

2022 D-40 Individual Income Tax Return



Important: Print in CAPITAL letters using black ink.

×	Personal information Your telephone number					Fill in if: Filing an amended return. See instructions.							ricial use only ndor ID#0000			
STAPLE OTHER DOCUMENTS IN UPPER LEFT IN BACK	Your taxpayer identification number (TIN) and Date of Birth (MMDDYYYY)				Spouse's/registered domestic partner's TIN and Date of Birth (						(MMD	DYYYY)				
H	Your first	name			M.I.	Last name			Ш		Ш					
PER I	Tour mist	name			171.11.	Last Harrie										Fill in if Deceased
IN UP	Spouse's/r	registered domesti	partner's first n	ame	M.I.	Last name										Fill in if Deceased
SINTS																
CUME	Home add	dress (number, stre	et and suite/apar	tment number if	applicab	le)										
.R D0																
OTHE																
APLE	City					State Zip Code +4										
ST																
	Email Addre	ess														
ı																
Γ	Filing status															
Ш	1 Fill i	in only one:	Single,	Married	filing ioi	ntlv.	Marrie	d filing	separat	telv.	D	epende	nt clain	ned by sor	meone	else
HER		·			6 )	,,		8		5,		-,				
ENTS			Married 1	filing separatel	y on sar	me return <i>E</i>	Enter co	mbined	amoun	ts for L	Lines 5	–43. Se	e instru	uctions.		
raten			_	ed domestic pa				filing	separat	tely on	same	return l	Enter co	ombined a	mount	ts
NG S1	for Lines 5-43. See instructions.															
10LDI		Head of household Enter qualifying dependent and/or non-dependent information on Schedule S.														
土	Qualifying widow(er) with dependent child Enter qualifying dependent and/or non-dependent information on Schedule S							Schedule S.								
JER V																
AND ANY OTHER WITHHOLDING STATEMENTS HERE	0 =		<u> </u>			501										
ND AN	2 Fill	in if you were:	domicile	d for part of th	e year ır	1 DC from	ш	(MMDD	YYYY)	t	0	(MMI	DDYYYY		iee ins	tructions.
	3 Did	you have qualify	ing hoalth care	coverage for al	I mombo	ore of your c	harad r	osponsil	oility fo	mily fo	r tho o	ntiro vo	or? Voc		No.	
STAPLE W-2s	3 Did you have qualifying health care coverage for all members of your shared responsibility family for the entire year? Yes No If no, or if claiming an exemption, complete Schedule HSR (see instructions).															
STAP	<ul> <li>Complete your federal return first – Enter your dependents' information on DC Schedule S ●</li> </ul>															
	Income Information  Round cents to nearest dollar. If amount is zero, leave line blank; if minus, enter amount and fill in oval.															
		ges, salaries, ur	nemplovment	compensation	and/or	tips,	а			, 6//	cor arriou	and illi	ovai.	.00	0	
	see i	instructions. iness income o				Fill in if loss	O b					т		.00	0	
		ital gain or loss		200000		Fill in if loss	C					$\forall$		.00	0	
		tal real estate,		rtnorchine of		Fill in if loss	d					т		.00	0	
	u nell	tar rear estate,	тоуаппез, ра	i incisilips, ei		1035										
		omputation of DC Gross and Adjusted Gross Income  Federal adjusted gross income. From adjusted gross income lines on federal  Forms 1040, 1040-SR, 1040-NR or 1040-NR-EZ.														

Ent	40 PAGE 2 er your last name. er your TIN 2 2 0 4		•
Ado	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 \$	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		14 \$	00
15	Total subtractions from DC income, Lines 8-14.	15 \$	00
16	DC adjusted gross income, Line 7 minus Line 15.	16 \$ 6	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	
18	DC deduction amount.	18\$	00
19	DC taxable income. Subtract Line 18 from Line 16. Fill in if loss	19 \$	00
20	Tax. If Line 19 is \$100,000 or less, use tax tables to find the tax, if more, use Calculation I in instructions.	20\$	00
21	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	21 \$	00
22	Non-refundable credits from DC Schedule U, Part 1a, Line 7. Attach Schedule U.	22\$	00
23	Total non-refundable credits. Add Line 21 and Line 22.	23\$	00
24	Subtract Line 23 from Line 20. If less than zero, enter zero.	24\$	00
25	DC Health Care Shared Responsibility See instructions. If fully covered or fully exempt, enter zero.	25\$	00
26	Total tax and DC Health Care Shared Responsibility. Add Line 24 and Line 25.	26\$	00
27	DC Earned Income Tax Credit		
27a	Enter the number of qualified EITC children. 27b Enter earned income amount	27b\$	00
270	For filers <b>with</b> qualifying children. Enter federal EIC \$ .00 X .70 Enter result >	27d \$	00
276	For filers <b>without</b> qualifying children. See <i>instructions for special calculations</i> .  Enter result >	27e \$	00
28	Property Tax Credit. From your DC Schedule H; attach a copy.	28 \$	00

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Enter your last name.											
Enter your TIN	2 2 0	4 0 0 1 3 0 0 0 0									
29 Refundable cr	edits from DC Schedule U, Part 1b, Line 3. Attach Schedule U.	29 \$	.00								
30 Total refundat	ole 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 2022 estimate	ed income tax payments and amount applied from 2021 return.	32 \$	.00								
33 Tax paid with	Form FR-127 Extension of Time to File.	33 \$	.00								
34 If this is an an	nended 2022 return, enter payments made with original 2022 D-40 return.	34 \$	.00								
35 If this is an an	nended 2022 return, enter refunds requested with original 2022 D-40 return.	35 \$	00								
36 Total payment	ts and refundable credits. Add Line 30 through Line 34. (Do not include Line 35).	36 \$	.00								
37 Tax Due. Subti	ract Line 36 from Line 26.	37 \$	.00								
38 Amount overp	aid. Subtract Line 26 from Line 36.	38 \$	.00								
39 Amount to be	applied to your 2023 estimated tax.	39 \$	.00								
40 Underpaymen	t Interest. Fill in the oval and attach Form D-2210.	40 \$	.00								
41 Contribution a	mount from Schedule U, Part II, Line 5. (Cannot exceed amount on Line 38)	41 \$	.00								
42 Total Amount	Due. Add Lines 37, 40 and 41.	42 \$	00								
43 Net Refund. s	Subtract total of Lines 39, 40 and 41 from Line 38.	43 \$	00								
	Will this refund go to an account outside the U.S.? Yes No See instructions.										
44 Fill in Olf er	44 Fill in if either spouse is claiming injured spouse protection. You <b>must</b> attach Form DC-8379.										
Refund Options: Fo	or information on the tax refund card and program limitations, see instructions or visit o	our website MyTax.DC.gov.									
Mark one refund cl		Paper check									
Direct Deposit. To h	ave your refund deposited to your <u>checking or</u> savings account, fill in oval and enter bank	routing and account numbers. See instructions.									
Routing Nur	mber Account Number										
Fill in if you ag	ree to receive your 1099-G Income Tax refund statement electronically (see ins	tructions).									
Third party designee To authorize another person to discuss this return with OTR, fill in here and enter the name and phone number of that person. See instructions.											
Designee's name Phone number											
Signature Under penaltie Your signature	Signature Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid preparer is based on information available to the preparer.  Your signature  Date  Date										
Spouse's/registered domestic partner's signature if filing jointly or separately on same return  Date  Preparer's Tax Identification Number (PTIN)  PTIN telephone number											

\*Pursuant to the "Earned Income Tax Credit as Basic Income Amendment Act of 2021", for tax year 2022, eligible EITC taxpayers with qualified children may have a portion of their EITC paid in 11 monthly payments. If you are a taxpayer receiving monthly EITC payments, OTR will calculate the distribution of your net refund amount for you and your initial lump sum payment received will differ from the Line 43 Net Refund amount. OTR shall send a notice to every individual whose refund, or any portion thereof, will be paid in monthly refund payments pursuant to the Act.

Eligible DC EITC part-year taxpayers with qualifying children, eligible DC EITC taxpayers without a qualifying child, and Schedule N DC Non-Custodial Parent EITC claimants will NOT have a portion of their EITC paid in monthly payments. They will receive their DC EITC refunds in one lump sum payment.

If you have selected the ReliaCard as your refund choice and are eligible to receive monthly EITC refund payments, please retain your U.S. Bank ReliaCard. Monthly payments will be reloaded onto the initial card that you received containing your original lump sum refund payment.

All DC EITC credits are immediately subject to the offset provisions of DC Code § 47-4431.