

2023 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	<u>Filing status</u>															
Ш	1 Fill in only one: Single, Married filing jointly, Married filing separately, Dependent claimed by someone 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			ior Lines	5-45. See IIIS	Structions	5.										
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.
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.															
	a Wages, salaries, unemployment 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										
		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.  Fill in if loss 4 \$														

Ent	40 PAGE 2 er your last name. 2 3 0 4		•
Adc	itions 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	Other subtractions from DC Schedule I, Calculation B, Line 16.	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 Line	
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
27€	For filers <b>without</b> qualifying children. See instructions for special calculations.	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 3 0 4 0 0 1 3 0 0 0 0							
29 Refundable credit	s from DC Schedule U, Part 1b, Line 3. Attach Schedule U.	29 \$	00					
30 Total refundable of	redits. Add Line 27d or 27e through Line 29.	30 \$	00					
31 DC income tax wi	thheld shown on Forms W-2 and 1099. Attach these forms.	31 \$	00					
32 2023 estimated i	ncome tax payments and amount applied from 2022 return.	32 \$	.00					
33 Tax paid with For	m FR-127 Extension of Time to File.	33 \$	00					
34 If this is an amen	ded 2023 return, enter payments made with original 2023 D-40 return.	34 \$	00					
35 If this is an amen	ded 2023 return, enter refunds requested with original 2023 D-40 return.	35 \$	00					
36 Total payments a	nd refundable credits. Add Line 30 through Line 34. (Do not include Line 35).	36 \$	00					
37 Tax Due. Subtract	ine 36 from Line 26.	37 \$	.00					
38 Amount overpaid.	Subtract Line 26 from Line 36.	38 \$	00					
39 Amount to be app	lied to your 2024 estimated tax.	39 \$	00					
40 Underpayment In	erest. Fill in the oval and attach Form D-2210.	40 \$	00					
41 Contribution amo	unt from Schedule U, Part II, Line 5. (Cannot exceed amount on Line 38)	41 \$	00					
42 Total Amount Due	2. Add Lines 37, 40 and 41.	42 \$	00					
43 Net Refund. Subtr	act total of Lines 39, 40 and 41 from Line 38.	43 \$	.00					
_	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-83	79. 						
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	e: Direct deposit or Reliacard (See instructions) or Pa	aper 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 Numbe	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  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								

\*Compare your Line 43 Net Refund amount with your DC EITC refund amount. If your Line 43 Net Refund amount is equal to or greater than your DC EITC refund amount, and your DC EITC refund amount is at least \$1200 or more, the DC EITC portion of your refund will be paid in 12 monthly payments. If your DC EITC refund or Line 43 Net Refund amount is less than \$1200, you will receive the entire amount of the refund as a lump sum.

OTR will calculate the distribution of your net refund amount for you and if you are a taxpayer receiving monthly DC EITC payments, your initial lump sum payment 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.

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.