciated property will be more than the federal basis. Use this line to subtract the excess depreciation from the federal AGI to show the proper DC depreciation allowable.

Line 6 DC College Savings Plan payments. Enter the amount contributed to a qualified DC "529" College Savings Plan. You may deduct up to \$4,000 annually for contributions you made to all qualified college savings accounts of which you are the owner. If you are married and file a joint or combined separate return, each spouse/registered domestic partner may deduct up to \$4,000 for contributions made to all accounts for which that spouse/registered domestic partner is the sole owner. A rollover distribution is not a contribution for purposes of this deduction. Contributions made to one or more accounts in excess of the allowable \$4,000 (\$8,000 for eligible joint filers) annual deduction may be carried forward as a deduction (subject to the annual limitation) for up to five years. If you were a part-year DC resident during the tax year, you may deduct only the amount contributed when you resided in DC.

Line 7a and 7b Exclusions for DC residents. Income not to exceed \$10,000 is excludable in computing DC gross income for persons determined by the Social Security Administration to be totally and permanently disabled and who are receiving: Supplemental Security Income or Social Security Disability; or railroad retirement disability benefits; or federal or DC government disability benefits; and whose annual household adjusted gross income is less than \$100,000.

Household income includes income received by all household members in the year, even income excluded from federal adjusted gross income.

Adjusted gross income is that of all persons residing in a household, excluding the adjusted gross income of any person who is a tenant under a written lease for fair market value.

#### Lines 8 and 9 Expenditures by DC teachers. An individual who:

- 1) has been approved by the DC public schools; and
- has been a classroom teacher in a DC public school or public charter school for this entire tax year or the entire prior tax year may deduct:
  - the amount the teacher paid during the year for basic and necessary classroom teaching materials and supplies – up to \$500 per person whether filing individually or jointly.

• the tuition and fees paid during the year for postgraduate education, professional development, or state licensing examination and testing for improving teaching credentials or maintaining professional certification – up to \$1,500 per person whether filing individually or jointly.

Interaction between DC deductions and similar federal deductions.

To prevent a "double deduction" situation – if a DC classroom teacher claims a deduction on his/her federal return for personal expenses, the federal tax deduction claimed **reduces** the amount that may be claimed for those same expenses on the DC return. *For example:* a DC classroom teacher who claims \$1,500 or more for tuition and fees on the federal return (Form 1040 or 1040-SR) **may not** take any deduction for these same expenses on the DC return.

**Line 10 Loan repayment awards.** "Loan repayment awards" of up to \$120,000 paid over four years by DC to healthcare professionals to reduce their medical education debt are not taxed by DC. (This program is administered by the DC Department of Health.)

Line 11 Healthcare insurance premiums. Any healthcare insurance premium paid by an employer for an employee's domestic partner registered with the Vital Records Division of the DC Department of Health (see DC Code §32-701 (3) and 702) or same sex spouse is deductible, unless on your federal return the employee's registered domestic partner or same sex spouse is considered a dependent pursuant to IRC §152 and a deduction from income was taken for the premium on the employee's federal tax return.

Line 12 DC Poverty Lawyer Loan Assistance. Attach a copy of your Form 1099C (Cancellation of Debt) issued by the DC Office of the Attorney General (OAG). Lawyers eligible for this award are those whose legal practice has been certified by the DC OAG as serving the public interest.

**Line 13 Other.** Other items not subject to DC tax subtracted from federal adjusted gross income, such as rebates/grants received from the Private Security Camera Systems Program, the Home Composting Incentive Program, the Safe at Home Grant Program, and certain other grants excluded from District gross income. See instructions page 9 and DC Code § 47-1803.02(a)(2)(LL).

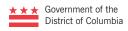
Line 14 Military Spouse Residency Relief Act If you have determined that you are required to file a District of Co-lumbia tax return and you are in one of the U.S. military services, one of the following may apply:

(1) If a servicemember's legal residence for taxes is not in DC but the servicemember and spouse reside in DC due to military orders, the military compensation and the non-military spouse's compensation should be deducted on Schedule I, Line 14. If this applies to you, a copy of the Department of Defense form providing the servicemember's legal residence for taxes and a copy of the non-military spouse's legal residence for taxes driver's license should be kept with your tax records in case it is subsequently needed.

(2) If a servicemember's legal residence for taxes is in DC and the servicemember and spouse reside in DC in compliance with the servicemember's military orders, they will file Form D-40 and will report all their income in DC, as either married filing jointly or married filing separately.

### Line 15 DC Opportunity Fund Investment

If you have deferred capital gains due to an investment in a DC approved Qualified Opportunity Fund, subtract the amount of deferment here.



# 2021 SCHEDULE N DC Non-Custodial Parent EITC Claim



Important: Print in CAPITAL letters u Attach to Schedule U. Fil	sing black ink. e Schedules N and U with your D-	40.	OFFICIAL USE ONLY Vendor ID#000	00	
First name of non-custodial parent	M.I. Las	t name			
Address (number, street and suite/apa	artment number if applicable)				
City		State	Zip Code + 4		
		State			
Taxpayer Identification Number (TIN)	Date of birth (MMDD)	(YYY)			
Even if you are not eligible to claim t	he Federal Earned Income Credit	you may be ab	le to claim the DC Earn	ed Income T	ax Credit.
DC Non-Custodial Parent EITC Eligib You may claim the DC Non-Custodial				Schedule N.	
				YES	NO
1 Is your Federal Adjusted Gross Inc \$42,158 (\$48,108 married filing \$47,915 (\$53,865 married filing \$51,464 (\$57,414 married filing	jointly) with one qualifying child ; jointly) with two qualifying childr				
2 Were you a DC resident taxpayer of	luring the year?				
3 Were you between the ages of 18	and 30 as of December 31, 2021	?			
4 Are you a parent of a minor child(	ren) with whom you do not reside?				
5 Are you under a court order requir	ing you to make child support pay	nents?			
6 Was the child support payment or	der in effect for at least 183 days	n 2021?			
7 Did you make child support payme	ent(s) through a government spons	ored support co	ollection unit?		

8 Did you pay all of the court ordered child support due for 2021 by December 31, 2021?

If you answered "Yes" to the above questions, you may claim the DC Non-Custodial Parent EITC. Complete Schedule N and attach it, and Schedule U, to your D-40.

#### 2021 SCHEDULE N PAGE 2 Last name and TIN **Qualifying Child Information** First Name M.I. Last Name 1. Child's name, #1 Child's name, #2 Child's name, #3 If you have more than three qualifying children, you only need to list three to get the maximum credit. #1 #2 #3 2. Child's TIN #1 #2 #3 3. Child's date of birth M.I. Last Name First Name 4. Custodian's name Number, street and suite/apartment number 5. Custodian's address City State Zip Code + 4 6. Custodian's TIN 7. Location of the #1 #3 court that ordered support payments for: #2 8. Case or Docket number for: 9. Name of government agency to which you make payments for: #1 #1 #2 #2 #3 #3 10. Address of #1 the government agency for: #2 #3 11. Amount of 00 per month 00 per month #1 \$ #3 \$ court ordered payment #2 \$ 00 per month 12. Date payments were #1 (MMDDYYYY) #2 (MMDDYYYY) #3 (MMDDYYYY) ordered to start #3 #1 #2 00 \$ 00 \$ 00 13. Total payments made during 2021 \$

14. Computation: Using the amount on Line 4 of Form D-40, find the correct Earned Income Credit (EIC) amount from the EIC table in the Federal 1040 tax return booklet. Multiply that amount by .40 to determine the DC Non-Custodial Parent EITC amount to claim on Schedule U, Part 1b, Line 1. If you are a part-year filer, see part-year resident instructions in the D-40 booklet on prorating the credit to be claimed.





Schedule ELC Keep Child Care Affordable Tax Credit



▶ Complete and attach to Form D-40 only if you have an eligible child.

Name shown on return Your first name	M.I Last name		JSE ONLY VENDOR ID# 0000 Taxpayer Identification Number (TIN)
child. $\propto$ Be sure the child's name on Line 2	and tax identification number (TIN) on e may reduce or disallow your ELC if th	the Keep Child Care Affordable Tax Cred Line 3 matches with the eligible child's e name or TIN does not match the socia	social security card. Otherwise, at
Eligible Child Information	Child 1	Child 2	Child 3
1a Is this child a recipient of	Yes. STOP, your child is not eligible for this credit.	Yes. STOP, your child is not eligible for this credit.	Yes. STOP, your child is not eligible for this credit.
the District's subsidized child care program?	No. Go to Line 1b.	No. Go to Line 1b.	No. Go to Line 1b.
1b Was the child under age 4	Yes. Go to Line 2.	Yes. Go to Line 2.	Yes. Go to Line 2.
as of 09/30/2021?	No. STOP, your child is not eligible for this credit.	No. STOP, your child is not eligible for this credit.	No. STOP, your child is not eligible for this credit.
2 Child's name	First name	First name	First name
	Last name	Last name	Last name
3 Child's taxpayer identification number			
4 Child's Date of Birth	(MMDDYYYY)	(MMDDYYYY)	(MMDDYYYY)
5 Child's relationship to you			
6 Name of Child Development Facility			
7a Child Development Facility License Number			
7b Is the child development facility operated by the federal	Yes.	Yes.	Yes.
government or by a private provider on federal property?	No.	□ No.	□ No.
8 Child Development Facility taxpayer identification number			
9 For payment purposes, was the child under age 3 as of 9/30/2021?	Yes. Include payments made for care from 01/01/2021 through 12/31/2021	Yes. Include payments made for care from 01/01/2021 through 12/31/2021	Yes. Include payments made for care from 01/01/2021 through 12/31/2021
	No. Include payments made for care from 01/01/2021 through 8/31/2021	No. Include payments made for care from 01/01/2021 through 8/31/2021	No. Include payments made for care from 01/01/2021 through 8/31/2021
10 Amount paid. See instructions	\$	\$	\$ .00
11 The maximum credit you can receive for each eligible child is \$1,020	\$ 1 0 2 0 .00	\$ 1 0 2 0 .00	\$ 1 0 2 0 .00
12 Enter the lesser of Line 10 or Line 11 for each eligible child here and on Schedule U. Part 1b. Line 2.	\$ .00	\$ .00	\$ .00

## Instructions for Keep Child Care Affordable Tax Credit (Schedule ELC)

## You are not eligible to receive this credit if:

1. You do not claim the eligible child as a dependent on your federal or District income tax return for that taxable year;

2. A person other than the taxpayer claimed the eligible child as a dependent on his or her federal and District income tax returns for that taxable year;

3. The child of the taxpayer was eligible for and received subsidized child care services pursuant to Chapter 4, Title 4 of the D.C. Code, during the taxable year;

4. A person other than the taxpayer received a credit under DC Code 47-1806.15 for the same taxable year for the same eligible child;

5. The payments for child care services for which you seek a tax credit were paid to an entity not licensed by the District to operate a child development facility unless operated by the federal government or by a private provider on federal property; or

6. The taxpayer's District taxable income for the taxable year exceeds the amounts for taxable year 2021:

- a. Single and head of household: \$153,400;
- Married/Registered Domestic Partners Filing Jointly: \$153,400;
- Married/Registered Domestic Partners
   Filing Separately on the same return:
   \$153,400;
- d. Married/Registered Domestic Partners Filing Separately: \$76,700

## Definitions

1. "Eligible child" means a dependent, claimed by a taxpayer who has not reached the age of 4 years by September 30th of the taxable year.

2. "Eligible child care expenses" means payments made

by a taxpayer to a licensed child development facility for child care services of an eligible child during the taxable year but does not include any payments for child care services provided after August 31st of the taxable year of an eligible child who meets the age requirements for enrollment for Pre-K.

3. "Child development facility" means a center, home, or other structure that provides care and other services, supervision, and guidance for children, infants, and toddlers on a regular basis licensed to operate as a childcare development facility in the Distrct unless operated by the federal government or by a private provider on federal property. Child development facility does not include a public or private elementary or secondary school engaged in legally required educational and related functions or a pre-kindergarten education program licensed pursuant to the Pre-K Act of 2008.

4. Taxpayer Identification Number (TIN) means a valid federal employer identification number (FEIN) issued by the IRS; or a valid social security number issued by the Social Security Administration.

## **Eligible Expenses**

1. Eligible expenses are limited to the amounts paid to a licensed child development facility for child care services of the eligible child;

2. Child support payments are not qualified expenses even if intended to be used to pay for child care services;

3. Child care expenses that are paid for upfront by a taxpayer but then reimbursed by a state social service agency are not eligible expenses; or

4. Expenses do not include food, lodging, clothing or entertainment even if provided for eligible child.

## Line by Line Instructions for Child 1, 2 and 3:

**Line 1a**: Is the eligible child a recipient of the District's subsidized child care program? If yes, your child does not qualify for the credit. If no, continue to Line 1b.

**Line 1b**: The child must be under the age of 4 as of 9/30/21. If under age 4, continue to Line 2. If age 4 or over, your child does not qualify for this credit.

Line 2: Enter your eligible child's first and last name.

**Line 3**: Enter your eligible child's tax identification number. Ensure the name and tax identification number entered matches the eligible child's social security card.

**Line 4**: Enter your eligible child's date of birth in MMDDYYYY format.

**Line 5**: Enter the eligible child's relationship to you. Example, son, daughter, grandchild, niece, nephew, eligible foster child.

Line 6: Enter the name of the Child Development Facility.

Line 7a: Enter the Child Development Facility License Number.

Line 7b: Check the applicable box.

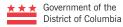
Line 8: Enter the TIN of the Child Development Facility.

**Line 9**: Enter the date range of the payments made during the taxable year. This date cannot be a date after August 31st of the taxable year if eligible child meets age requirements for enrollment in Pre-K according to DC Code § 38-273.02(a).

**Line 10**: Enter the total amount actually paid in 2021 but do not include any payments for child care services provided after August 31, 2019 of the taxable year if your eligible child meets the age requirement for enrollment in Pre-K according to DC Code § 38-273.02(a).

Line 11: The maximum credit amount that can be claimed is \$1,020.

Line 12: Enter the lesser of Line 10 or Line 11 and enter here and on Schedule U, Part 1B, Line 2.



## 2021 SCHEDULE HSR DC Health Care Shared Responsibility



**Important:** Print in CAPITAL letters using black ink. File with your D-40.

OFFICIAL USE ONLY Vendor ID#0000

Personal information Your daytime telephone number						
Your taxpayer identification number (TIN)	and Date of Birth (MMDDYYYY)	Spouse's/registered domestic partner's TIN and Date of Birth (MMDDYYYY)				
Your first name	M.I. Last name					
Spouse's/registered domestic partner's first n	ame M.I. Last name					
Mailing address (number, street and suite/apartment number if applicable)						
City		State Zip Code +4				

## PART I Do you have qualifying health coverage?

- Did you and, if applicable, all members of your health care shared responsibility family have qualifying health coverage for every month in **2021**?
  - Yes. STOP. You do not owe a health care shared responsibility payment and do not need to complete a Schedule HSR. (Enter zero on Line 25 of your D-40)
  - No. If you answered No, complete Part II.

## PART II Do you have an exemption?

- 2 Can someone else claim you as a dependent on their federal income tax return for 2021?
  - Yes. Proceed to Part IV. See instructions.
    - O No.

1

- 3 Was your federal adjusted gross income below the applicable filing threshold for your filing status for 2021? See instructions. Yes. Proceed to Part IV. See instructions.
  - ONO.

If you answered Yes to any of questions 2 - 4, enter zero on Line 25 of your D-40. If not, continue by answering questions 5 - 6.

5 Do you affirm under the penalties of perjury that you or any member of your health care shared responsibility family lacked qualifying health coverage in 2021 on the basis of a sincerely held religious belief during the entire taxable year? Yes. You must complete Part III before completing Part IV.

- 6 Are you claiming an exemption (other than a sincerely held religious belief) for at least one month for 2021 for yourself or any member of your health care shared responsibility family?
  - Yes. You must complete Part III before completing Part IV.

ONo.

After answering questions 5 - 6, complete Part IV to determine the amount to enter on Line 25 of your D-40. If you answered yes to question 5 or 6, you must also complete Part III.

Was your federal adjusted gross income reported on your D-40, Line 4 for 2021 equal to or less than \$28,593
 Yes. Proceed to Part IV. See instructions.
 No.

ONo.

## SCHEDULE HSR PAGE 2



Enter your last name

Enter your taxpayer identification number (TIN)

# PART III What coverage exemptions are you claiming for members of your shared responsibility family and for how many months? See instructions for exemption type(s).

	Name of Individual	Taxpayer Identification Number (TIN)	Exemption Type	Number of Exempt Months Claimed
7	First name and M.I.			
8	First name and M.I. Last name			
9	First name and M.I. Last name			
10	First name and M.I. Last name			
11	First name and M.I. Last name			
12	First name and M.I. Last name			
PA	ART IV Complete the applicable worksheets before complete	eting Part IV. Round cents	to nearest dolla ro, leave line bla	r. Ink.
13	Enter flat dollar amount (see Worksheet A-1, Line 5 or Worksheet A-2, Line 7)			.00
14	Enter the percentage income amount (see Worksheet B-1, Line 4 or Worksheet B	-2, Line 14) 14 \$		.00
15	Enter the larger of Line 13 or Line 14 (If Lines 13 and 14 are the same, enter that	at number.) 15 \$		.00
16	Enter the District Average Bronze Plan Premium (see Worksheet C-1, Line 2 or W Line 2)			00
17	Enter the smaller of Line 15 or Line 16 here and on D-40, Line 25			.00

## A. Flat Dollar Amount Calculation

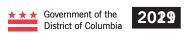
## Worksheet A-1 (No exemptions claimed)

Worksheet A-1 - Complete this worksheet if you are <u>not</u> claiming any exemptions for any month for any member of your health care shared responsibility family. (See instructions for available exemptions and who is included in your health care shared responsibility family.)							
1	. Multiply \$695 for each member in your health care shared responsibility family who was at least 18 years old		Round cents to nearest dollar. If amount is zero, leave line blank.				
	as of December 31, 2021.	1.	.00				
2	2. Multiply $347.50$ for each member in your health care shared responsibility family who was under the age of $\checkmark$						
	18 years old as of December 31, 2021.	2.	.00				
	Add Lines 1 and 2	2					
13	3. Add Lines 1 and 2.	3.	.00				
4	A. Maximum flat dollar amount for 2021.	4.	\$2,085.00				
		_					
15	5. Enter the smaller of Lines 3 or 4 here and on Schedule HSR, Part IV, Line 13. ( <i>Proceed to Worksheet B-1</i> )	5.	.00				

## Worksheet A-2 (Exemptions claimed for at least one month for at least one member in your health care shared responsibility family)

Worksheet A-2 - Complete the monthly columns by placing an "X" in each month to represent any member of your health care shared
responsibility family that did not have minimum essential coverage or a coverage exemption. If you are claiming an exemption for the
entire year for yourself and every member of your shared responsibility family, you do not complete this section. Only complete this
worksheet if you are claiming an exemption for any month for any member in your health care shared responsibility family or if you or a
member of your family had only partial year minimum essential coverage, even if no other exemption is claimed.

Name	Jan	Feb	Mar	Apr	Мау	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1a. Total number of X's in a month. If 5 or more, enter 5.												
1b. Add the total number reported in Line 1a here and on Worksheet C-2, Line 1.												
<ol> <li>Total number of X's in a month for members age 18 or older as of December 31, 2021.</li> </ol>												
3. One-half the number of X's in a month for members under the age of 18 years old as of December 31, 2021.												
4. Add Lines 2 and 3 for each month.												
<ol> <li>Multiply Line 4 by \$695 for each month. If \$2085 or more, enter \$2085.</li> </ol>												
6. Total the amounts for each month on Line 5.										\$		.00
7. Divide Line 6 by 12.0. This is your flat dollar amount. Enter this amount on Schedule HSR, Part IV, Line 13.												
(Proceed to Worksheet B-1)										\$		.00



## **B.** Percentage Income Calculation

#### Worksheet B-1

Worksheet B-1 - Complete this worksheet if you completed either Worksheet A-1 or Worksheet A-2. A-2, you must also complete Worksheet B-2.	If you completed Worksheet			
	Round cents to nearest dollar. If amount is zero, leave line blank.			
1. Enter your federal adjusted gross income reported on your D-40, Line 4 for 2029.	100			
2. Enter the standard deduction amount that corresponds to the filing status that you claimed on your D-40. (See in Structionschore and a sounds).	200			
3. Subtract Line 2 from Line 1.	300			
4. Multiply Line 3 by 2.5% (0.025). This is your percentage of income amount. Enter this amount on Schedule HSR, Part IV, Line 14 If you completed Worksheet A-1, and proceed to Worksheet C-1. (If you were required				
to complete Worksheet A-2, you must proceed to Worksheet B-2 to calculate your percentage of income amount. Do not enter this amount on Schedule HSR, Part IV, Line 14.	400			

#### Worksheet B-2 (Exemptions claimed for at least one month for at least one member in your health care shared responsibility family)

Worksheet B-2 - Complete this worksheet only if you were required to complete Worksheet A-2. Do not complete this worksheet if you completed Worksheet A-1. \* If the amount on Line 1a of Worksheet A-2 is zero for any month, leave all columns of this worksheet blank for that month.

For ea	ach month, you must determine if the	(a)	(b)	(c)	
amou	nt on Line 5 of Worksheet A-2 is less	Enter the amount from	Enter the amount from	Enter the larger of	
than	the amount on Line 4 of Worksheet B-1.	Worksheet A-2, Line 5	Worksheet B-1, Line 4	column (a) or column (b)	
1.	January				
1.	January			.00	
2.	February			.00	
3.	March			.00	
4.	April			.00	
5.	Мау			.00	
6.	June			.00	
7.	July			.00	
8.	August			.00	
9.	September			.00	
10.	October			.00	
11.	November			.00	
12.	December			.00	
13.	Add the amounts in column (c)			.00	
14.	Divide Line 13 by 12.0 Enter this amount on Scher	.00			

# C. District Average Bronze Plan Premium Calculation

#### Worksheet C-1 (No exemptions claimed)

	Round cents to nearest dollar. If amount is zero, leave line blank.
1. Enter the number of members in your health care shared responsibility family.	1.
<ul> <li>2. Enter the amount that corresponds to the number of members in your health care shared responsibility family.</li> <li>1 person - \$3,258</li> <li>2 persons - \$6,516</li> <li>3 persons - \$9,774</li> <li>4 persons - \$13,032</li> <li>5 or more persons - \$16,290</li> </ul>	
Enter this amount on Schedule HSR, Part IV, Line 16.	20

Worksheet C-2 (Exemptions claimed for at least one month for at least one member in your health care shared responsibility family)

complete Worksheet A-2, complete Worksheet C-1. Do not	e required to complete Worksheet A-2. If <b>you were not</b> required to <u>ot</u> complete this worksheet if you completed Worksheet A-1.	
(See instructions on who is included in your health care s	shared responsibility family.)	
1. Enter the total number reported on Worksheet A-2, Line 1b.	1.	

2. Multiply Line 1 by \$272. Enter this amount on Schedule HSR, Part IV, Line 16. 2.

INSTRUCTIONS FOR SCHEDULE HSR DC HEALTH CARE SHARED RESPONSIBILITY PAYMENT STOP: If you answered 'yes' to Part I, Line 1. DO NOT complete this schedule. Mark the oval on Line 3 of the D-40 and enter zero (0) on Line 25 of the D-40

DC law requires all residents to have health coverage, have an exemption, or pay a tax penalty on their D-40. DC enacted the law in response to the reduction of the federal individual responsibility payment and modeled it after the federal requirement. Beginning in 2020, all District residents must either:

 Have qualifying health care coverage (see definition below) for yourself, your spouse/registered domestic partner (if filing jointly or separately on the same return), and anyone you or your married/registered domestic partner claim (or can claim) as a dependent;

(2) Have a coverage exemption for yourself, your spouse/registered domestic partner (if filing jointly or separately on the same return), and anyone you or your married/registered domestic partner claim (or can claim) as a dependent; or

(3) Make a health care shared responsibility payment.

## <u>D-40</u>

If you and, if applicable, all members of your shared responsibility family (see definition below) had qualifying health care coverage for every month in 2021, fill-in the oval on Page 1 of your D-40 and enter zero on Line 25 of your D-40. You do <u>not</u> need to complete Schedule HSR or make a shared responsibility payment. If you (and, if applicable, all members of your shared responsibility family) did <u>not</u> have qualifying health care coverage for every month in 2021, you must complete Schedule HSR to calculate your shared responsibility payment and/or to claim an exemption.

#### Schedule HSR

**Part I** - Complete Part I of the Schedule HSR. If you answer 'yes' to question 1, mark the oval on Line 3 of your D-40 and enter zero on Line 25. If you answer 'no' to question 1, you must complete Part II.

**Part II** - If you answer 'yes' to question 2, 3 or 4, skip Part III and continue to complete Part IV. Enter zero on Line 13-17 of Part IV and on Line 25 of the D-40. If you answer 'no' to questions 2-4, you must answer questions 5-6 and complete Part III.

**Part III** – Complete the name and taxpayer identification number (TIN) for each member of your shared responsibility family, the code for the exemption claimed and the number of exempt months claimed for each exemption type claimed. For a list of exemption codes, see the Exemption Chart.

- If you are claiming one exemption type for the entire year, enter the applicable exemption code and "12" for the number of exempt months claimed for that member.
- If you are claiming an exemption for less than 12 months, enter the applicable exemption code and the total number of months claimed for that exemption type for that member.
- If you are claiming multiple exemption types for one member, list that member more than once and enter exemption code and number of months claimed for each exemption type for that member.

**Part IV** – Complete Part IV of Schedule HSR to compute your shared responsibility payment. You must complete the worksheets to compute your shared responsibility payment. (If you claimed an exemption for <u>all</u> members of your shared responsibility family for <u>every</u> month of 2021, enter zero on Lines 13-17 of your Schedule HSR.) The worksheets contain the following:

# A. Flat Dollar Amount Calculation (Line 13)

- Complete Worksheet A-1 if no exemptions are claimed by anyone in your shared responsibility family
- Complete Worksheet A-2 if exemptions are claimed for at least one month for at least one member of your shared responsibility family.

## B. Percentage Income Amount Calculation (Line 14)

- Complete Worksheet B-1. (If you completed Worksheet A-2, you must also Complete Worksheet B-2.)
- Complete Worksheet B-2 if you claimed exemptions for at least one month for at least one member of your shared responsibility family.

# C. District Average Bronze Plan Premium Calculation (Line 16)

- 1. Complete Worksheet C-1 if no exemptions were claimed.
- 2. Complete Worksheet C-2 if you claimed exemptions for at least one month for at least one member in your shared responsibility family.

# A. Flat Dollar Amount Calculation Worksheets

Worksheet A-1

Complete this worksheet if you are <u>not</u> claiming any exemptions for any month for any member of your shared responsibility family.

Follow the line by line directions provided on the form. Enter the amount from Line 5 on Schedule HSR, Part IV, Line 13. Proceed to Worksheet B-1.

# Worksheet A-2

Complete this worksheet only if you are claiming an exemption, including maintaining partial-year minimum essential coverage, for any month for any member of your shared responsibility family.

List the name of each member of your shared responsibility family in the provided row. Then, for each month, mark an X in the appropriate column listed for the member(s) of your shared responsibility family who did not have minimum essential coverage or a coverage exemption. For example, if your dependent "John" had a health care coverage only for the month of January and had no coverage exemptions for the remainder of the year, mark an "X" in each of the month columns February through December on the row associated with John's name.

Line 1a: For each month, add the total number of "X's" in the column. The maximum number entered in any month's column is 5, even if that column includes more than 5 "X's". For example, if each of the 6 members of your shared responsibility family did not have health care coverage or a coverage exemption for January, you should enter "5" on Line 1 in the January column. Line 1b: After you have completed the step above for each month, add the total calculated for each month together. Enter this sum on the provided space in the "Line 1b" box. For example, if you entered "5" in the January column for Line 1a, "4" in the April column, and "0" in all other columns, enter "9" in the space provided in the "Line 1b" box.

Line 2: Enter the total number of "X's" in each month that correspond to members age 18 or older as of December 31, 2021.

Line 3: Enter one-half the total number of "X's" in each month that correspond to members under the age of 18 as of December 31, 2021.

Line 4: Add Lines 2 and 3 for each month.

Line 5: Multiply Line 4 by \$695 for each month. If \$2,085 or more, enter \$2,085.

Line 6: Total the amounts reported in each month's column on Line 5.

Line 7: Divide the amount reported on Line 6 by 12.0. This is your flat dollar amount. Enter this amount on Schedule HSR, Part IV, Line 13 and proceed to Worksheet B-1.

# B. Percentage Interest Calculation Worksheets

Worksheet B-1

Complete this worksheet if you completed either Worksheet A-1 or Worksheet A-2. If you completed Worksheet A-2, you must also complete Worksheet B-2.

Follow the line by line directions provided on the form. The applicable D-40 filing threshold amounts for 2021 are: ○ Single (under 65) – \$12,550

- Single (65 or older) \$14,250
- Married/Registered domestic partner filing jointly or separately on the same return (both spouses under 65) – \$25,100
- Married/Registered domestic partner filing jointly or separately on the same return (one spouse 65 or older) – \$26,450
- Married/Registered domestic partner filing jointly or separately on the same return (both spouses 65 or older) – \$27,800
- Married filing separately (under 65) \$12,550
- Married filing separately (65 or older) \$13,900
- $\circ$  Head of household (under 65) \$18,800
- $_{\odot}~$  Head of household (65 or older) \$20,500
- Qualifying Widow(er) (under 65) \$25,100
- Qualifying Widow(er) (65 or older) \$26,450

NOTE: The IRS does not consider 'blind' as an additional standard deduction.

If you completed Worksheet A-1, enter the amount from Line 4 on Schedule HSR, Part IV, Line 14 and proceed to Worksheet C-1. If you completed Worksheet A-2, proceed to Worksheet B-2 to calculate your percentage of income amount.

#### Worksheet B-2

Complete this worksheet only if you completed Worksheet A-2 (if you claimed exemptions for at least one month for at least one member of your shared responsibility family).

Line 1-12: For each month enter the amount from Worksheet A-2, Line 5 in column (a) and the amount from Worksheet B-1, Line 4 in column (b). In column (c), enter the larger of column (a) or column (b).

Line 13: Add the amounts reported in column (c) for Lines 1-12.

Line 14: Divide the total on Line 13 by 12. Enter this amount on Schedule HSR, Part IV, Line 14. Proceed to Worksheet C-2.

# C. District Average Bronze Plan Premium Calculation Worksheets

# Worksheet C-1

Complete this worksheet if you completed Worksheet A-1. Do not complete this worksheet if you completed Worksheet A-2 (if you claimed no exemptions for any member of your shared responsibility family).

Follow the line by line directions provided on the form. Enter the amount from Line 2 on Schedule HSR, Part IV, Line 16.

# Worksheet C-2

Complete this worksheet if you completed Worksheet A-2. Do not complete this worksheet if you completed Worksheet A-1 (if you claimed exemptions for at least one month for at least one member of your shared responsibility family).

Follow the line by line directions provided on the form. Enter the amount from Line 2 on Schedule HSR, Part IV, Line 16.

# **Definitions**

• **DC resident.** For purposes of Schedule HSR, DC resident has the same meaning as "resident" defined in D.C. Official Code § 47-1801.04(42). (Part-year residents should claim an exemption as a nonresident of the District for the month(s) during the tax year that that he or she was not a DC resident.)

For additional information regarding qualifying coverage, contact DC Health Link at <u>www.dchealthlink.com</u> or (855) 532-5465.

- Shared responsibility family. For purposes of Schedule HSR, shared responsibility family includes the following individuals:
  - o The taxpayer;

• The taxpayer's spouse or registered domestic partner if they file D-40 jointly or separately on the same return; and

• Any dependents that that the taxpayer (or the taxpayer's spouse registered domestic partner) claimed or could have claimed on their D-40.

**Qualifying health coverage.** For purposes of Schedule HSR, qualifying health coverage means:

Minimum essential coverage as defined by section 5000A of the Internal Revenue Code of 1986 (26 U.S.C. § 5000A) and its implementing regulations, as that section and its implementing regulations were in effect on December 15, 2017;

- The Immigrant Children's Program; and
- Health coverage provided under a multiple employer welfare arrangement; provided, that the multiple employer welfare arrangement provided coverage in the District on December 15, 2017, or complies with federal law and regulations applicable to multiple employer welfare arrangements that were in place as of December 15, 2017.

Adjusted Gross Income ("AGI"). For purposes of Schedule HSR AGI is the federal AGI reported on Line 4 of your D-40 return. If you are filing a joint return or filing separately on the same return with your spouse or registered domestic partner, use the combined federal AGI reported on Line 4 of your D-40 return. If a member of your Shared Responsibility Family (spouse or dependent) filed a separate return, the federal AGI reported by that member on his or her separate return does not need to be added to the federal AGI reported on your D-40 for the purposes of calculating the shared responsibility payment on your return.

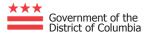
# **Exemptions Chart**

Exemption Type	Exemption Code
<b>Affordability</b> —You received an affordability exemption certificate from the Health Benefits Exchange Authority. For information regarding the affordability exemption contact DC Health Link at <u>www.dchealthlink.com</u> or (855) 532-5465.	A
<b>Short coverage gap</b> —You went without coverage for less than 3 consecutive months during the year.	В
<ul> <li>Citizens living abroad and certain noncitizens—You were:</li> <li>A U.S. citizen or a resident alien who was physically present in a foreign country or countries for at least 330 full days during any period of 12 consecutive months;</li> <li>A U.S. citizen who was a bona fide resident of a foreign country or countries for an uninterrupted period that includes the entire tax year;</li> <li>A bona fide resident of a U.S. territory;</li> <li>A resident alien who was a citizen or national of a foreign country with which the U.S. has an income tax treaty with a nondiscrimination clause, and you were a bona fide resident of a foreign country for an uninterrupted period that includes the entire tax year;</li> <li>Not lawfully present in the U.S. and not a U.S. citizen or U.S. national. For more information about who is treated as lawfully present in the U.S. for purposes of this coverage exemption, visit www.HealthCare.gov; or</li> <li>A nonresident alien, including (1) a dual-status alien in the first year of U.S. residency and (2) a nonresident alien or dual-status alien who elects to file a joint return with a U.S. spouse. This exemption doesn't apply if you are a nonresident alien for 2018, but met certain presence requirements and elected to be treated as a resident alien. For more information, see IRS Pub. 519.</li> </ul>	C
<b>Members of a health care sharing ministry</b> —You were a member of a health care sharing ministry.	D
<b>Members of Indian tribes</b> —You were either a member of a federally recognized Indian tribe including an Alaska Native Claims Settlement Act (ANCSA) Corporation Shareholder (regional or village), or you were otherwise eligible for services through an Indian health care provider or the Indian Health Service.	E
<b>Incarceration</b> —You were in a jail, prison, or similar penal institution or correctional facility after the disposition of charges.	F
<b>General hardship</b> — You received a hardship exemption certificate from the Health Benefits Exchange Authority. For information regarding the hardship exemption contact DC Health Link at www.dchealthlink.com or (855) 532-5465.	G
<b>Member of shared responsibility family born or adopted during the year</b> —The months before and including the month that an individual was added to your shared responsibility family by birth or adoption. You should claim this exemption only if you also are claiming another exemption in Part III.	Н
<b>Member of shared responsibility family died during the year</b> —The months after the month that a member of your shared responsibility family died during the year. You should claim this exemption only if you also are claiming another exemption in Part III.	Н
Nonresident of the District – You were not a resident of the District of Columbia.	I
<b>Sincerely Held Religious Belief</b> —You lacked qualifying health coverage on the basis of a sincerely held religious belief during the entire taxable year.	J
DC Health Alliance – You were enrolled in the DC Health Alliance Program.	K

Low income – Your federal adjusted gross income reported on your D-40, Line 4 is equal to or below the amounts that correspond to the number of members in your shared responsibility family and the age of the individual for which the exemption is claimed. (If you qualify for this exemption, you may be eligible for Medicaid. Contact DC Health Link at (855) 532-5465 or www.dchealthlink.com or the Department of Health Care Finance at (202) 727-5355 or https://dhcf.dc.gov/service/medicaid or for more information.) L

If your AGI is equal to or below the following amounts, members age 21 or older as of 12/31/2021 are exempt:	If your AGI is equal to or below the following amounts, members under age 21 as of 12/31/2021 are exempt:	
\$28,593.60	\$41,731.20	
\$38,672.40	\$56,440.80	
\$48,751.20	\$71,150.40	
\$58,830.00	\$85,860.00	
\$68,908.80	\$100,569.60	
\$78,987.60	\$115,279.20	
\$89,066.40	\$129,988.80	
\$99,145.20	\$144,698.40	
\$10,078.80	\$14,709.60	
	below the following amounts, members age 21 or older as of 12/31/2021 are exempt: \$28,593.60 \$38,672.40 \$48,751.20 \$58,830.00 \$68,908.80 \$78,987.60 \$89,066.40 \$99,145.20	below the following amounts, members age 21 or older as of 12/31/2021 are exempt:         below the following amounts, members under age 21 as of 12/31/2021 are exempt:           \$28,593.60         \$41,731.20           \$38,672.40         \$56,440.80           \$48,751.20         \$71,150.40           \$58,830.00         \$85,860.00           \$68,908.80         \$100,569.60           \$78,987.60         \$115,279.20           \$89,066.40         \$129,988.80           \$99,145.20         \$144,698.40

A Religious Sect that is Conscientiously Opposed - If you are a member of a<br/>religious sect that is conscientiously opposed to accepting health benefits,<br/>including Social Security and Medicare, and need to claim an exemption from<br/>the Shared Responsibility Payment.MMaintained Minimum Essential CoverageZ



# DC-8379 Injured Spouse Allocation



OFFICIAL USE ONLY Vendor ID# 0000

Information About the Tax Return for Which This Form Is File	d	
Enter the following information exactly as it is shown on the tax return for		6
<u>The spouse's name and taxpayer identification number shown first on the</u> First name, initial, and last name shown first on the return	Taxpayer identification number shown	
		check here ►
First name, initial, and last name shown second on the return	Taxpayer identification number shown	second If Injured Spouse, check here ►
Mailing address (number, street, and suite/apartment number if applicable)		
City	State	Zip Code +4
Part I Should You File This Form? You must complete this pa	rt.	
1 Enter the tax year for which you are filing this form An	swer the following questions for th	hat year.
2 Did you (or will you) file a joint return or married/registered domesti	c partners filing separately on sar	me return?
<ul> <li>Yes. Go to Line 3.</li> <li>No. Stop here. Do not file this form. You are not an injured sp</li> </ul>	ouse.	
<ul> <li>3 Did (or will) DC use the joint overpayment to pay any of the following spouse?</li> <li>* DC income tax * DC unemployment compensation * Child support</li> </ul>		
<ul> <li>* federal student loans</li> <li>Yes. Go to Line 4.</li> <li>No. Stop here. Do not file this form. You are not an injured sport</li> </ul>	JSE.	
4 Are you legally obligated to pay this past-due amount?		
<ul> <li>Yes. Stop here. Do not file this form. You are not an injured spo</li> <li>No.</li> </ul>	use.	
5 Did you make and report payments, such as DC income tax withho	Iding or estimated tax payments?	
<ul> <li>Yes. Skip Line 6 and go to Part II and complete the rest of this 1</li> <li>No. Go to Line 6.</li> </ul>		
<ul> <li>6 Did you have earned income, such as wages, salaries, or self-empl</li> <li>Yes. Go to Part II and complete the rest of the form.</li> <li>No. Stop here. Do not file this form. You are not an injured sp</li> </ul>		

#### DC-8379, Page 2

Enter your last name





Part	II Allocation Between Spouses of Items on the T	ax Ret	urn (See the sepa	arate D	C Form 8379 instr	uctions	s for Part II).
	Allocated Items (Column (a) must equal columns (b) + (c))	Fill in if loss	(a) Amount shown on joint return	Fill in if loss	(b) Allocated to	Fill in if loss	(c) Allocated to
7	Federal adjusted gross income	0	\$	0	\$	0	\$
8	Total additions to federal adjusted gross income		\$		\$		\$
9	Add Line 7 and Line 8	0	\$		\$	0	\$
10	Total subtractions from federal adjusted gross income		\$		\$		\$
11	DC adjusted gross income (subtract Line 10 from Line 9	0	\$	0	\$	0	\$
12	Deduction amount		\$		\$		\$
13	DC taxable income. Subtract Line 12 from Line 11	0	\$		\$	0	\$
14	Tax. If Line 20 is \$100,000 or more, use Calculation I		\$		\$		\$
15	Total refundable and/or non-refundable credits excluding earned income		\$		\$		\$
16	DC estimated tax payments		\$		\$		\$
17	DC withholding tax paid		\$		\$		\$

# Part III Signature.

Under penalties of perjury, I declare that I have examined this form and any accompanying schedules or statements and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Keep a copy of this form for your records.	Injured spouse's signature		Date		Phone number
Paid Broparor		Preparer's signature	Date		Check if self-employed
Preparer Use Only	Firm's name ►			Firm's EIN	Þ
	Firm's address ►			Phone no.	

# Instructions for DC-8379 Injured Spouse Allocation

#### Purpose of form

DC-8379 is filed by one spouse/registered domestic partner (the injured spouse/registered domestic partner) on a jointly filed tax return when the joint overpayment was (or is expected to be) applied (offset) to a past-due obligation of the other spouse/registered domestic partner. By filing DC-8379, the injured spouse/registered domestic partner may be able to get back his or her share of the joint refund.

#### Are you an injured spouse?

You may be an injured spouse if you file a joint return and all or part of your portion of the overpayment is expected to be, offset to your spouse's legally enforceable pastdue federal tax, state income tax, state unemployment compensation debts, child support, or a federal nontax debt, such as a student loan.

A Notice of Offset for federal tax debts is issued by the Internal Revenue Service (IRS). All other Notice of Offsets are issued by the DC Office of Tax and Revenue (OTR) on behalf of the affected agency.

Complete Part I to determine if you are an injured spouse/registered domestic partner.

## When to file

You **must** file the DC-8379 with your return. In order to be eligible for this relief. You must submit your completed D-8379 prior to the offset occurring. Once funds have been offset, this relief may be unavailable.

#### How to file

You can file DC-8379 with your joint tax return. If you file DC-8379 with your joint return, attach it to your return. The processing of DC-8379 may be delayed if the form is incomplete when filed.

#### Specific Instructions Part I

Complete Lines 1-6 to determine if you are an injured spouse.

## Part II

**Line 7**. Enter your federal adjusted gross income.

**Line 8**. Enter total additions to federal adjusted gross income.

**Line 10**. Enter total subtractions from federal adjusted gross income.

**Lines 11 – 17.** Amounts come from your DC D-40 return.

#### Part III Signature

Ensure to sign and date DC-8379.



## 2021 D-2210 Underpayment of Estimated Income Tax By Individuals

#### IMPORTANT: Please read the instructions on the reverse before completing this form.

Your First name, M.I., Last name	Taxpayer Identification Number (TIN)
Spouse's/registered domestic partner's First name, M.I., Last name	Spouse's/ registered domestic partner's TIN
	Daytime telephone number

#### No underpayment interest is due and this form should not be filed if:

- A. Your tax liability on taxable income after deducting your District of Columbia (DC) withholding tax and applicable credits is less than \$100, or
- B. You made periodic estimated tax payments and had amounts withheld as required and the total is equal to or more than 110% of your last year's taxes or is at least 90% of your current year's taxes. Note: You must have been a 12-month DC resident last year in order to use the prior year 110% exception.

	Computation of Underp	ayn	nent Interest								
1	2021 DC Tax Liability - Line 24 from your 2021 DC Individu Line 30.	al Ir	ncome Tax Retu	ırn minus \$							
2											
3	2020 DC Tax Liability - Line 23 from your 2020 DC Individual Income Tax Return minus \$ the sum of Lines 27d or 27e through Line 28.										
4	Multiply Line 3 amount by 110%.			\$							
5	Minimum withholding and estimated tax payment required for (lesser of Line 2 and 4).	or tax	x year 2021	\$							
6	Multiply Line 5 amount by 25% (.25) for amount required fo	r ead	ch periodic payı	ment \$							
	Note: If your income was not evenly divided over 4 periods, see instructions reverse of this form on the "Annualized Income" method.	s on t	the	Due da	te of Payments						
			1st Period	2nd Period	3rd Period	4th Period					
7	Enter Line 6 amount or the annualized income amount in each period ( <i>The 2<sup>nd</sup> period includes the 1<sup>st</sup> period amount, 3<sup>rd</sup> period includes 1<sup>st</sup> and 2<sup>nd</sup> period amounts, the 4<sup>th</sup> period includes all period amounts).</i>		04/15/21	06/15/21	09/15/21	01/15/22					
Ch	eck here $\square$ if you are using the "Annualized Income" method.										
8	DC withholding and estimated tax paid each period (The $2^{nd}$ period includes the $1^{st}$ period amount, $3^{rd}$ period includes the $1^{st}$ and $2^{nd}$ period amounts, the $4^{th}$ period includes all period amounts).										
0											
9	Underpayment each period (Line 7 minus Line 8)										
10	Underpayment interest factors		.0175	.0265	.0351	.0259					
11	Line 9 multiplied by Line 10										
12	Underpayment interest – Total of amounts from Line 11. (See instructions on reverse)		Pay	this amount	\$						

Make check or money order payable to: DC Treasurer

# **Instructions for Underpayment of Estimated Income Tax by Individuals**

# **Estimated Tax Interest**

DC law requires every individual or couple filing jointly, to pay estimated tax if they:

- · receive taxable income which is not subject to DC withholding; or
- receive wages with insufficient withholding; or

• the tax on this taxable income is expected to be more than \$100. The law states that anyone required to file and pay estimated tax who fails to pay the amount required by the periodic payment due date is subject to interest on the underpayment of estimated income tax.

# When is interest assessed for underpayment of estimated income tax?

Underpayment interest is assessed if your total DC estimated income tax payments (and withheld amounts) compared to your DC tax liability do not equal at least the smaller of:

- 90% of the tax due shown on your 2021 DC return; or
- 110% of the tax due shown on your 2020 DC tax return. You must have been a DC resident during all of 2020 to use the 110% exception.

#### Are there any exceptions to imposition of interest?

You are not subject to interest for underpayment of estimated tax if:

- You had no DC income tax liability for the tax year 2020 and in that year, you lived in DC the entire 12 months;
- The tax due for 2021 minus income tax withheld and/or estimated tax payments is less than \$100;
- Your DC estimated tax payments plus any DC income tax withheld equals at least 110% of your 2020 DC income tax liability; or
- Your remaining tax due after totaling all credits, estimated tax payments and withholding, is less than 10% of your total DC tax liability for the year.

## When may you use this form?

- You may use this form to calculate your underpayment interest, when submitting your D-40 form. If you do, fill in the oval, attach it to your tax return and enter the underpayment interest amount on Line 40 of the D-40. If you do not wish to calculate the interest, the Office of Tax and Revenue (OTR) will do it when your return is processed and will notify you of the amount due.
- You may also complete this form if you believe the underpayment interest assessed by OTR for an underpayment of estimated income tax is incorrect.

#### How do you file this form?

Attach this form D-2210 to your return D-40, if you complete it <u>before</u> filing your D-40 return. If you complete this form <u>after</u> filing and/or receiving a notice of an underpayment interest assessment, send it to:

Office of Tax and Revenue Attn: Customer Service Administration 1101 4th St SW, 2nd Floor Washington DC 20024

# **Completing this form**

#### Line 1

Enter the amount from your 2021 D-40, Line 24 minus Line 30. Line 2

Multiply the amount on Line 1 by 90% (.90). Your withheld taxes and/or estimated tax payments must be equal to or greater than this amount.

#### Line 3

Enter the amount from your 2020 D-40, Line 23 minus the sum of Lines 27d or 27e through Line 28.

#### Line 4

Enter 110% of the amount from Line 3. If your 2020 return was amended or corrected, multiply 110% times the corrected amount. You must have been a DC resident during all of 2020 to use this exception.

#### Line 5

Enter the lesser of the amounts on Line 2 and Line 4. If you did not file a DC return for 2020, use only the Line 2 amount.

#### Line 6

Multiply the amount on Line 5 by 25% (.25). This gives you an even distribution of your liability, payable over four periods.

#### Line 7

Enter the amount required from Line 6 under each of the payment columns. For example, if Line 6 is \$2000, you would enter \$2000 for the 1st period, \$4000 for the 2nd period, \$6000 for the 3rd period and \$8000 for the 4th period.

**Annualized Income method:** If your income was different for each period, you may want to determine the percentage for each period (divide the period income by the full year's income). Multiply Line 5 by each period's percentage and enter the amounts as shown above. Check the "Annualized Income" method box.

#### Line 8

Enter the amounts withheld and estimated tax payments made for each period. Include the amounts from the previous period in with the 2nd, 3rd and 4th periods. For example, if your withheld and estimated tax payment amount is \$1000 in each period, you would enter \$1000 in the 1st Period, \$2000 in the 2nd Period, \$3000 in the 3rd Period and \$4000 in the 4th Period.

#### Line 9 Underpayment each period

For each column, subtract Line 8 from Line 7. If Line 8 exceeds Line 7, you have no underpayment interest. If there is an amount remaining, this is your periodic underpayment amount.

Line 10 Underpayment interest factors These are the underpayment interest factors by period.

#### Line 11

For each column, multiply the amount on Line 9 by the penalty factor on Line 10. This is your underpayment interest amount by period.

#### Line 12 Underpayment interest

Add the amounts from each period on Line 11. This is your total underpayment interest for your estimated income tax underpayment.

- If you are filing the D-2210 with your D-40 return, enter the amount of underpayment interest on Line 40, page 3 of the D-40.
- If you are filing the D-2210 separately, pay the amount you owe. Attach payment to Form D-40P, Payment Voucher.

Make the check or money order (U.S. dollars) payable to the **DC Treasurer** and mail the D-2210 and D-40P with payment to:

> Office of Tax and Revenue PO Box 96169 Washington DC 20090-6169

# **D-40P PAYMENT VOUCHER**

## See instructions on back

Detach at perforation and mail the voucher, with payment attached, to the Office of Tax and Revenue, PO Box 96169, Washington DC 20090-6169.

District of Columbia	D-40P Payment Voucher for Individual Income Tax	
Important: Print in CAPITAL letters using black ink.		l harm tem tem tem tem tem tem tem tem tem te
Amount of payment $\$$	.00	Official Use Only Vendor ID# 0000
Tax period ending (MMDDYYYY)	To avoid pen	alties and interest, your payment must be postmarked no later
1531	than April 18	
Your first name	M.I. Last name	
Spouse's/registered domestic partner's first name	e M.I. Last name	
Your taxpayer identification number (TIN)	Spouse's/registered domestic partner's TIN	Taxpayer daytime telephone number
	opouse sregistered domestic particles inv	
Home address (number, street and suite/apartme	ent number if applicable)	
City		State Zip Code + 4
Revised 08/2021	D-40P Payment Voucher for	
Government of the District of Columbia	D-40P Payment Voucher for Individual Income Tax	
Government of the District of Columbia Important: Print in CAPITAL letters using black ink. Amount of payment \$	D-40P Payment Voucher for Individual Income Tax .00	
Government of the District of Columbia Important: Print in CAPITAL letters using black ink. Amount of payment \$ iax period ending (MMDDYYYY)	Individual Income Tax .00	0 0 0 4 0 P 1 1 0 0 0 0 Official Use Only Vendor ID# 0000
Government of the District of Columbia Important: Print in CAPITAL letters using black ink. Amount of payment \$ Tax period ending (MMDDYYYY) L 2 3 L	Individual Income Tax .00 To avoid pen than April 18	0 0 0 4 0 P 1 1 0 0 0 0 Official Use Only Vendor ID# 0000 alties and interest, your payment must be postmarked no later
Government of the District of Columbia Important: Print in CAPITAL letters using black ink. Amount of payment \$ iax period ending (MMDDYYYY) 1 2 3 1	Individual Income Tax .00 To avoid pen	0 0 0 4 0 P 1 1 0 0 0 0 Official Use Only Vendor ID# 0000 alties and interest, your payment must be postmarked no later
Government of the District of Columbia Important: Print in CAPITAL letters using black ink. Amount of payment \$ iax period ending (MMDDYYYY) 1 2 3 1 /our first name	Individual Income Tax .00 <i>To avoid pen</i> <i>than April 18</i> M.I. Last name	0 0 0 4 0 P 1 1 0 0 0 0 Official Use Only Vendor ID# 0000 alties and interest, your payment must be postmarked no later
Government of the District of Columbia Important: Print in CAPITAL letters using black ink. Amount of payment \$ iax period ending (MMDDYYYY) 1 2 3 1 /our first name	Individual Income Tax .00 <i>To avoid pen</i> <i>than April 18</i> M.I. Last name	0 0 0 4 0 P 1 1 0 0 0 0 Official Use Only Vendor ID# 0000 alties and interest, your payment must be postmarked no later
Government of the District of Columbia Important: Print in CAPITAL letters using black ink. Amount of payment \$ "ax period ending (MMDDYYYY) 1 2 3 1 Your first name Spouse's/registered domestic partner's first name	Individual Income Tax .00 <i>To avoid pen</i> <i>than April 18</i> M.I. Last name M.I. Last name	alties and interest, your payment must be postmarked no later , 2022.
Government of the District of Columbia Important: Print in CAPITAL letters using black ink. Amount of payment \$ "ax period ending (MMDDYYYY) 1 2 3 1 Your first name Spouse's/registered domestic partner's first name	Individual Income Tax .00 <i>To avoid pen</i> <i>than April 18</i> M.I. Last name	0 0 0 4 0 P 1 1 0 0 0 0 Official Use Only Vendor ID# 0000 alties and interest, your payment must be postmarked no later
Government of the District of Columbia Important: Print in CAPITAL letters using black ink. Amount of payment \$ Tax period ending (MMDDYYYY) L 2 3 L Your first name Spouse's/registered domestic partner's first name Your taxpayer identification number (TIN)	Individual Income Tax .00 <i>To avoid pen</i> <i>than April 18</i> M.I. Last name M.I. Last name Spouse's/registered domestic partner's TIN	alties and interest, your payment must be postmarked no later , 2022.
Government of the District of Columbia Important: Print in CAPITAL letters using black ink. Amount of payment \$ Tax period ending (MMDDYYYY) J 2 3 J Your first name Spouse's/registered domestic partner's first name Your taxpayer identification number (TIN)	Individual Income Tax .00 <i>To avoid pen</i> <i>than April 18</i> M.I. Last name M.I. Last name Spouse's/registered domestic partner's TIN	alties and interest, your payment must be postmarked no later , 2022.
★★★ Government of the	Individual Income Tax .00 <i>To avoid pen</i> <i>than April 18</i> M.I. Last name M.I. Last name Spouse's/registered domestic partner's TIN	alties and interest, your payment must be postmarked no later , 2022.

#### Instructions for D-40P PAYMENT VOUCHER - Please print clearly.

Use the D-40P Payment Voucher to make any payment due on your D-40 return.

- Do not use this voucher to make estimated tax payments.
- Enter your name, taxpayer identification number (TIN) and address. If you are filing a joint return or filing separately on the same return, enter the name and TIN shown first on your return, then enter the name and TIN shown second on your return.
- Enter the amount of your payment.
- Make check or money order (US dollars) payable to the DC Treasurer.
- Make sure your name and address appear on your payment (check or money order).
- Enter your TIN, the tax period and D-40 on your payment.
- To avoid penalties and interest, pay in full by April 18, 2022.
- Staple your payment to the D-40P voucher. Do not attach your payment to your D-40 return.
- Mail the D-40P with, but not attached to, your D-40 tax return in the envelope provided in this tax booklet.

If you do not have the return envelope, make sure to address your envelope to:

#### Office of Tax and Revenue PO Box 96169 Washington, DC 20090-6169

#### **Dishonored Payments**

Make sure your check or electronic payment will clear. You will be charged a \$65 fee if your check or electronic payment is not honored by your financial institution and returned to OTR.

#### FR-127 Extension of Time to File a DC Income Tax Return Worksheet

Round cents to the nearest dollar. If the amount is zero, leave

the line blank. Extension of time to file until October 15, 2022 Leave lines blank that do not apply. 00 1 1 Total estimated income tax liability for 2021. 00 2 DC Income tax withheld. 2 00 3 3 2021 estimated tax payments. 00 4 Total payments Add Lines 2 and 3. 4 00 5 Amount due with this request. If Line 1 is more than Line 4, subtract Line 4 from Line 1.

Payment and mailing Instructions. Make check or money order (do not send cash) payable to: DC Treasurer. Write your taxpayer identification number (TIN) and "2021 FR-127" on your payment. Detach and mail the voucher portion of this form with full payment of any tax due by April 18, 2022 to the Office of Tax and Revenue, PO Box 96018, Washington, DC 20090-6018.

#### NOTE: You may also file and pay electronically. Visit MyTax.DC.gov

Pay this amount and send it with the voucher below. See instructions on back.

5

Detach at perforation and mail the voucher, with payment attached, to the Office of Tax and Revenue, PO Box 96018, Washington, DC 20090-6018.

Government of the District of Columbia 2021 FR-12	7 Extension of Time to File a DC Income Tax Return		
nportant: Print in CAPITAL letters using black ink.		2 1	1 2 7 0 1 1 0 0 0 0 ficial Use Only Vendor ID# 0000
Amount of payment (dollars only)			Fill in if Living or Traveling Outside the U.S. Fill in if Military Combat Zone
our taxpayer identification number (TIN)	Spouse's/registered domestic partner's TIN		Your daytime telephone number
our first name	M.I. Last name		
pouse's/registered domestic partner's first name	M.I. Last name		
ome address (number, street and suite/apartmer	t number if applicable)		
ty		State	Zip Code +4
Revised 08/2021			
Government of the District of Columbia 2021 FR-12	7 Extension of Time to File a DC Income Tax Return	2 1 Off	1 2 7 0 1 1 0 0 0 0 ficial Use Only Vendor ID# 0000
Government of the District of Columbia 2021 FR-12	7 Extension of Time to File a DC Income Tax Return 00		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
Government of the District of Columbia 2021 FR-12 apportant: Print in CAPITAL letters using black ink. Amount of payment (dollars only)	a DC Income Tax Return		Fill in if Living or Traveling Outside the U.S.
Government of the District of Columbia 2021 FR-12 Apportant: Print in CAPITAL letters using black ink. Amount of payment (dollars only) \$ pur taxpayer identification number (TIN)	a DC Income Tax Return		Fill in if Living or Traveling Outside the U.S. Fill in if Military Combat Zone
Government of the District of Columbia 2021 FR-12	a DC Income Tax Return OC Spouse's/registered domestic partner's TIN		Fill in if Living or Traveling Outside the U.S. Fill in if Military Combat Zone
Government of the District of Columbia       2021       FR-12         uportant: Print in CAPITAL letters using black ink.         Amount of payment (dollars only)       \$         our taxpayer identification number (TIN)         our first name         pouse's/registered domestic partner's first name	a DC Income Tax Return 00 Spouse's/registered domestic partner's TIN M.1. Last name M.1. Last name		Fill in if Living or Traveling Outside the U.S. Fill in if Military Combat Zone
Government of the District of Columbia       2021       FR-12         nportant: Print in CAPITAL letters using black ink.         Amount of payment (dollars only)       \$         our taxpayer identification number (TIN)         our first name	a DC Income Tax Return 00 Spouse's/registered domestic partner's TIN M.1. Last name M.1. Last name		Fill in if Living or Traveling Outside the U.S. Fill in if Military Combat Zone

# **Instructions for Form FR-127**

#### Why file Form FR-127?

Use this form if you cannot file your DC individual income tax return by the April 18, 2022 deadline. By filing this form, you can receive an extension of time to file until October 15, 2022. You must use Form FR-127 to request an extension of time to file a DC individual income tax return.

A filing extension is <u>not an extension</u> of the due date for <u>paying</u> any tax you may owe. Before filing for an extension, estimate the taxes you will owe and pay any part of that amount, not covered by DC withheld tax amounts and/or estimated tax payments. Include your payment with the FR-127 voucher and file it by April 18, 2022.

If filing jointly, or filing separately on the same return, enter the taxpayer identification number (TIN) and name shown first on your D-40 return, then enter the TIN and name shown second on your return.

#### Additional extension.

In addition to the 6-month extension, you may receive another 6-month extension if you are living or traveling outside the U.S. You must file the first 6-month extension by the April 18, 2022 deadline before applying for the additional extension of time to file by October 15, 2022

# Extensions for Members of US Armed Forces Deployed in a Combat Zone or Contingency Operation.

Deadlines for filing your return, paying your tax, claiming a refund, and taking other actions with OTR is extended for persons in the Armed Forces serving in a Combat Zone or Contingency Operation. The extension also applies to spouses/registered domestic partners, whether they file jointly or separately on the same return. See IRS Pub.3, Armed Forces Tax Guide for detailed information. Fill in the 'if Military Combat Zone' oval.

#### How to avoid penalties and interest.

You will be charged <u>interest</u> of 10% per year, compounded daily, for any tax not paid on time. Interest is calculated from the due date of the return to the date the tax is paid.

You will be charged a 5% per-month <u>penalty</u> for failure to file a return or pay any tax due on time. The penalty is calculated on the unpaid tax for each month or part of a month that the return is not filed or the tax is not paid. The maximum penalty is an additional amount due, equal to 25% of the tax due.

#### Dishonored Payments

Make sure your check or electronic payment will clear. You will be charged a \$65 fee if your check or electronic payment is not honored by your financial institution and returned to OTR.

If more than \$100,000, use Calculation  $\rm I$  instructions on page 19.

# Tax tables for income of \$100,000 or less

Taxable income	Am		Taxable income	•		Taxable income	А	mount of tax	Taxable income	A	mount of tax
\$0 - 2,499			\$2,500 - 4,999			\$5,000 - 7,499			\$7,500 - 9,999		
\$0 -	49	\$0	\$2,500 -	2,549	\$101	\$5,000 -	5,049	\$201	\$7,500 -	7,549	\$301
50 -	99	3	2,550 -	2,599	103	5,050	5,099	203	7,550 -	7,599	303
100 -	149	5	2,600 -	2,649	105	5,100 -	5,149	205	7,600 -	7,649	305
150 -	199	7	2,650 -	2,699	107	5,150 -	5,199	207	7,650 -	7,699	307
200 -	249	9	2,700 -	2,749	109	5,200 -	5,249	209	7,700 -	7,749	309
250 -	299	11	2,750 -	2,799	111	5,250 -	5,299	211	7,750 -	7,799	311
300 -	349	13	2,800 -	2,849	113	5,300 -	5,349	213	7,800 -	7,849	313
350 -	399	15	2,850 -	2,899	115	5,350 -	5,399	215	7,850 -	7,899	315
400 -	449	17	2,900 -	2,949	117	5,400 -	5,449	217	7,900 -	7,949	317
450 -	499	19	2,950 -	2,999	119	5,450 -	5,499	219	7,950 -	7,999	319
500 -	549	21	\$3,000 -	3,049	\$121	5,500 -	5,549	221	\$8,000 -	8,049	\$321
550 -	599	23	3,050 -	3,099	123	5,550 -	5,599	223	8,050 -	8,099	323
600 -	649	25	3,100 -	3,149	125	5,600 -	5,649	225	8,100 -	8,149	325
650 -	699	27	3,150 -	3,199	127	5,650 -	5,699	227	8,150 -	8,199	327
700 -	749	29	3,200 -	3,249	129	5,700 -	5,749	229	8,200 -	8,249	329
750 -	799	31	3,250 -	3,299	131	5,750 -	5,799	231	8,250 -	8,299	331
800 -	849	33	3,300 -	3,349	133	5,800 -	5,849	233	8,300 -	8,349	333
850 -	899	35	3,350 -	3,399	135	5,850 -	5,899	235	8,350 -	8,399	335
900 -	949	37	3,400 -	3,449	137	5,900 -	5,949	237	8,400 -	8,449	337
950 -	999	39	3,450 -	3,499	139	5,950 -	5,999	239	8,450 -	8,499	339
\$1,000 -	1,049	\$41	3,500 -	3,549	141	\$6,000 -	6,049	\$241	8,500 -	8,549	341
1,050 -	1,099	43	3,550 -	3,599	143	6,050 -	6,099	243	8,550 -	8,599	343
1,100 -	1,149	45	3,600 -	3,649	145	6,100 -	6,149	245	8,600 -	8,649	345
1,150 -	1,199	47	3,650 -	3,699	147	6,150 -	6,199	247	8,650 -	8,699	347
1,200 -	1,249	49	3,700 -	3,749	149	6,200 -	6,249	249	8,700 -	8,749	349
1,250 -	1,299	51	3,750 -	3,799	151	6,250 -	6,299	251	8,750 -	8,799	351
1,300 -	1,349	53	3,800 -	3,849	153	6,300 -	6,349	253	8,800 -	8,849	353
1,350 -	1,399	55	3,850 -	3,899	155	6,350 -	6,399	255	8,850 -	8,899	355
1,400 -	1,449	57	3,900 -	3,949	157	6,400 -	6,449	257	8,900 -	8,949	357
1,450 -	1,499	59	3,950 -	3,999	159	6,450 -	6,499	259	8,950 -	8,999	359
1,500 -	1,549	61	\$4,000 -	4,049	\$161	6,500 -	6,549	261	\$9,000 -	9,049	\$361
1,550 -	1,599	63	4,050 -	4,099	163	6,550 -	6,599	263	9,050 -	9,099	363
1,600 -	1,649	65	4,100 -	4,149	165	6,600 -	6,649	265	9,100 <b>-</b>	9,149	365
1,650 -	1,699	67	4,150 -	4,199	167	6,650 -	6,699	267	9,150 <b>-</b>	9,199	367
1,700 -	1,749	69	4,200 -	4,249	169	6,700 -	6,749	269	9,200 -	9,249	369
1,750 -	1,799	71	4,250 -	4,299	171	6,750 -	6,799	271	9,250 <b>-</b>	9,299	371
1,800 -	1,849	73	4,300 -	4,349	173	6,800 -	6,849	273	9,300 -	9,349	373
1,850 -	1,899	75	4,350 -	4,399	175	6,850 -	6,899	275	9,350 <b>-</b>	9,399	375
1,900 -	1,949	77	4,400 -	4,449	177	6,900 -	6,949	277	9,400 -	9,449	377
1,950 -	1,999	79	4,450 -	4,499	179	6,950 -	6,999	279	9,450 -	9,499	379
\$2,000 -	2,049	\$81	4,500 -	4,549	181	\$7,000 -	7,049	\$281	9,500 -	9,549	381
2,050 -	2,099	83	4,550 -	4,599	183	7,050 -	7,099	283	9,550 <b>-</b>	9,599	383
2,100 -	2,149	85	4,600 -	4,649	185	7,100 -	7,149	285	9,600 -	9,649	385
2,150 -	2,199	87	4,650 -	4,699	187	7,150 -	7,199	287	9,650 <b>-</b>	9,699	387
2,200 -	2,249	89	4,700 -	4,749	189	7,200 -	7,249	289	9,700 -	9,749	389
2,250 -	2,299	91	4,750 -	4,799	191	7,250 -	7,299	291	9,750 -	9,799	391
2,300 -	2,349	93	4,800 -	4,849	193	7,300 -	7,349	293	9,800 -	9,849	393
2,350 -	2,399	95	4,850 -	4,899	195	7,350 -	7,399	295	9,850 -	9,899	395
2,400 -	2,449	97	4,900 -	4,949	197	7,400 -	7,449	297	9,900 -	9,949	397
2,450 -	2,499	99	4,950 -	4,999	199	7,450 -	7,499	299	9,950 -	9,999	399

Taxable income		mount of tax	Taxable income		Amount of tax	Taxable income	An	nount of tax	Taxable income		Amount of tax
\$10,000 - 12,499			\$12,500 - 14,9			\$15,000 - 17,49			\$17,500 - 19,9		
\$10,000 -	10,049	\$402	\$12,500 -	12,549	\$552	\$15,000 -	15,049	\$702	\$17,500 <b>-</b>	17,549	\$852
10,050 -	10,099	405	12,550 -	12,599	555	15,050 -	15,099	705	17,550 <b>-</b>	17,599	855
10,100 -	10,149	408	12,600 -	12,649	558	15,100 -	15,149	708	17,600 <b>-</b>	17,649	858
10,150 -	10,199	411	12,650 -	12,699	561	15,150 -	15,199	711	17,650 <b>-</b>	17,699	861
10,200 -	10,249	414	12,700 -	12,749	564	15,200 -	15,249	714	17,700 -	17,749	864
10,250 -	10,299	417	12,750 -	12,799	567	15,250 -	15,299	717	17,750 <b>-</b>	17,799	867
10,300 -	10,349	420	12,800 -	12,849	570	15,300 -	15,349	720	17,800 <b>-</b>	17,849	870
10,350 -	10,399	423	12,850 -	12,899	573	15,350 -	15,399	723	17,850 -	17,899	873
10,400 -	10,449	426	12,900 -	12,949	576	15,400 -	15,449	726	17,900 -	17,949	876
10,450 -	10,499	429	12,950 -	12,999	579	15,450 -	15,499	729	17,950 <b>-</b>	17,999	879
10,500 -	10,549	432	\$13,000 -	13,049	\$582	15,500 -	15,549	732	\$18,000 -	18,049	\$882
10,550 -	10,599	435	13,050 -	13,099	585	15,550 -	15,599	735	18,050 -	18,099	885
10,600 -	10,649	438	13,100 -	13,149	588	15,600 -	15,649	738	18,100 -	18,149	888
10,650 -	10,699	441	13,150 -	13,199	591	15,650 -	15,699	741	18,150 -	18,199	891
10,700 -	10,749	444	13,200 -	13,249	594	15,700 -	15,749	744	18,200 -	18,249	894
10,750 -	10,799	447	13,250 -	13,299	597	15,750 -	15,799	747	18,250 -	18,299	897
10,800 -	10,849	450	13,300 -	13,349	600	15,800 -	15,849	750	18,300 -	18,349	900
10,850 -	10,899	453	13,350 -	13,399	603	15,850 -	15,899	753	18,350 -	18,399	903
10,900 -	10,949	456	13,400 -	13,449	606	15,900 -	15,949	756	18,400 -	18,449	906
10,950 -	10,999	459	13,450 -	13,499	609	15,950 -	15,999	759	18,450 -	18,499	909
\$11,000 -	11,049	\$462	13,500 -	13,549	612	\$16,000 -	16,049	\$762	18,500 -	18,549	912
11,050 -	11,099	465	13,550 -	13,599	615	16,050 -	16,099	765	18,550 -	18,599	915
11,100 -	11,149	468	13,600 -	13,649	618	16,100 -	16,149	768	18,600 -	18,649	918
11.150 -	11,199	471	13,650 -	13,699	621	16,150 -	16,199	771	18,650 -	18,699	921
11,200 -	11,249	474	13,700 -	13,749	624	16,200 -	16,249	774	18,700 -	18,749	924
11,250 -	11,299	477	13,750 -	13,799	627	16,250 -	16,299	777	18,750 -	18,799	927
11,300 -	11,349	480	13,800 -	13,849	630	16,300 -	16,349	780	18,800 -	18,849	930
11,350 -	11,399	483	13,850 -	13,899	633	16,350 -	16,399	783	18,850 -	18,899	933
11,400 -	11,449	486	13,900 -	13,949	636	16,400 -	16,449	786	18,900 -	18,949	936
11,450 -	11,499	489	13,950 -	13,999	639	16,450 -	16,499	789	18,950 -	18,999	939
11,500 -	11,549	492	\$14,000 -	14,049	\$642	16,500 -	16,549	792	\$19,000 -	19,049	\$942
11,550 -	11,599	495	14,050 -	14,099	645	16,550 -	16,599	795	19,050 -	19,099	945
11,600 -	11,649	498	14,100 -	14,149	648	16,600 -	16,649	798	19,100 -	19,149	948
11,650 -	11,699	501	14,150 -	14,199	651	16,650 -	16,699	801	19,150 -	19,199	951
11,700 -	11,749	504	14,200 -	14,249	654	16.700 -	16,749	804	19,200 -	19,249	954
11,750 -	11,799	507	14,250 -	14,299	657	16,750 -	16,799	807	19,250 -	19,299	957
11,800 -	11,849	510	14,300 -	14,349	660	16,800 -	16,849	810	19,300 -	19,349	960
11,850 -	11,899	513	14,350 -	14,399	663	16,850 -	16,899	813	19,350 -	19,399	963
11,900 -	11,949	516	14,400 -	14,449	666	16,900 -	16,949	816	19,400 -	19,449	966
11,950 -	11,999	519	14,450 -	14,499	669	16,950 -	16,999	819	19,450 -	19,499	969
\$12,000 -	12,049	\$522	14,500 -	14,549	672	\$17,000 -	17,049	\$822	19,500 -	19,549	972
12,050 -	12,099	525	14,550 -	14,599	675	17,050 -	17,099	825	19,550 -	19,599	975
12,100 -	12,149	528	14,600 -	14,649	678	17,100 -	17,149	828	19,600 -	19,649	978
12,150 -	12,199	531	14,650 -	14,699	681	17,150 -	17,199	831	19,650 -	19,699	981
12,200 -	12,249	534	14,700 -	14,749	684	17,200 -	17,249	834	19,700 -	19,749	984
12,250 -	12,299	537	14,750 -	14,799	687	17,250 -	17,299	837	19,750 -	19,799	987
12,300 -	12,349	540	14,800 -	14,849	690	17,300 -	17,349	840	19,800 -	19,849	990
12,350 -	12,399	543	14,850 -	14,899	693	17,350 -	17,399	843	19,850 -	19,899	993
12,400 -	12,449	546	14,900 -	14,949	696	17,400 -	17,449	846	19,900 -	19,949	996
12,450 -	12,499	549	14,950 -	14,999	699	17,450 -	17,499	849	19,950 -	19,999	999
,	,	010	,000	,000	000	,	,	0.0	,	,	000

	xable income		mount of tax	Taxable income		Amount of tax	Taxable income		mount of tax	Taxable income		Amount of tax
\$2	20,000 - 22,499	9		\$22,500 - 24,9	99		\$25,000 - 27,49	9		\$27,500 - 29,9	99	
	\$20,000 -	20,049	\$1,002	\$22,500 -	22,549	\$1,152	\$25,000 -	25,049	\$1,302	\$27,500 <b>-</b>	27,549	\$1,452
	20,050 -	20,099	1,005	22,550 -	22,599	1,155	25,050 -	25,099	1,305	27,550 -	27,599	1,455
	20,100 -	20,149	1,008	22,600 -	22,649	1,158	25,100 -	25,149	1,308	27,600 -	27,649	1,458
	20,150 -	20,199	1,011	22,650 -	22,699	1,161	25,150 -	25,199	1,311	27,650 -	27,699	1,461
	20,200 -	20,249	1,014	22,700 -	22,749	1,164	25,200 -	25,249	1,314	27,700 <b>-</b>	27,749	1,464
	20,250 -	20,299	1,017	22,750 -	22,799	1,167	25,250 -	25,299	1,317	27,750 <b>-</b>	27,799	1,467
	20,300 -	20,349	1,020	22,800 -	22,849	1,170	25,300 -	25,349	1,320	27,800 <b>-</b>	27,849	1,470
	20,350 -	20,399	1,023	22,850 -	22,899	1,173	25,350 -	25,399	1,323	27,850 <b>-</b>	27,899	1,473
	20,400 -	20,449	1,026	22,900 -	22,949	1,176	25,400 -	25,449	1,326	27,900 <b>-</b>	27,949	1,476
	20,450 -	20,499	1,029	22,950 -	22,999	1,179	25,450 -	25,499	1,329	27,950 <b>-</b>	27,999	1,479
	20,500 -	20,549	1,032	\$23,000 -	23,049	\$1,182	25,500 -	25,549	1,332	\$28,000 -	28,049	\$1,482
	20,550 -	20,599	1,035	23,050 -	23,099	1,185	25,550 -	25,599	1,335	28,050 <b>-</b>	28,099	1,485
	20,600 -	20,649	1,038	23,100 -	23,149	1,188	25,600 -	25,649	1,338	28,100 -	28,149	1,488
	20,650 -	20,699	1,041	23,150 -	23,199	1,191	25,650 -	25,699	1,341	28,150 <b>-</b>	28,199	1,491
	20,700 -	20,749	1,044	23,200 -	23,249	1,194	25,700 -	25,749	1,344	28,200 -	28,249	1,494
	20,750 -	20,799	1,047	23,250 -	23,299	1,197	25,750 -	25,799	1,347	28,250 -	28,299	1,497
	20,800 -	20,849	1,050	23,300 -	23,349	1,200	25,800 -	25,849	1,350	28,300 -	28,349	1,500
	20,850 -	20,899	1,053	23,350 -	23,399	1,203	25,850 -	25,899	1,353	28,350 <b>-</b>	28,399	1,503
	20,900 -	20,949	1,056	23,400 -	23,449	1,206	25,900 -	25,949	1,356	28,400 -	28,449	1,506
	20,950 -	20,999	1,059	23,450 -	23,499	1,209	25,950 -	25,999	1,359	28,450 -	28,499	1,509
	\$21,000 -	21,049	\$1,062	23,500 -	23,549	1,212	\$26,000 -	26,049	\$1,362	28,500 -	28,549	1,512
	21,050 -	21,099	1,065	23,550 -	23,599	1,215	26,050 -	26,099	1,365	28,550 <b>-</b>	28,599	1,515
	21,100 -	21,149	1,068	23,600 -	23,649	1,218	26,100 -	26,149	1,368	28,600 -	28,649	1,518
	21,150 -	21,199	1,071	23,650 -	23,699	1,221	26,150 -	26,199	1,371	28,650 <b>-</b>	28,699	1,521
	21,200 -	21,249	1,074	23,700 -	23,749	1,224	26,200 -	26,249	1,374	28,700 <b>-</b>	28,749	1,524
	21,250 -	21,299	1,077	23,750 -	23,799	1,227	26,250 -	26,299	1,377	28,750 <b>-</b>	28,799	1,527
	21,300 -	21,349	1,080	23,800 -	23,849	1,230	26,300 -	26,349	1,380	28,800 -	28,849	1,530
	21,350 -	21,399	1,083	23,850 -	23,899	1,233	26,350 -	26,399	1,383	28,850 -	28,899	1,533
	21,400 -	21,449	1,086	23,900 -	23,949	1,236	26,400 -	26,449	1,386	28,900 -	28,949	1,536
	21,450 -	21,499	1,089	23,950 -	23,999	1,239	26,450 -	26,499	1,389	28,950 -	28,999	1,539
	21,500 -	21,549	1,092	\$24,000 -	24,049	\$1,242	26,500 -	26,549	1,392	\$29,000 -	29,049	\$1,542
	21,550 -	21,599	1,095	24,050 -	24,099	1,245	26,550 -	26,599	1,395	29,050 -	29,099	1,545
	21,600 -	21,649	1,098	24,100 -	24,149	1,248	26,600 -	26,649	1,398	29,100 <b>-</b>	29,149	1,548
	21,650 -	21,699	1,101	24,150 -	24,199	1,251	26,650 -	26,699	1,401	29,150 <b>-</b>	29,199	1,551
	21,700 -	21,749	1,104	24,200 -	24,249	1,254	26,700 -	26,749	1,404	29,200 -	29,249	1,554
	21,750 -	21,799	1,107	24,250 -	24,299	1,257	26,750 -	26,799	1,407	29,250 -	29,299	1,557
	21,800 -	21,849	1,110	24,300 -	24,349	1,260	26,800 -	26,849	1,410	29,300 -	29,349	1,560
	21,850 -	21,899	1,113	24,350 -	24,399	1,263	26,850 -	26,899	1,413	29,350 -	29,399	1,563
	21,900 -	21,949		24,400 -	24,449	1,266	26,900 -	26,949	1,416	29,400 -	29,449	1,566
_	21,950 -	21,999	1,119	24,450 -	24,499	1,269	26,950 -	26,999	1,419	29,450 -	29,499	1,569
	\$22,000 -	22,049	\$1,122	24,500 -	24,549	1,272	\$27,000 -	27,049	\$1,422	29,500 -	29,549	1,572
	22,050 -	22,099	1,125	24,550 -	24,599	1,275	27,050 -	27,099	1,425	29,550 -	29,599	1,575
	22,100 -	22,149	1,128	24,600 -	24,649	1,278	27,100 -	27,149	1,428	29,600 -	29,649	1,578
	22,150 -	22,199	1,131	24,650 -	24,699	1,281	27,150 -	27,199	1,431	29,650 -	29,699	1,581
	22,200 -	22,249	1,134	24,700 -	24,749	1,284	27,200 -	27,249	1,434	29,700 -	29,749	1,584
	22,250 -	22,299	1,137	24,750 -	24,799	1,287	27,250 -	27,299	1,437	29,750 -	29,799	1,587
	22,300 -	22,349	1,140	24,800 -	24,849	1,290	27,300 -	27,349	1,440	29,800 -	29,849	1,590
	22,350 -	22,399	1,143	24,850 -	24,899	1,293	27,350 -	27,399	1,443	29,850 -	29,899	1,593
	22,400 -	22,449	1,146	24,900 -	24,949	1,296	27,400 -	27,449	1,446	29,900 -	29,949	1,596
	22,450 -	22,499	1,149	24,950 -	24,999	1,299	27,450 -	27,499	1,449	29,950 -	29,999	1,599

Т	axable income	F	Amount of tax	Taxable income	/	Amount of tax	Taxable income	A	mount of tax	Taxable income	/	Amount of tax
\$	30,000 - 32,49	9		\$32,500 - 34,9	99		\$35,000 - 37,49	99		\$37,500 - 39,9	99	
	\$30,000 -	30,049	\$1,602	\$32,500 -	32,549	\$1,752	\$35,000 -	35,049	\$1,902	\$37,500 <b>-</b>	37,549	\$2,052
	30,050 -	30,099	1,605	32,550 -	32,599	1,755	35,050 -	35,099	1,905	37,550 <b>-</b>	37,599	2,055
	30,100 -	30,149	1,608	32,600 -	32,649	1,758	35,100 -	35,149	1,908	37,600 -	37,649	2,058
	30,150 -	30,199	1,611	32,650 -	32,699	1,761	35,150 -	35,199	1,911	37,650 -	37,699	2,061
	30,200 -	30,249	1,614	32,700 -	32,749	1,764	35,200 -	35,249	1,914	37,700 -	37,749	2,064
	30,250 -	30,299	1,617	32,750 -	32,799	1,767	35,250 -	35,299	1,917	37,750 -	37,799	2,067
	30,300 -	30,349	1,620	32,800 -	32,849	1,770	35,300 -	35,349	1,920	37,800 -	37,849	2,070
	30,350 -	30,399	1,623	32,850 -	32,899	1,773	35,350 -	35,399	1,923	37,850 -	37,899	2,073
	30,400 -	30,449	1,626	32,900 -	32,949	1,776	35,400 -	35,449	1,926	37,900 -	37,949	2,076
	30,450 -	30,499	1,629	32,950 -	32,999	1,779	35,450 -	35,499	1,929	37,950 -	37,999	2,079
	30,500 -	30,549	1,632	\$33,000 -	33,049	\$1,782	35,500 -	35,549	1,932	\$38,000 -	38,049	\$2,082
	30,550 -	30,599	1,635	33,050 -	33,099	1,785	35,550 -	35,599	1,935	38,050 -	38,099	2,085
	30,600 -	30,649	1,638	33,100 -	33,149	1,788	35,600 -	35,649	1,938	38,100 -	38,149	2,088
	30,650 -	30,699	1,641	33,150 -	33,199	1,791	35,650 -	35,699	1,941	38,150 -	38,199	2,091
	30,700 -	30,749	1,644	33,200 -	33,249	1,794	35,700 -	35,749	1,944	38,200 -	38,249	2,094
	30,750 -	30,799	1,647	33,250 -	33,299	1,797	35,750 -	35,799	1,947	38,250 -	38,299	2,097
	30,800 -	30,849	1,650	33,300 -	33,349	1,800	35,800 -	35,849	1,950	38,300 -	38,349	2,100
	30,850 -	30,899	1,653	33,350 -	33,399	1,803	35,850 -	35,899	1,953	38,350 <b>-</b>	38,399	2,103
	30,900 -	30,949	1,656	33,400 -	33,449	1,806	35,900 -	35,949	1,956	38,400 -	38,449	2,106
	30,950 -	30,999	1,659	33,450 -	33,499	1,809	35,950 -	35,999	1,959	38,450 <b>-</b>	38,499	2,109
	\$31,000 -	31,049	\$1,662	33,500 -	33,549	1,812	\$36,000 -	36,049	\$1,962	38,500 -	38,549	2,112
	31,050 -	31,099	1,665	33,550 -	33,599	1,815	36,050 -	36,099	1,965	38,550 <b>-</b>	38,599	2,115
	31,100 -	31,149	1,668	33,600 -	33,649	1,818	36,100 -	36,149	1,968	38,600 -	38,649	2,118
	31,150 -	31,199	1,671	33,650 -	33,699	1,821	36,150 -	36,199	1,971	38,650 -	38,699	2,121
	31,200 -	31,249	1,674	33,700 -	33,749	1,824	36,200 -	36,249	1,974	38,700 -	38,749	2,124
	31,250 -	31,299	1,677	33,750 -	33,799	1,827	36,250 -	36,299	1,977	38,750 <b>-</b>	38,799	2,127
	31,300 -	31,349	1,680	33,800 -	33,849	1,830	36,300 -	36,349	1,980	38,800 -	38,849	2,130
	31,350 -	31,399	1,683	33,850 -	33,899	1,833	36,350 -	36,399	1,983	38,850 -	38,899	2,133
	31,400 -	31,449	1,686	33,900 -	33,949	1,836	36,400 -	36,449	1,986	38,900 -	38,949	2,136
	31,450 -	31,499	1,689	33,950 -	33,999	1,839	36,450 -	36,499	1,989	38,950 <b>-</b>	38,999	2,139
	31,500 -	31,549	1,692	\$34,000 -	34,049	\$1,842	36,500 -	36,549	1,992	\$39,000 -	39,049	\$2,142
	31,550 -	31,599	1,695	34,050 -	34,099	1,845	36,550 -	36,599	1,995	39,050 <b>-</b>	39,099	2,145
	31,600 -	31,649	1,698	34,100 -	34,149	1,848	36,600 -	36,649	1,998	39,100 <b>-</b>	39,149	2,148
	31,650 -	31,699	1,701	34,150 -	34,199	1,851	36,650 -	36,699	2,001	39,150 <b>-</b>	39,199	2,151
	31,700 -	31,749	1,704	34,200 -	34,249	1,854	36,700 -	36,749	2,004	39,200 -	39,249	2,154
	31,750 -	31,799	1,707	34,250 -	34,299	1,857	36,750 -	36,799	2,007	39,250 -	39,299	2,157
	31,800 -	31,849	1,710	34,300 -	34,349	1,860	36,800 -	36,849	2,010	39,300 <b>-</b>	39,349	2,160
	31,850 -	31,899	1,713	34,350 -	34,399	1,863	36,850 -	36,899	2,013	39,350 <b>-</b>	39,399	2,163
	31,900 -	31,949	1,716	34,400 -	34,449	1,866	36,900 -	36,949	2,016	39,400 <b>-</b>	39,449	2,166
	31,950 -	31,999	1,719	34,450 -	34,499	1,869	36,950 -	36,999	2,019	39,450 <b>-</b>	39,499	2,169
	\$32,000 -	32,049	\$1,722	34,500 -	34,549	1,872	\$37,000 -	37,049	\$2,022	39,500 <b>-</b>	39,549	2,172
	32,050 -	32,099	1,725	34,550 -	34,599	1,875	37,050 -	37,099	2,025	39,550 <b>-</b>	39,599	2,175
	32,100 -	32,149	1,728	34,600 -	34,649	1,878	37,100 -	37,149	2,028	39,600 -	39,649	2,178
	32,150 -	32,199	1,731	34,650 -	34,699	1,881	37,150 -	37,199	2,031	39,650 -	39,699	2,181
	32,200 -	32,249	1,734	34,700 -	34,749	1,884	37,200 -	37,249	2,034	39,700 <b>-</b>	39,749	2,184
	32,250 -	32,299	1,737	34,750 -	34,799	1,887	37,250 -	37,299	2,037	39,750 <b>-</b>	39,799	2,187
	32,300 -	32,349	1,740	34,800 -	34,849	1,890	37,300 -	37,349	2,040	39,800 -	39,849	2,190
	32,350 -	32,399	1,743	34,850 -	34,899	1,893	37,350 -	37,399	2,043	39,850 -	39,899	2,193
	32,400 -	32,449	1,746	34,900 -	34,949	1,896	37,400 -	37,449	2,046	39,900 -	39,949	2,196
	32,450 -	32,499	1,749	34,950 -	34,999	1,899	37,450 -	37,499	2,049	39,950 -	39,999	2,199
	,	,	, -			,	,	,		,	,	,

	able income		mount of tax	Taxable income		Amount of tax	Taxable income		mount of tax	Taxable income		Amount of tax
\$4	0,000 - 42,499	<u>)</u>		\$42,500 - 44,99	99		\$45,000 - 47,49	99		\$47,500 - 49,9	99	
	\$40,000 -	40,049	\$2,202	\$42,500 -	42,549	\$2,364	\$45,000 -	45,049	\$2,527	\$47,500 <b>-</b>	47,549	\$2,689
	40,050 -	40,099	2,205	42,550 -	42,599	2,367	45,050 -	45,099	2,530	47,550 -	47,599	2,692
	40,100 -	40,149	2,208	42,600 -	42,649	2,371	45,100 -	45,149	2,533	47,600 -	47,649	2,696
	40,150 -	40,199	2,211	42,650 -	42,699	2,374	45,150 -	45,199	2,536	47,650 <b>-</b>	47,699	2,699
	40,200 -	40,249	2,215	42,700 -	42,749	2,377	45,200 -	45,249	2,540	47,700 -	47,749	2,702
	40,250 -	40,299	2,218	42,750 -	42,799	2,380	45,250 -	45,299	2,543	47,750 <b>-</b>	47,799	2,705
	40,300 -	40,349	2,221	42,800 -	42,849	2,384	45,300 -	45,349	2,546	47,800 -	47,849	2,709
	40,350 -	40,399	2,224	42,850 -	42,899	2,387	45,350 -	45,399	2,549	47,850 -	47,899	2,712
	40,400 -	40,449	2,228	42,900 -	42,949	2,390	45,400 -	45,449	2,553	47,900 -	47,949	2,715
	40,450 -	40,499	2,231	42,950 -	42,999	2,393	45,450 -	45,499	2,556	47,950 <b>-</b>	47,999	2,718
	40,500 -	40,549	2,234	\$43,000 -	43,049	\$2,397	45,500 -	45,549	2,559	\$48,000 -	48,049	\$2,722
	40,550 -	40,599	2,237	43,050 -	43,099	2,400	45,550 -	45,599	2,562	48,050 <b>-</b>	48,099	2,725
	40,600 -	40,649	2,241	43,100 -	43,149	2,403	45,600 -	45,649	2,566	48,100 -	48,149	2,728
	40,650 -	40,699	2,244	43,150 -	43,199	2,406	45,650 -	45,699	2,569	48,150 <b>-</b>	48,199	2,731
	40,700 -	40,749	2,247	43,200 -	43,249	2,410	45,700 -	45,749	2,572	48,200 -	48,249	2,735
	40,750 -	40,799	2,250	43,250 -	43,299	2,413	45,750 -	45,799	2,575	48,250 -	48,299	2,738
	40,800 -	40,849	2,254	43,300 -	43,349	2,416	45,800 -	45,849	2,579	48,300 -	48,349	2,741
	40,850 -	40,899	2,257	43,350 -	43,399	2,419	45,850 -	45,899	2,582	48,350 <b>-</b>	48,399	2,744
	40,900 -	40,949	2,260	43,400 -	43,449	2,423	45,900 -	45,949	2,585	48,400 -	48,449	2,748
	40,950 -	40,999	2,263	43,450 -	43,499	2,426	45,950 -	45,999	\$2,588	48,450 -	48,499	2,751
	\$41,000 -	41,049	\$2,267	43,500 -	43,549	2,429	\$46,000 -	46,049	\$2,592	48,500 -	48,549	2,754
	41,050 -	41,099	2,270	43,550 -	43,599	2,432	46,050 -	46,099	2,595	48,550 -	48,599	2,757
	41,100 -	41,149	2,273	43,600 -	43,649	2,436	46,100 -	46,149	2,598	48,600 -	48,649	2,761
	41,150 -	41,199	2,276	43,650 -	43,699	2,439	46,150 -	46,199	2,601	48,650 -	48,699	2,764
	41,200 -	41,249	2,280	43,700 -	43,749	2,442	46,200 -	46,249	2,605	48,700 -	48,749	2,767
	41,250 -	41,299	2,283	43,750 -	43,799	2,445		46,299	2,608	48,750 -	48,799	2,770
	41,300 -	41,349	2,286	43,800 -	43,849	2,449	46,300 -	46,349	2,611	48,800 -	48,849	2,774
	41,350 -	41,399	2,289	43,850 -	43,899	2,452	46,350 -	46,399	2,614	48,850 -	48,899	2,777
	41,400 -	41,449	2,293	43,900 -	43,949	2,455	46,400 -	46,449	2,618	48,900 -	48,949	2,780
	41,450 -	41,499	2,296	43,950 -	43,999	2,458	46,450 -	46,499	2,621	48,950 -	48,999	\$2,783
	41,500 -	41,549	2,299	\$44,000 -	44,049	\$2,462	46,500 -	46,549	2,624	\$49,000 -	49,049	\$2,787
	41,550 -	41,599	2,302	44,050 -	44,099	2,465	46,550 -	46,599	2,627	49,050 -	49,099	2,790
	41,600 -	41,649	2,306	44,100 -	44,149	2,468	46,600 -	46,649	2,631	49,100 -	49,149	2,793
	41,650 -	41,699	2,309	44,150 -	44,199	2,471	46,650 -	46,699	2,634	49,150 -	49,199	2,796
	41,700 -	41,749	2,312	44,200 -	44,249	2,475	46,700 -	46,749	2,637	49,200 -	49,249	2,800
	41,750 -	41,799	2,315	44,250 -	44,299	2,478	46,750 -	46,799	2,640	49,250 -	49,299	2,803
	41,800 -	41,849	2,319	44,300 -	44,349	2,481	46,800 -	46,849	2,644	49,300 -	49,349	2,806
	41,850 -	41,899	2,322	44,350 -	44,399	2,484	46,850 -	46,899	2,647	49,350 -	49,399	2,809
	41,900 -	41,949	2,325	44,400 -	44,449	2,488	46,900 -	46,949	2,650	49,400 -	49,449	2,813
	41,950 -	41,999	2,328	44,450 -	44,499	2,491	46,950 -	46,999	2,653	49,450 -	49,499	2,816
	\$42,000 -	42,049	\$2,332	44,500 -	44,549	2,494	\$47,000 -	47,049	\$2,657	49,500 -	49,549	2,819
	42,050 -	42,099	2,335	44,550 -	44,599	2,497	47,050 -	47,099	2,660	49,550 -	49,599	2,822
	42,100 -	42,149	2,338	44,600 -	44,649	2,501	47,100 -	47,149	2,663	49,600 -	49,649	2,826
	42,150 -	42,199	2,341	44,650 -	44,699	2,504	47,150 -	47,199	2,666	49,650 -	49,699	2,829
	42,200 -	42,249	2,345	44,700 -	44,749	2,507	47,200 -	47,249	2,670	49,700 -	49,749	2,832
	42,250 -	42,299	2,348	44,750 -	44,799	2,510	47,250 -	47,299	2,673	49,750 -	49,799	2,835
	42,300 -	42,349	2,351	44,800 -	44,849	2,514	47,300 -	47,349	2,676	49,800 -	49,849	2,839
	42,350 -	42,399	2,354	44,850 -	44,899	2,517	47,350 -	47,399	2,679	49,850 -	49,899	2,842
	42,400 -	42,449	2,358	44,900 -	44,949	2,520	47,400 -	47,449	2,683	49,900 -	49,949	2,845
	42,450 -	42,499	2,361	44,950 -	44,999	2,523	47,450 -	47,499	2,686	49,950 <b>-</b>	49,999	2,848

	Taxable income	A	mount of tax	Taxable income	/	Amount of tax	Taxable income	Ar	mount of tax	Taxable income		Amount of tax
	\$50,000 - 52,49	9		\$52,500 - 54,9	99		\$55,000 - 57,49	9		\$57,500 - 59,9	99	
	\$50,000 -	50,049	\$2,852	\$52,500 -	52,549	\$3,014	\$55,000 -	55,049	\$3,177	\$57,500 <b>-</b>	57,549	\$3,339
	50,050 -	50,099	2,855	52,550 -	52,599	3,017	55,050 -	55,099	3,180	57,550 <b>-</b>	57,599	3,342
	50,100 -	50,149	2,858	52,600 -	52,649	3,021	55,100 -	55,149	3,183	57,600 -	57,649	3,346
	50,150 -	50,199	2,861	52,650 -	52,699	3,024	55,150 -	55,199	3,186	57,650 -	57,699	3,349
	50,200 -	50,249	2,865	52,700 -	52,749	3,027	55,200 -	55,249	3,190	57,700 <b>-</b>	57,749	3,352
	50,250 -	50,299	2,868	52,750 -	52,799	3,030	55,250 -	55,299	3,193	57,750 <b>-</b>	57,799	3,355
	50,300 -	50,349	2,871	52,800 -	52,849	3,034	55,300 -	55,349	3,196	57,800 <b>-</b>	57,849	3,359
	50,350 -	50,399	2,874	52,850 -	52,899	3,037	55,350 -	55,399	3,199	57,850 -	57,899	3,362
	50,400 -	50,449	2,878	52,900 -	52,949	3,040	55,400 -	55,449	3,203	57,900 <b>-</b>	57,949	3,365
	50,450 -	50,499	2,881	52,950 -	52,999	3,043	55,450 -	55,499	3,206	57,950 <b>-</b>	57,999	3,368
	50,500 -	50,549	2,884	\$53,000 -	53,049	\$3,047	55,500 -	55,549	3,209	\$58,000 -	58,049	\$3,372
	50,550 -	50,599	2,887	53,050 -	53,099	3,050	55,550 -	55,599	3,212	58,050 -	58,099	3,375
	50,600 -	50,649	2,891	53,100 -	53,149	3,053	55,600 -	55,649	3,216	58,100 -	58,149	3,378
	50,650 -	50,699	2,894	53,150 -	53,199	3,056	55,650 -	55,699	3,219	58,150 -	58,199	3,381
	50,700 -	50,749	2,897	53,200 -	53,249	3,060	55,700 -	55,749	3,222	58,200 -	58,249	3,385
	50,750 -	50,799	2,900	53,250 -	53,299	3,063	55,750 -	55,799	3,225	58,250 -	58,299	3,388
	50,800 -	50,849	2,904	53,300 -	53,349	3,066	55,800 -	55,849	3,229	58,300 -	58,349	3,391
	50,850 -	50,899	2,907	53,350 -	53,399	3,069	55,850 -	55,899	3,232	58,350 <b>-</b>	58,399	3,394
	50,900 -	50,949	2,910	53,400 -	53,449	3,073	55,900 -	55,949	3,235	58,400 -	58,449	3,398
	50,950 -	50,999	2,913	53,450 -	53,499	3,076	55,950 -	55,999	3,238	58,450 -	58,499	3,401
Ī	\$51,000 -	51,049	\$2,917	53,500 -	53,549	3,079	\$56,000 -	56,049	\$3,242	58,500 <b>-</b>	58,549	3,404
	51,050 -	51,099	2,920	53,550 -	53,599	3,082	56,050 -	56,099	3,245	58,550 -	58,599	3,407
	51,100 -	51,149	2,923	53,600 -	53,649	3,086	56,100 -	56,149	3,248	58,600 <b>-</b>	58,649	3,411
	51,150 -	51,199	2,926	53,650 -	53,699	3,089	56,150 -	56,199	3,251	58,650 -	58,699	3,414
	51,200 -	51,249	2,930	53,700 -	53,749	3,092	56,200 -	56,249	3,255	58,700 <b>-</b>	58,749	3,417
	51,250 -	51,299	2,933	53,750 -	53,799	3,095	56,250 -	56,299	3,258	58,750 <b>-</b>	58,799	3,420
	51,300 -	51,349	2,936	53,800 -	53,849	3,099	56,300 -	56,349	3,261	58,800 -	58,849	3,424
	51,350 -	51,399	2,939	53,850 -	53,899	3,102	56,350 -	56,399	3,264	58,850 -	58,899	3,427
	51,400 -	51,449	2,943	53,900 -	53,949	3,105	56,400 -	56,449	3,268	58,900 -	58,949	3,430
	51,450 -	51,499	2,946	53,950 -	53,999	3,108	56,450 -	56,499	3,271	58,950 -	58,999	3,433
	51,500 -	51,549	2,949	\$54,000 -	54,049	\$3,112	56,500 -	56,549	3,274	\$59,000 -	59,049	\$3,437
	51,550 -	51,599	2,952	54,050 -	54,099	3,115	56,550 -	56,599	3,277	59,050 <b>-</b>	59,099	3,440
	51,600 -	51,649	2,956	54,100 -	54,149	3,118	56,600 -	56,649	3,281	59,100 <b>-</b>	59,149	3,443
	51,650 -	51,699	2,959	54,150 -	54,199	3,121	56,650 -	56,699	3,284	59,150 <b>-</b>	59,199	3,446
	51,700 -	51,749	2,962	54,200 -	54,249	3,125	56,700 -	56,749	3,287	59,200 -	59,249	3,450
	51,750 -	51,799	2,965	54,250 -	54,299	3,128	56,750 -	56,799	3,290	59,250 -	59,299	3,453
	51,800 -	51,849	2,969	54,300 -	54,349	3,131	56,800 -	56,849	3,294	59,300 <b>-</b>	59,349	3,456
	51,850 -	51,899	2,972	54,350 -	54,399	3,134	56,850 -	56,899	3,297	59,350 <b>-</b>	59,399	3,459
	51,900 -	51,949	2,975	54,400 -	54,449	3,138	56,900 -	56,949	3,300	59,400 <b>-</b>	59,449	3,463
	51,950 -	51,999	2,978	54,450 -	54,499	3,141	56,950 -	56,999	3,303	59,450 -	59,499	3,466
	\$52,000 -	52,049	\$2,982	54,500 -	54,549	3,144	\$57,000 -	57,049	\$3,307	59,500 <b>-</b>	59,549	3,469
	52,050 -	52,099	2,985	54,550 -	54,599	3,147	57,050 -	57,099	3,310	59,550 <b>-</b>	59,599	3,472
	52,100 -	52,149	2,988	54,600 -	54,649	3,151	57,100 -	57,149	3,313	59,600 -	59,649	3,476
	52,150 -	52,199	2,991	54,650 -	54,699	3,154	57,150 -	57,199	3,316	59,650 -	59,699	3,479
	52,200 -	52,249	2,995	54,700 -	54,749	3,157	57,200 -	57,249	3,320	59,700 <b>-</b>	59,749	3,482
	52,250 -	52,299	2,998	54,750 -	54,799	3,160	57,250 -	57,299	3,323	59,750 -	59,799	3,485
	52,300 -	52,349	3,001	54,800 -	54,849	3,164	57,300 -	57,349	3,326	59,800 <b>-</b>	59,849	3,489
	52,350 -	52,399	3,004	54,850 -	54,899	3,167	57,350 -	57,399	3,329	59,850 -	59,899	3,492
	52,400 -	52,449	3,008	54,900 -	54,949	3,170	57,400 -	57,449	3,333	59,900 -	59,949	3,495
	52,450 -	52,499	3,011	54,950 -	54,999	3,173	57,450 -	57,499	3,336	59,950 <b>-</b>	59,999	3,498

	e income <b>)00 - 62,499</b>		mount of tax	Taxable income \$62,500 - 64,99		Amount of tax	Taxable income \$65,000 - 67,49		mount of tax	Taxable income \$67,500 - 69,9		Amount of tax
	60,000 -	60,049	\$3,501	\$62,500 -	62,549	\$3,714	\$65,000 -	65,049	\$3,926	\$67,500 -	67,549	\$4,139
	60,050 -	60,099	3,505	62,550 -	62,599	3,718	65,050 -	65,099	3,930	67,550 -	67,599	4,143
	50,000 - 50,100 -	60,149	3,510	62,600 -	62,649	3,722	65,100 -	65,149	3,935	67,600 -	67,649	4,147
	50,150 -	60,199	3,514	62,650 -	62,699	3,726	65,150 -	65,199	3,939	67,650 -	67,699	4,151
	50,100 - 50,200 -	60,249	3,518	62,700 -	62,749	3,731	65,200 -	65,249	3,943	67,700 -	67,749	4,156
	50,250 - 50,250 -	60,249	3,522	62,750 -	62,799	3,735	65,250 -	65,299	3,947	67,750 -	67,799	4,160
	50,200 - 50,300 -	60,349	3,522	62,800 -	62,849	3,739	65,300 -	65,349	3,952	67,800 -	67,849	4,164
	50,300 - 50,350 -	60,399	3,527	62,850 -	62,899	3,743	65,350 -	65,399	3,956		67,899	4,164
	50,330 - 50,400 -	60,449	3,535	62,900 -	62,949	3,748	65,400 -	65,449	3,960	67,900 -	67,949	4,100
	50,400 - 60,450 -	60,499	3,539	62,950 -	62,999	3,752	65,450 -	65,499	3,964	67,950 -	67,999	4,173
	50,430 - 60,500 -	60,549	3,544	\$63,000 -	63,049	\$3,756	65,500 -	65,549	3,969	\$68,000 -	68,049	\$4,181
	60,550 -	60,599	3,548	63,050 -	63,099	3,760	65,550 -	65,599	3,973	68,050 -	68,099	4,185
	50,500 - 50,600 -	60,649	3,552	63,100 -	63,149	3,765	65,600 -	65,649	3,977	68,100 -	68,149	4,100
	60,650 -	60,699	3,556	63,150 -	63,199	3,769	65,650 -	65,699	3,981	68,150 <b>-</b>	68,199	4,194
	50,000 - 50,700 -	60,749	3,561	63,200 -	63,249	3,773	65,700 -	65,749	3,986	68,200 -	68,249	4,194
	50,750 -	60,799	3,565	63,250 -	63,299	3,777	65,750 -	65,799	3,990	68,250 -	68,299	4,190
	50,730 - 50,800 -	60,849	3,569	63,300 -	63,349	3,782	65,800 -	65,849	3,994	68,300 -	68,349	4,202
	60,850 -	60,899	3,573	63,350 -	63,399	3,786	65,850 -	65,899	3,998	68,350 -	68,399	4,211
	50,000 - 50,900 -	60,949	3,578	63,400 -	63,449	3,790	65,900 -	65,949	4,003	68,400 -	68,449	4,215
	50,950 - 50,950 -	60,999	3,582	63,450 -	63,499	3,794	65,950 -	65,999	4,003	68,450 -	68,499	4,219
	61,000 -	61,049	\$3,586	63,500 -	63,549	3,799	\$66,000 -	66,049	\$4,011	68,500 -	68,549	4,224
	51,000 - 51,050 -	61,099	\$3,580 3,590	63,550 -	63,599	3,803	66,050 -	66,099	4,011	68,550 -	68,599	4,224
	51,000 -	61,149	3,595	63,600 -	63,649	3,807	66,100 -	66,149	4,013	68,600 -	68,649	4,232
	51,150 - 51,150 -	61,199	3,595	63,650 -	63,699	3,807	66,150 -	66,199	4,020	68,650 -	68,699	4,232
	51,130 - 51,200 -	61,249	3,603	63,700 -	63,749	3,816	66,200 -	66,249	4,024	68,700 -	68,749	4,230
	51,200 - 51,250 -	61,299	3,603	63,750 -	63,799	3,810	66,250 -	66,299	4,020	68,750 <b>-</b>	68,799	4,241
	51,200 - 51,300 -	61,349	3,612	63,800 -	63,849	3,824	66,300 -	66,349	4,032	68,800 -	68,849	4,249
	51,350 - 51,350 -	61,399	3,612	63,850 -	63,899	3,828	66,350 -	66,399	4,041	68,850 -	68,899	4,253
	51,300 - 51,400 -	61,449	3,620	63,900 -	63,949	3,833	66,400 -	66,449	4,041	68,900 -	68,949	4,258
	51,450 - 51,450 -	61,499	3,624	63,950 -	63,999	3,837	66,450 -	66,499	4,049	68,950 -	68,999	4,262
	51,400 - 51,500 -	61,549	3,629	\$64,000 -	64,049	\$3,841	66,500 -	66,549	4,054	\$69,000 -	69,049	\$4,266
	61,550 -	61,599	3,633	64,050 -	64,099	3,845	66,550 -	66,599	4,054	69,050 -	69,099	4,270
	61,600 -	61,649	3,637	64,100 -	64,149	3,850	66,600 -	66,649	4,062	69,100 -	69,149	4,275
	61,650 -	61,699	3,641	64,150 -	64,199	3,854	66,650 -	66,699	4,066	69,150 -	69,199	4,279
	51,000 - 51.700 -	61,749	3,646	64,200 -	64,249	3,858	66,700 -	66,749	4,071	69,200 -	69,249	4,283
	61,750 -	61,799	3,650	64,250 -	64,299	3,862	66,750 -	66,799	4,075	69,250 -	69,299	4,287
	51,800 -	61,849	3,654	64,300 -	64,349	3,867	66,800 -	66,849	4,079	69,300 -	69,349	4,292
	61,850 -	61,899	3,658	64,350 -	64,399	3,871	66,850 -	66,899	4,083	69,350 -	69,399	4,296
	51,900 -	61,949	3,663	64,400 -	64,449	3,875	66,900 -	66,949	4,088	69,400 -	69,449	4,300
	61,950 -	61,999	3,667	64,450 -	64,499	3,879	66,950 -	66,999	4,092	69,450 <b>-</b>	69,499	4,304
_	62,000 -	62,049	\$3,671	64,500 -	64,549	3,884	\$67,000 -	67,049	\$4,096	69,500 <b>-</b>	69,549	4,309
	62,050 -	62,099	3,675		64,599	3,888	67,050 -	67,099	4,100	69,550 -	69,599	4,313
	52,000 - 52,100 -	62,149	3,680	64,600 -	64,649	3,892	67,100 -	67,149	4,105	69,600 -	69,649	4,317
	62,150 -	62,199	3,684	64,650 -	64,699	3,896	67,150 -	67,199	4,109	69,650 -	69,699	4,321
	52,200 -	62,249	3,688	64,700 -	64,749	3,901	67,200 -	67,249	4,113	69,700 <b>-</b>	69,749	4,326
	62,250 -	62,299	3,692	64,750 -	64,799	3,905	67,250 -	67,299	4,117	69,750 <b>-</b>	69,799	4,330
	52,300 -	62,349	3,697	64,800 -	64,849	3,909	67,300 -	67,349	4,122	69,800 -	69,849	4,334
	62,350 -	62,399	3,701	64,850 -	64,899	3,913	67,350 -	67,399	4,126	69,850 -	69,899	4,338
	52,400 -	62,449	3,705		64,949	3,918	67,400 -	67,449	4,130	69,900 -	69,949	4,343
	62,450 -	62,499	3,709	64,950 -	64,999	3,922	67,450 -	67,499	4,134	69,950 -	69,999	4,347
	_,	52,100	0,100	01,000	01,000	0,022	01,400	01,100	1,10-1		00,000	1,011

Taxable income	1	Amount of tax	Taxable income	A	mount of tax	Taxable income	Ar	mount of tax	Taxable income		Amount of tax
\$70,000 - 72,499	9		\$72,500 - 74,9	99		\$75,000 - 77,49	9		\$77,500 - 79,9	99	
\$70,000 -	70,049	\$4,351	\$72,500 -	72,549	\$4,564	\$75,000 -	75,049	\$4,776	\$77,500 <b>-</b>	77,549	\$4,989
70,050 -	70,099	4,355	72,550 -	72,599	4,568	75,050 -	75,099	4,780	77,550 -	77,599	4,993
70,100 -	70,149	4,360	72,600 -	72,649	4,572	75,100 -	75,149	4,785	77,600 -	77,649	4,997
70,150 -	70,199	4,364	72,650 -	72,699	4,576	75,150 -	75,199	4,789	77,650 -	77,699	5,001
70,200 -	70,249	4,368	72,700 -	72,749	4,581	75,200 -	75,249	4,793	77,700 -	77,749	5,006
70,250 -	70,299	4,372	72,750 -	72,799	4,585	75,250 -	75,299	4,797	77,750 -	77,799	5,010
70,300 -	70,349	4,377	72,800 -	72,849	4,589	75,300 -	75,349	4,802	77,800 -	77,849	5,014
70,350 -	70,399	4,381	72,850 -	72,899	4,593	75,350 -	75,399	4,806	77,850 -	77,899	5,018
70,400 -	70,449	4,385	72,900 -	72,949	4,598	75,400 -	75,449	4,810	77,900 -	77,949	5,023
70,450 -	70,499	4,389	72,950 -	72,999	4,602	75,450 -	75,499	4,814	77,950 -	77,999	5,027
70,500 -	70,549	4,394	\$73,000 -	73,049	\$4,606	75,500 -	75,549	4,819	\$78,000 -	78,049	\$5,031
70,550 -	70,599	4,398	73,050 -	73,099	4,610	75,550 -	75,599	4,823	78,050 -	78,099	5,035
70,600 -	70,649	4,402	73,100 -	73,149	4,615	75,600 -	75,649	4,827	78,100 -	78,149	5,040
70,650 -	70,699	4,406	73,150 -	73,199	4,619	75,650 -	75,699	4,831	78,150 -	78,199	5,044
70,700 -	70,749	4,411	73,200 -	73,249	4,623	75,700 -	75,749	4,836	78,200 -	78,249	5,048
70,750 -	70,799	4,415	73,250 -	73,299	4,627	75,750 -	75,799	4,840	78,250 -	78,299	5,052
70,800 -	70,849	4,419	73,300 -	73,349	4,632	75,800 -	75,849	4,844	78,300 -	78,349	5,057
70,850 -	70,899	4,423	73,350 -	73,399	4,636	75,850 -	75,899	4,848	78,350 -	78,399	5,061
70,900 -	70,949	4,428	73,400 -	73,449	4,640	75,900 -	75,949	4,853	78,400 -	78,449	5,065
70,950 -	70,999	4,432	73,450 -	73,499	4,644	75,950 -	75,999	4,857	78,450 <b>-</b>	78,499	5,069
\$71,000 -	71,049	\$4,436	73,500 -	73,549	4,649	\$76,000 -	76,049	\$4,861	78,500 <b>-</b>	78,549	5,074
71,050 -	71,099	4,440	73,550 -	73,599	4,653	76,050 -	76,099	4,865	78,550 <b>-</b>	78,599	5,078
71,100 -	71,149	4,445	73,600 -	73,649	4,657	76,100 -	76,149	4,870	78,600 -	78,649	5,082
71,150 -	71,199	4,449	73,650 -	73,699	4,661	76,150 -	76,199	4,874	78,650 <b>-</b>	78,699	5,086
71,200 -	71,249	4,453	73,700 -	73,749	4,666	76,200 -	76,249	4,878	78,700 -	78,749	5,091
71,250 -	71,299	4,457	73,750 -	73,799	4,670	76,250 -	76,299	4,882	78,750 -	78,799	5,095
71,300 -	71,349	4,462	73,800 -	73,849	4,674	76,300 -	76,349	4,887	78,800 -	78,849	5,099
71,350 -	71,399	4,466	73,850 -	73,899	4,678	76,350 -	76,399	4,891	78,850 -	78,899	5,103
71,400 -	71,449	4,470	73,900 -	73,949	4,683	76,400 -	76,449	4,895	78,900 -	78,949	5,108
71,450 -	71,499	4,474	73,950 -	73,999	4,687	76,450 -	76,499	4,899	78,950 -	78,999	5,112
71,500 -	71,549	4,479	\$74,000 -	74,049	\$4,691	76,500 -	76,549	4,904	\$79,000 -	79,049	\$5,116
71,550 -	71,599	4,483	74,050 -	74,099	4,695	76,550 -	76,599	4,908	79,050 -	79,099	5,120
71,600 -	71,649	4,487	74,100 -	74,149	4,700	76,600 -	76,649	4,912	79,100 <b>-</b>	79,149	5,125
71,650 -	71,699	4,491	74,150 -	74,199	4,704	76,650 -	76,699	4,916	79,150 <b>-</b>	79,199	5,129
71,700 -	71,749	4,496	74,200 -	74,249	4,708	76,700 -	76,749	4,921	79,200 -	79,249	5,133
71,750 -	71,799	4,500	74,250 -	74,299	4,712	76,750 -	76,799	4,925	79,250 -	79,299	5,137
71,800 -	71,849	4,504	74,300 -	74,349	4,717	76,800 -	76,849	4,929	79,300 <b>-</b>	79,349	5,142
71,850 -	71,899	4,508	74,350 -	74,399	4,721	76,850 -	76,899	4,933	79,350 <b>-</b>	79,399	5,146
71,900 -	71,949	4,513	74,400 -	74,449	4,725	76,900 -	76,949	4,938	79,400 <b>-</b>	79,449	5,150
71,950 -	71,999	4,517	74,450 -	74,499	4,729	76,950 -	76,999	4,942	79,450 -	79,499	5,154
\$72,000 -	72,049	\$4,521	74,500 -	74,549	4,734	\$77,000 -	77,049	\$4,946	79,500 <b>-</b>	79,549	5,159
72,050 -	72,099	4,525	74,550 -	74,599	4,738	77,050 -	77,099	4,950	79,550 <b>-</b>	79,599	5,163
72,100 -	72,149	4,530	74,600 -	74,649	4,742	77,100 -	77,149	4,955	79,600 <b>-</b>	79,649	5,167
72,150 -	72,199	4,534	74,650 -	74,699	4,746	77,150 -	77,199	4,959	79,650 -	79,699	5,171
72,200 -	72,249	4,538	74,700 -	74,749	4,751	77,200 -	77,249	4,963	79,700 -	79,749	5,176
72,250 -	72,299	4,542	74,750 -	74,799	4,755	77,250 -	77,299	4,967	79,750 -	79,799	5,180
72,300 -	72,349	4,547	74,800 -	74,849	4,759	77,300 -	77,349	4,972	79,800 -	79,849	5,184
72,350 -	72,399	4,551	74,850 -	74,899	4,763	77,350 -	77,399	4,976	79,850 -	79,899	5,188
72,400 -	72,449	4,555	74,900 -	74,949	4,768	77,400 -	77,449	4,980	79,900 -	79,949	5,193
72,450 -	72,499	4,559	74,950 -	74,999	4,772	77,450 -	77,499	4,984	79,950 -	79,999	5,197
,	,	,		,	, –		,				, -

 axable income		mount of tax	Taxable income		Amount of tax			mount of tax	Taxable income		Amount of tax
\$ 80,000 - 82,499			\$82,500 - 84,9	99		\$85,000 - 87,49	9		\$87,500 - 89,9	99	
\$80,000 -	80,049	\$5,201	\$82,500 -	82,549	\$5,414	\$85,000 -	85,049	\$5,626	\$87,500 <b>-</b>	87,549	\$5,839
80,050 -	80,099	5,205	82,550 -	82,599	5,418	85,050 -	85,099	5,630	87,550 <b>-</b>	87,599	5,843
80,100 -	80,149	5,210	82,600 -	82,649	5,422	85,100 -	85,149	5,635	87,600 -	87,649	5,847
80,150 -	80,199	5,214	82,650 -	82,699	5,426	85,150 -	85,199	5,639	87,650 -	87,699	5,851
80,200 -	80,249	5,218	82,700 -	82,749	5,431	85,200 -	85,249	5,643	87,700 <b>-</b>	87,749	5,856
80,250 -	80,299	5,222	82,750 -	82,799	5,435	85,250 -	85,299	5,647	87,750 <b>-</b>	87,799	5,860
80,300 -	80,349	5,227	82,800 -	82,849	5,439	85,300 -	85,349	5,652	87,800 <b>-</b>	87,849	5,864
80,350 -	80,399	5,231	82,850 -	82,899	5,443	85,350 -	85,399	5,656	87,850 -	87,899	5,868
80,400 -	80,449	5,235	82,900 -	82,949	5,448	85,400 -	85,449	5,660	87,900 <b>-</b>	87,949	5,873
80,450 -	80,499	5,239	82,950 -	82,999	5,452	85,450 -	85,499	5,664	87,950 <b>-</b>	87,999	5,877
80,500 -	80,549	5,244	\$83,000 -	83,049	\$5,456	85,500 -	85,549	5,669	\$88,000 -	88,049	\$5,881
80,550 -	80,599	5,248	83,050 -	83,099	5,460	85,550 -	85,599	5,673	88,050 <b>-</b>	88,099	5,885
80,600 -	80,649	5,252	83,100 -	83,149	5,465	85,600 -	85,649	5,677	88,100 -	88,149	5,890
80,650 -	80,699	5,256	83,150 -	83,199	5,469	85,650 -	85,699	5,681	88,150 <b>-</b>	88,199	5,894
80,700 -	80,749	5,261	83,200 -	83,249	5,473	85,700 -	85,749	5,686	88,200 -	88,249	5,898
80,750 -	80,799	5,265	83,250 -	83,299	5,477	85,750 -	85,799	5,690	88,250 -	88,299	5,902
80,800 -	80,849	5,269	83,300 -	83,349	5,482	85,800 -	85,849	5,694	88,300 -	88,349	5,907
80,850 -	80,899	5,273	83,350 -	83,399	5,486	85,850 -	85,899	5,698	88,350 <b>-</b>	88,399	5,911
80,900 -	80,949	5,278	83,400 -	83,449	5,490	85,900 -	85,949	5,703	88,400 -	88,449	5,915
80,950 -	80,999	5,282	83,450 -	83,499	5,494	85,950 -	85,999	5,707	88,450 -	88,499	5,919
\$81,000 -	81,049	\$5,286	83,500 -	83,549	5,499	86,000 -	86,049	\$5,711	88,500 -	88,549	5,924
81,050 -	81,099	5,290	83,550 -	83,599	5,503	86,050 -	86,099	5,715	88,550 -	88,599	5,928
81,100 -	81,149	5,295	83,600 -	83,649	5,507	86,100 -	86,149	5,720	88,600 -	88,649	5,932
81,150 -	81,199	5,299	83,650 -	83,699	5,511	86,150 -	86,199	5,724	88,650 -	88,699	5,936
81,200 -	81,249	5,303	83,700 -	83,749	5,516	86,200 -	86,249	5,728	88,700 -	88,749	5,941
81,250 -	81,299	5,307	83,750 -	83,799	5,520	86,250 -	86,299	5,732	88,750 -	88,799	5,945
81,300 -	81,349	5,312	83,800 -	83,849	5,524	86,300 -	86,349	5,737	88,800 -	88,849	5,949
81,350 -	81,399	5,316	83,850 -	83,899	5,528	86,350 -	86,399	5,741	88,850 -	88,899	5,953
81,400 -	81,449	5,320	83,900 -	83,949	5,533	86,400 -	86,449	5,745	88,900 <b>-</b>	88,949	5,958
81,450 -	81,499	5,324	83,950 -	83,999	5,537	86,450 -	86,499	5,749	88,950 <b>-</b>	88,999	5,962
81,500 -	81,549	5,329	\$84,000 -	84,049	\$5,541	86,500 -	86,549	5,754	\$89,000 -	89,049	\$5,966
	81,599	5,333	84,050 -	84,099	5,545	86,550 -	86,599	5,758	89,050 <b>-</b>	89,099	5,970
81,600 -	81,649	5,337	84,100 -	84,149	5,550	86,600 -	86,649	5,762	89,100 <b>-</b>	89,149	5,975
	81,699	5,341	84,150 -	84,199	5,554	86,650 -	86,699	5,766	89,150 <b>-</b>	89,199	5,979
81,700 -	81,749	5,346	84,200 -	84,249	5,558	86,700 -	86,749	5,771	89,200 -	89,249	5,983
81,750 -	81,799	5,350	84,250 -	84,299	5,562	86,750 -	86,799	5,775	89,250 -	89,299	5,987
	81,849	5,354	84,300 -	84,349	5,567	86,800 -	86,849	5,779	89,300 -	89,349	5,992
81,850 -	81,899	5,358	84,350 -	84,399	5,571	86,850 -	86,899	5,783	89,350 -	89,399	5,996
	81,949	5,363	84,400 -	84,449	5,575	86,900 -	86,949	5,788	89,400 -	89,449	6,000
	81,999	5,367	84,450 -	84,499	5,579	86,950 -	86,999	5,792	89,450 -	89,499	6,004
	82,049	\$5,371	84,500 -	84,549	5,584	\$87,000 -	87,049	\$5,796	89,500 -	89,549	6,009
82,050 -	82,099	5,375	84,550 -	84,599	5,588	87,050 -	87,099	5,800	89,550 -	89,599	6,013
	82,149	5,380	84,600 -	84,649	5,592	87,100 -	87,149	5,805	89,600 -	89,649	6,017
	82,199	5,384	84,650 -	84,699	5,596	87,150 -	87,199	5,809	89,650 -	89,699	6,021
	82,249	5,388	84,700 -	84,749	5,601	87,200 -	87,249	5,813	89,700 -	89,749	6,026
	82,299	5,392	84,750 -	84,799	5,605	87,250 -	87,299	5,817	89,750 -	89,799	6,030
	82,349	5,397	84,800 -	84,849	5,609	87,300 -	87,349	5,822	89,800 -	89,849	6,034
	82,399	5,401	84,850 -	84,899	5,613	87,350 -	87,399	5,826	89,850 -	89,899	6,038
	82,449	5,405	84,900 -	84,949	5,618	87,400 -	87,449	5,830	89,900 -	89,949	6,043
82,450 -	82,499	5,409	84,950 -	84,999	5,622	87,450 -	87,499	5,834	89,950 <b>-</b>	89,999	6,047

Taxable income	А	mount of tax	Taxable income		Amount of tax	Taxable income	A	mount of tax	Taxable income		Amount of tax
\$90,000 - 92,499	9		\$92,500 - 94,9	99		\$95,000 - 97,49	99		\$97,500 - \$99,	999	
\$90,000 -	90,049	6,051	\$92,500 -	92,549	\$6,264	\$95,000 -	95,049	\$6,476	\$97,500 <b>-</b>	97,549	\$6,689
90,050 -	90,099	6,055	92,550 -	92,599	6,268	95,050 -	95,099	6,480	97,550 <b>-</b>	97,599	6,693
90,100 -	90,149	6,060	92,600 -	92,649	6,272	95,100 -	95,149	6,485	97,600 -	97,649	6,697
90,150 -	90,199	6,064	92,650 -	92,699	6,276	95,150 -	95,199	6,489	97,650 <b>-</b>	97,699	6,701
90,200 -	90,249	6,068	92,700 -	92,749	6,281	95,200 -	95,249	6,493	97,700 -	97,749	6,706
90,250 -	90,299	6,072	92,750 -	92,799	6,285	95,250 -	95,299	6,497	97,750 -	97,799	6,710
90,300 -	90,349	6,077	92,800 -	92,849	6,289	95,300 -	95,349	6,502	97,800 -	97,849	6,714
90,350 -	90,399	6,081	92,850 -	92,899	6,293	95,350 -	95,399	6,506	97,850 -	97,899	6,718
90,400 -	90,449	6,085	92,900 -	92,949	6,298	95,400 -	95,449	6,510	97,900 -	97,949	6,723
90,450 -	90,499	6,089	92,950 -	92,999	6,302	95,450 -	95,499	6,514	97,950 <b>-</b>	97,999	6,727
90,500 -	90,549	6,094	\$93,000 -	93,049	\$6,306	95,500 -	95,549	6,519	\$98,000 -	98,049	\$6,731
90,550 -	90,599	6,098	93,050 -	93,099	6,310	95,550 -	95,599	6,523	98,050 -	98,099	6,735
90,600 -	90,649	6,102	93,100 -	93,149	6,315	95,600 -	95,649	6,527	98,100 -	98,149	6,740
90,650 -	90,699	6,106	93,150 -	93,199	6,319	95,650 -	95,699	6,531	98,150 -	98,199	6,744
90,700 -	90,749	6,111	93,200 -	93,249	6,323	95,700 -	95,749	6,536	98,200 -	98,249	6,748
90,750 -	90,799	6,115	93,250 -	93,299	6,327	95,750 -	95,799	6,540	98,250 -	98,299	6,752
90,800 -	90,849	6,119	93,300 -	93,349	6,332	95,800 -	95,849	6,544	98,300 -	98,349	6,757
90,850 -	90,899	6,123	93,350 -	93,399	6,336	95,850 -	95,899	6,548	98,350 <b>-</b>	98,399	6,761
90,900 -	90,949	6,128	93,400 -	93,449	6,340	95,900 -	95,949	6,553	98,400 -	98,449	6,765
90,950 -	90,999	6,132	93,450 -	93,499	6,344	95,950 -	95,999	\$6,557	98,450 -	98,499	6,769
\$91,000 -	91,049	\$6,136	93,500 -	93,549	6,349	\$96,000 -	96,049	\$6,561	98,500 -	98,549	6,774
91,050 -	91,099	6,140	93,550 -	93,599	6,353	96,050 -	96,099	6,565	98,550 <b>-</b>	98,599	6,778
91,100 -	91,149	6,145	93,600 -	93,649	6,357	96,100 -	96,149	6,570	98,600 -	98,649	6,782
91,150 -	91,199	6,149	93,650 -	93,699	6,361	96,150 -	96,199	6,574	98,650 <b>-</b>	98,699	6,786
91,200 -	91,249	6,153	93,700 -	93,749	6,366	96,200 -	96,249	6,578	98,700 <b>-</b>	98,749	6,791
91,250 -	91,299	6,157	93,750 -	93,799	6,370	96,250 -	96,299	6,582	98,750 <b>-</b>	98,799	6,795
91,300 -	91,349	6,162	93,800 -	93,849	6,374	96,300 -	96,349	6,587	98,800 -	98,849	6,799
91,350 -	91,399	6,166	93,850 -	93,899	6,378	96,350 -	96,399	6,591	98,850 <b>-</b>	98,899	6,803
91,400 -	91,449	6,170	93,900 -	93,949	6,383	96,400 -	96,449	6,595	98,900 -	98,949	6,808
91,450 -	91,499	6,174	93,950 -	93,999	6,387	96,450 -	96,499	6,599	98,950 <b>-</b>	98,999	6,812
91,500 -	91,549	6,179	\$94,000 -	94,049	\$6,391	96,500 -	96,549	6,604	\$99,000 -	99,049	\$6,816
91,550 -	91,599	6,183	94,050 -	94,099	6,395	96,550 -	96,599	6,608	99,050 <b>-</b>	99,099	6,820
91,600 -	91,649	6,187	94,100 -	94,149	6,400	96,600 -	96,649	6,612	99,100 <b>-</b>	99,149	6,825
91,650 -	91,699	6,191	94,150 -	94,199	6,404	96,650 -	96,699	6,616	99,150 <b>-</b>	99,199	6,829
91,700 -	91,749	6,196	94,200 -	94,249	6,408	96,700 -	96,749	6,621	99,200 -	99,249	6,833
91,750 -	91,799	6,200	94,250 -	94,299	6,412	96,750 -	96,799	6,625	99,250 -	99,299	6,837
91,800 -	91,849	6,204	94,300 -	94,349	6,417	96,800 -	96,849	6,629	99,300 -	99,349	6,842
91,850 -	91,899	6,208	94,350 -	94,399	6,421	96,850 -	96,899	6,633	99,350 <b>-</b>	99,399	6,846
91,900 -	91,949	6,213	94,400 -	94,449	6,425	96,900 -	96,949	6,638	99,400 -	99,449	6,850
91,950 -	91,999	6,217	94,450 -	94,499	6,429	96,950 -	96,999	6,642	99,450 -	99,499	6,854
\$92,000 -	92,049	\$6,221	94,500 -	94,549	6,434	\$97,000 -	97,049	\$6,646	99,500 <b>-</b>	99,549	6,859
92,050 -	92,099	6,225	94,550 -	94,599	6,438	97,050 -	97,099	6,650	99,550 <b>-</b>	99,599	6,863
92,100 -	92,149	6,230	94,600 -	94,649	6,442	97,100 -	97,149	6,655	99,600 <b>-</b>	99,649	6,867
92,150 -	92,199	6,234	94,650 -	94,699	6,446	97,150 -	97,199	6,659	99,650 <b>-</b>	99,699	6,871
92,200 -	92,249	6,238	94,700 -	94,749	6,451	97,200 -	97,249	6,663	99,700 <b>-</b>	99,749	6,876
92,250 -	92,299	6,242	94,750 -	94,799	6,455	97,250 -	97,299	6,667	99,750 <b>-</b>	99,799	6,880
92,300 -	92,349	6,247	94,800 -	94,849	6,459	97,300 -	97,349	6,672	99,800 -	99,849	6,884
92,350 -	92,399	6,251	94,850 -	94,899	6,463	97,350 -	97,399	6,676	99,850 -	99,899	6,888
92,400 -	92,449	6,255	94,900 -	94,949	6,468	97,400 -	97,449	6,680	99,900 -	99,949	6,893
92,450 -	92,499	6,259	94,950 -	94,999	6,472	97,450 -	97,499	6,684	99,950 <b>-</b>	99,999	6,897
									100,000 -		\$ 6,901



# Save for tuition and save on taxes.



Special tax deductions for DC residents who contribute to the Plan.



Qualified distributions can be used for: - Tuition, room & board, books

- and even computers<sup>1</sup>
- Apprenticeship Programs<sup>2</sup>
- Loan Repayments up to
- \$10,000 lifetime limit<sup>3</sup>

# Learn more at dccollegesavings.com/tax or 1.800.987.4859.

<sup>1</sup>Earnings on non-qualified withdrawals may be subject to federal income tax and a 10% federal penalty tax, as well as state and local income taxes and recapture of DC tax deductions. Tax and other benefits are contingent on meeting other requirements and certain withdrawals are subject to federal, state, and local taxes.

- <sup>2</sup> The apprenticeship program must be registered and certified with the Secretary of Labor under the National Apprenticeship Act.
- <sup>3</sup> Note: if you make an education loan repayment from your Account, you may not also take a federal income tax deduction for any interest included in that education loan repayment.

Before you invest, consider whether your or the beneficiary's home state offers any state tax or other state benefits such as financial aid, scholarship funds, and protection from creditors that that are only available for investments in that state's qualified tuition program.

For more information about The DC College Savings Plan ("The Plan"), call 800.987.4859, or visit dccollegesavings.com to obtain a Program Disclosure Booklet, which includes investment objectives, risks, charges, expenses, and other important information; read and consider it carefully before investing.

The Plan is administered by the District of Columbia Office of the Chief Financial Officer, Office of Finance and Treasury. Ascensus College Savings Recordkeeping Services, LLC, the Program Manager, and its affiliates, have overall responsibility for the day-to-day operations, including recordkeeping and administrative services. Ascensus Investment Advisors, LLC serves as the Investment Manager.

The Plan's Portfolios invest in: (i) exchange-traded funds, (ii) mutual funds and (iii) a funding agreement. Investments in The Plan are municipal securities that will vary with market conditions. Investments are not guaranteed or insured by the Government of the District of Columbia, the District of Columbia College Savings Program Trust, the District of Columbia Chief Financial Officer, the District of Columbia Treasurer, the Trustee for the District of Columbia College Savings Program Trust or any co-fiduciary or instrumentality thereof, the Federal Deposit Insurance Corporation or any instrumentality thereof.

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# **Need assistance?**

# File or pay online: <u>MyTax.DC.gov</u>

# **Get tax forms**

Download forms at <u>MyTax.DC.gov</u> Request forms by mail: 202-727-4829

Pick up forms:

Office of Tax and Revenue 1101 4th St SW 2nd Floor 8:15 am–5:30 pm Reeves Center 2000 14th St NW Lobby 7 am–7 pm

**One Judiciary Square** 441 4th St NW Lobby 7 am-7 pm Wilson Building 1350 Pennsylvania Av NW Lobby 7 am–7pm Municipal Center 300 Indiana Av NW Lobby 6:30 am–8 pm

DC Public Library https://www.dclibrary.org/reopen

## Ask tax questions;

Contact our Customer Service Administration: 202-727-4TAX (4829)

Visit our Walk-In Center, 1101 4th St SW, 2nd Floor

Regular hours: 8:15 am-5:30 pm, Monday-Friday

Are you unable to hear or speak? Call the DC Relay Service, 202-727-3363.

[Spanish] Si necesita ayuda en Español, por favor llame al <u>(202) 727-4829</u> para proporcionarle un intérprete <u>de manera gratuita</u>.

[Vietnamese] Nếu quý vị cần giúp đỡ về tiếng Việt, xin gọi (202) 727-4829 để chúng tôi thu xếp có thông dịch viên đến giúp quý vị **miễn phí**.

[French] Si vous avez besoin d'aide en Français appelez-le <u>(202) 727-4829</u> et l'assistance d'un interprète vous sera <u>fournie gratuitement</u>.

[Amharic] በአማርኛ እርዳታ ከፊለጉ በ <u>(202) 727-4829</u> ይደውሉ። የ<u>ነፃ</u> አስተርንሚ ይመደብልዎታል።

[Korean] 한국어로 언어 지원이 필요하신 경우 <u>(202) 727-4829</u> 로 연락을 주시면 <mark>무료로</mark> 통역이 제공됩니다.

[Chinese] 如果您需要用(中文)接受幫助,請電洽 (202) 727-4829 將 免費 向您提供口譯員服務。