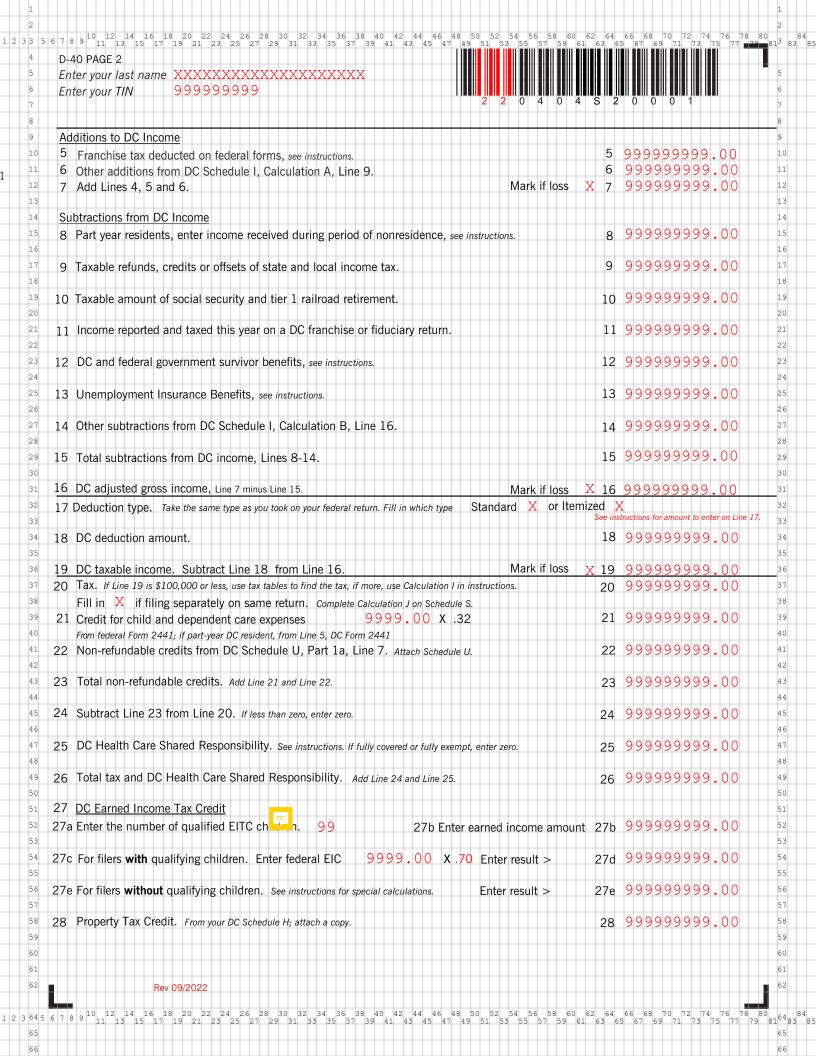Government of the
District of Columbia

# 2022 D-40 SUB Individual Income Tax Return

22 0404 S1 0001

SOFTWARE DEVELOPER USE ONLY VENDOR ID # 9999

## Personal information

Mark X if: Filing an **Amended return.** *See instructions.*

Your telephone number
9999999999

Your taxpayer identification number (TIN) **and** Date of Birth (MMDDYYYY)      Mark if Deceased
999999999                          99999999                          X

Spouse's/registered domestic partner's TIN **and** Date of Birth (MMDDYYYY)
999999999                          99999999                          X

| Your first name | M.I. | Last name |
|---|---|---|
| XXXXXXXXXXXXXX | X | XXXXXXXXXXXXXXXXXXX |

Spouse's/registered domestic partner's first name   M.I.   Last name
XXXXXXXXXXXXXX   X   XXXXXXXXXXXXXXXXXXX

Home address (number, street and suite/apartment number (if applicable)
99999XXXXXXXXXXXXXXXXXXXXXXXXX
99999XXXXXXXXXXXXXXXXXXXXXXXXX

| City | State | Zip Code + 4 |
|---|---|---|
| XXXXXXXXXXXXXXXXXXXXXXXXXX | XX | 999999999 |

Email Address
9XXXX9XXXX9XXXX9XXXXXXXXXXXXXXXXXXXX

## Filing Status

1   *Mark only one:*   X Single,   X Married filing jointly,   X Married filing separately,   X Dependent claimed by someone else

X Married filing separately on same return Enter combined amounts for Lines 5-43. See instructions.

X Registered domestic partners filing jointly or   X filing separately on the same return. *Enter combined amounts for Lines 5-43. See instructions.*

X Head of household *Enter qualifying dependent and/or non-dependent information on Schedule S.*

X Qualifying widow(er) with dependent child *Enter qualifying dependent and/or non-dependent information on Schedule S.*

2   *Mark if you are:*   X Part-year resident in DC *from* 99999999 *to* 99999999 *See instructions.*
(MMDDYYYY)       (MMDDYYYY)

3   *Did you have qualifying health care coverage for all members of your shared responsibility family for the entire year?* Yes X   No X
*If no, or if claiming an exemption, complete Schedule HSR (see instructions).*

*\*Complete your federal return first – Enter your dependents' information 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, unemployment compensation and/or tips, *see instructions.* | | a 999999999.00 |
| b | Business income or loss, *see instructions.* | Mark if loss X | b 999999999.00 |
| c | Capital gain or loss. | Mark if loss X | c 999999999.00 |
| d | Rental real estate, royalties, partnerships, etc. | Mark if loss X | d 999999999.00 |

## Computation of DC Gross and Adjusted Gross Income

4   Federal adjusted gross income. From adjusted gross income lines on federal Forms 1040, 1040-SR, 1040-NR or 1040-NR-EZ.      Mark if loss X   4 999999999.00

Rev 09/2022

D-40 PAGE 2

Enter your last name XXXXXXXXXXXXXXXXXXXX

Enter your TIN 999999999

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

## Additions to DC Income

5  Franchise tax deducted on federal forms, *see instructions.*    5   999999999.00

6  Other additions from DC Schedule I, Calculation A, Line 9.    6   999999999.00

7  Add Lines 4, 5 and 6.    Mark if loss   X   7   999999999.00

## Subtractions from DC Income

8  Part year residents, enter income received during period of nonresidence, *see instructions.*    8   999999999.00

9  Taxable refunds, credits or offsets of state and local income tax.    9   999999999.00

10  Taxable amount of social security and tier 1 railroad retirement.    10   999999999.00

11  Income reported and taxed this year on a DC franchise or fiduciary return.    11   999999999.00

12  DC and federal government survivor benefits, *see instructions.*    12   999999999.00

13  Unemployment Insurance Benefits, *see instructions.*    13   999999999.00

14  Other subtractions from DC Schedule I, Calculation B, Line 16.    14   999999999.00

15  Total subtractions from DC income, Lines 8-14.    15   999999999.00

16  DC adjusted gross income, Line 7 minus Line 15.    Mark if loss   X   16   999999999.00

17  Deduction type.   *Take the same type as you took on your federal return. Fill in which type*   Standard   X   or Itemized   X

*See instructions for amount to enter on Line 17.*

18  DC deduction amount.    18   999999999.00

19  DC taxable income.  Subtract Line 18 from Line 16.    Mark if loss   X   19   999999999.00

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   999999999.00

    Fill in   X   if filing separately on same return. *Complete Calculation J on Schedule S.*

21  Credit for child and dependent care expenses    9999.00   X .32    21   999999999.00

    *From federal Form 2441; if part-year DC resident, from Line 5, DC Form 2441*

22  Non-refundable credits from DC Schedule U, Part 1a, Line 7. *Attach Schedule U.*    22   999999999.00

23  Total non-refundable credits. *Add Line 21 and Line 22.*    23   999999999.00

24  Subtract Line 23 from Line 20. *If less than zero, enter zero.*    24   999999999.00

25  DC Health Care Shared Responsibility. *See instructions. If fully covered or fully exempt, enter zero.*    25   999999999.00

26  Total tax and DC Health Care Shared Responsibility. *Add Line 24 and Line 25.*    26   999999999.00

27  DC Earned Income Tax Credit

27a Enter the number of qualified EITC children.   99    27b Enter earned income amount   27b   999999999.00

27c For filers **with** qualifying children.  Enter federal EIC   9999.00   X .70   Enter result >   27d   999999999.00

27e For filers **without** qualifying children. *See instructions for special calculations.*   Enter result >   27e   999999999.00

28  Property Tax Credit. *From your DC Schedule H; attach a copy.*    28   999999999.00

Rev 09/2022

D-40 PAGE 3

Enter your last name  XXXXXXXXXXXXXXXXXXXX

Enter your TIN  999999999

2 2 0 4 0 4 S 3 0 0 0 1

| | | |
|---|---|---|
| 29 | Refundable credits from DC Schedule U, Part 1b, Line 3. *Attach Schedule U.* | 29  999999999.00 |
| 30 | Total refundable credits.  *Add Line 27d or 27e through Line 29* | 30  999999999.00 |
| 31 | DC income tax withheld   *shown on Forms W-2 and 1099. Attach these forms.* | 31  999999999.00 |
| 32 | 2022 estimated income tax payments and amount applied from 2021 return. | 32  999999999.00 |
| 33 | Tax paid with FR-127 Extension of Time to File. | 33  999999999.00 |
| 34 | If this is an amended 2022 return, enter payments made with original 2022 D-40 return. | 34  999999999.00 |
| 35 | If this is an amended 2022 return, enter refunds requested with original 2022 D-40 return. | 35  999999999.00 |
| 36 | Total payments and refundable credits.  *Add Line 30 through Line 34. (Do not include Line 35).* | 36  999999999.00 |
| 37 | Tax Due.  *Subtract Line 36 from Line 26* | 37  999999999.00 |
| 38 | Amount Overpaid. *Subtract Line 26 from Line 36.* | 38  999999999.00 |
| 39 | Amount to be applied to your 2023 estimated tax. | 39  999999999.00 |
| 40 | Underpayment Interest. **Fill in the oval and attach form D-2210.**   X | 40  999999999.00 |
| 41 | Contribution amount from Schedule U, Part II, Line 5. (Cannot exceed amount on Line 38) | 41  999999999.00 |
| 42 | Total Amount Due. Add Lines 37, 40 and 41. | 42  999999999.00 |
| 43 | Net Refund.  *Subtract total of Lines 39, 40 and 41 from Line 38.* | 43  999999999.00 |

Will this refund go to an account outside the U.S. ?          Yes   X          No   X     *See instructions.*

44   Fill in   X   if either spouse is claiming injured spouse allocation.  You **must** 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 **one** refund choice:   X      Direct deposit or   X      Reliacard (See instructions) or   X      Paper check

Direct deposit. *To have your refund deposited to your*  X  **Checking** or   X  **Savings**  account, fill in and enter bank routing and account numbers. See instructions.

　　Routing Number   999999999          Account Number   999999999999999999

Fill in   X    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,  mark here*  X  *and enter the name and phone number of that person*

Designee's Name   XXXXXXXXXXXXXXXXXXXX                    Phone number   9999999999

**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 |
|---|---|---|---|
| | 99999999 | | 99999999 |

| 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 |
|---|---|---|---|
| | 99999999 | 999999999 | 9999999999 |

* 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 initial lump sum refund payment.

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

Rev 09/2022