



D-40 Individual Income Tax Return



Important: Print in CAPITAL letters using black ink.

▲ ·	Personal information Your telephone number		Fill in if: Filing an am	nended return. See instruc	vendor ID#0000	
N BA(Your taxpayer identification number (TIN) and Date of Birth (MM	DDYYYY)	Spouse's/registered domestic	partner's TIN and Date	of Birth (MMDDYYYY)	
STAPLE OTHER DOCUMENTS IN UPPER LEFT IN BACK	Your first name M.I.	Last name			Fill in if Deceased	
N U	Spouse's/registered domestic partner's first name M.I.	Last name			Fill in if Deceased	
ENTS						
COM	Home address (number, street and suite/apartment number if applica	ble)				
ER DO						
OTE						
APLE	City		State	Zip Code +4		
S						
E	Email Address					
ŀ						
Γ.	Filing status					
ń I	1 Fill in only one: Single, Married filing jo	ointly,	Married filing separately,	Dependent claimed	by someone else	
H H						
NEN I	Married filing separately on sa	ime return <i>l</i>	nter combined amounts for L	ines 5–43. See instruction	ons.	
IAIEN	Registered domestic partners for Lines 5-43. See instruction		filing separately on	same return Enter comb	pined amounts	
S 5	ioi Ellies 3 45. dee ilistradio					
10LD	Head of household Enter qua	lifying depen	dent and/or non-dependent in	formation on Schedule S	5.	
Ī	Qualifying widow(er) with dep	endent child	Enter qualifying dependent	and/or non-dependent in	formation on Schedule S.	
HEX.						
AND ANY OI HER WITHHOLDING STALEMENTS HERE	2 Fill in if you were: Odomiciled for part of the year	in DC from	(MMDDVVVV)		See instructions.	
S			(MMDDYYYY)	(MMDDYYYY)		
SIAPLE W-Z	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).					
10	 Complete your federal return first - 	- Enter yo	ur dependents' informa	tion on DC Schedu	le S •	
	Income Information		Round cents to nearest doll if minus, ente	lar. If amount is zero, leave lin er amount and fill in oval.	e blank;	
	a Wages, salaries, unemployment compensation and/o	r tips,	a \$.00	
	see instructions. b Business income or loss, see instructions.	Fill in if loss	b \$.00	
	C Capital gain or loss.	Fill in if loss	c \$.00	
	d Rental real estate, royalties, partnerships, etc.	Fill in if loss	d \$.00	
	a Montai roai ostato, royantos, partifersinps, etc.					
	Computation of DC Gross and Adjusted Gross Incor		doral Fill in if loss 4	\$	00	
	Federal adjusted gross income. From adjusted gross inco Forms 1040, 1040-SR, 1040-NR or 1040-NR-EZ.	ome lines on fe	deral 4	Ψ	.00	

Ent	40 PAGE 2 er your last name. er your TIN 2 2 0 4			
Adc	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 with qualifying children. Enter federal EIC \$.00 X .70 Enter result >	27d \$	00	
	e For filers without 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 credits from DC Schedule U, Part 1b, Line 3. Attach Schedule U.	29 \$	00				
30 Total refundable 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 estimated 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 amended 2022 return, enter payments made with original 2022 D-40 return	n. 34 \$.00				
35 If this is an amended 2022 return, enter refunds requested with original 2022 D-40 returns.	urn. 35 \$.00				
36 Total payments and refundable credits. Add Line 30 through Line 34. (Do not include Line 35).	36 \$	00				
37 Tax Due. Subtract Line 36 from Line 26.	37 \$.00				
38 Amount overpaid. Subtract Line 26 from Line 36.	38 \$.00				
39 Amount to be applied to your 2023 estimated tax.	39 \$.00				
40 Underpayment Interest. Fill in the oval and attach Form D-2210.	40 \$.00				
41 Contribution amount 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. 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 if either spouse is claiming injured spouse protection. You must attach Form I	JU-8379. 					
Refund Options: For information on the tax refund card and program limitations, see instructions or	visit our website <u>MyTax.DC.gov</u> .					
Mark <u>one</u> refund choice: Direct deposit <u>or</u> Reliacard (See instructions) <u>or</u>	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).						
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 penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid preparer is based on information available to the preparer. Your signature Date Preparer's signature Date						
Spouse's/registered domestic partner's signature if filing jointly 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.