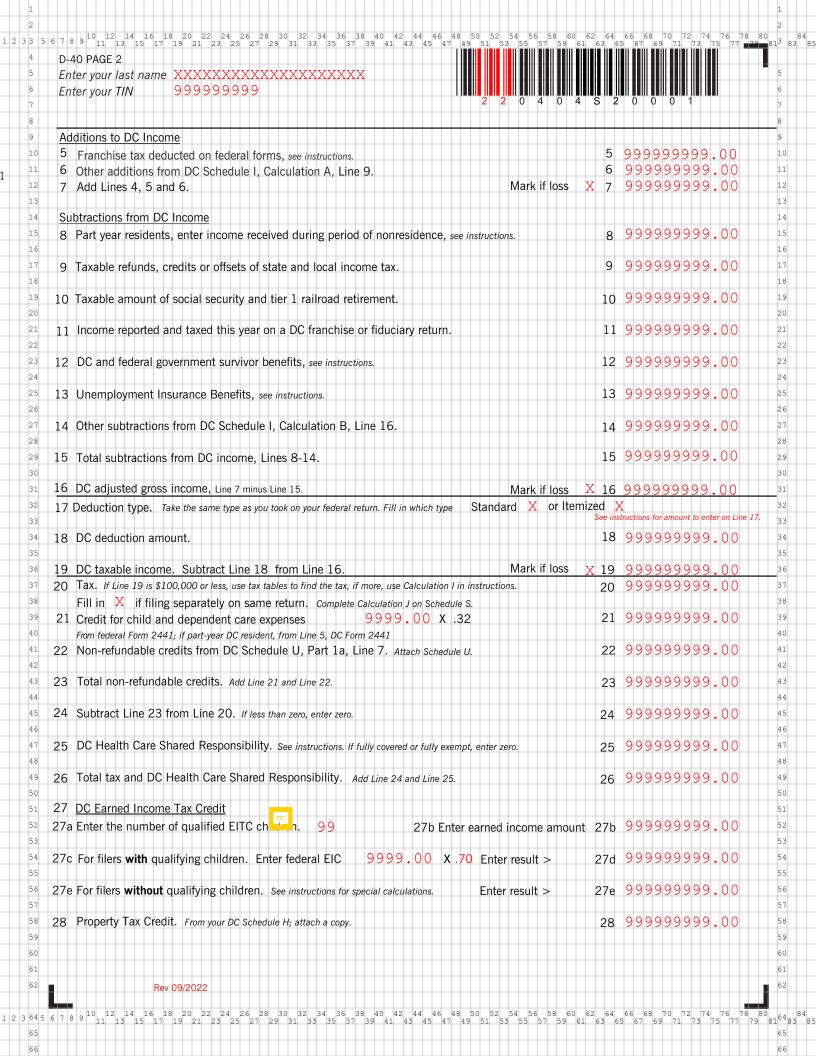
Government of the District of Columbia

2022 D-40 SUB Individual Income Tax Return



SOFTWARE DEVELOPER USE ONLY VENDOR ID # 9 9 9

Personal information	Mark X if: Filing an Amended return. See instructions.		
Your telephone number			
999999999	Mark if		
Your taxpayer identification number (T	IN) and Date of Birth (MMDDYYYY) Deceased		
99999999	99999999 X		
Spouse's/registered domestic partner's	TIN and Date of Birth (MMDDYYYY)		
9999999	99999999 X		
	M.I. Last name		
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
Spouse's/registered domestic			
	M.I. Last name		
	X XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
Home address (number, street and sui			
99999XXXXXXXXXXX			
99999XXXXXXXXXXX	XXXXXXXXXXXXX		
City	State Zip Code +		
XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	999	
Email Address			
9XXXX9XXXX9XXXX9	XXXXXXXXXXXXXXXXX		
Filing Status			
19 2/2/20			
1 Mark only one. V Single	e, X Married filing jointly, X Married filing se	parataly Y Danandant	claimed by someone else
1 Wark Only One: A Single	e, A Married filing Jointly, A Married lilling Se	parately, A Dependent of	cialified by soffiedfie else
X Marri	ed filing separately on same return Enter combined	amounts for Lines 5-43. See	instructions.
			
X Regist	tered domestic partners filing jointly or ${f X}$ filing :	separately on the same retu	urn. Enter combined
amoui	nts for Lines 5-43. See instructions.		
X Head	of household Enter qualifying dependent and/or non	-dependent information on Sc	chedule S.
X Qualit	ying widow(er) with dependent child Enter qualify	ing dependent and/or non-dep	pendent information on Schedule S.
2 Mark if you are: X Par	t-year resident in DC from 99999999 to	99999999 See ins	structions.
(MMDDYYYY)		(MMDDYYYY)	
	(IVIIVIDD1111)	(WINDELLIT)	
3 Did was base as different ba	-146		ha antina wa wa X
	alth care coverage for all members of your shared	responsibility family for t	he entire year? Yes X No X
If no, or if claiming an exemption	n, complete Schedule HSR (see instructions).		
	ral return first – Enter your dependents' informat	ion on DC Schedule S*	
Income Information			
		Round cents	to nearest dollar. If amount is zero, leave line if blank; minus, enter amount and fill in oval.
a Wages, salaries, unemploy	ment compensation and/or tips, see instructions.		a 99999999.00
b Business income or loss, s		Mark if loss X	b 99999999.00
c Capital gain or loss.		Mark if loss X	c 999999999.00
	s partnerships etc		
u Neillai leal estate, loyaltie	s, partiferstrips, etc.	IVIAIN II 1055 A	d 99999999.00
Computation of DC Gross and	d Adjusted Gross Income		
4 Federal adjusted gross inco	ome. From adjusted gross income lines on federal	Mark if loss X	4 99999999.00
Forms 1040, 1040-SR, 1040-NF			
d Rental real estate, royaltie Computation of DC Gross and 4 Federal adjusted gross incomp	d Adjusted Gross Income Ome. From adjusted gross income lines on federal	Mark if loss X	d 99999999.00



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