

2008 D-40 SUB Individual Income Tax Return



Leave lines blank that do not apply.

STAPLE OTHER REQUESTED DOCUMENTS IN UPPER LEFT

Personal information

Mark if [X] Amended return
Mark if [X] Filing for a deceased taxpayer
OFFICIAL USE ONLY

Your social security number (SSN) 123456789
Spouse's/registered domestic partner's SSN 123456789
Your daytime phone number 1234567890

Your first name ABCDEFGHIJKLMNOP
M.I. A Last name ABCDEFGHIJKLMNOPQRSTUVWXYZ

Spouse's/domestic partner's first name ABCDEFGHIJKLMNOP
M.I. A Last name ABCDEFGHIJKLMNOPQRSTUVWXYZ

Home address (number, street and apartment number if applicable)
Use Schedule S for longer, in-care-of or foreign addresses.
12345ABCDEF...
12345ABCDEF...
City ABCDEFGHIJKLMNOP
State AB Zipcode + 4 123456789

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
[X] Registered domestic partners filing jointly [X] filing separately on same return
[X] Head of household
2 Mark if you are: [X] Part-year resident In DC from 00 (month) to 00 (month), # of months 00

Complete your federal return first -- Enter your dependents' information on DC Schedule S

Income Information

Round cents to the nearest dollar. If the amount is zero, leave the lines blank.

Table with 4 columns: Description, Mark if loss, Code, Amount. Rows include Wages, salaries, unemployment compensation; Business income or loss; Capital gain or loss; Rental real estate, royalties, partnerships, etc.

Computation of DC Gross and Adjusted Gross Income

Table with 5 columns: Line number, Description, Mark if loss, Code, Amount. Rows include Federal adjusted gross income, Franchise tax deducted, Other additions from DC Schedule I, Subtractions from DC Income, and DC adjusted gross income.

STAPLE W-2s AND ANY OTHER WITHHOLDING STATEMENTS HERE

STAPLE CHECK OR MONEY ORDER HERE

Enter your last name ABCDEFGHIJKLMNOPQRST
Enter your SSN 123456789



15	DC adjusted gross income	Enter adjusted gross income from Line 15, page 1	Mark if loss	<input checked="" type="checkbox"/>	15	\$	123456789.00
16	Deduction type	Take the same type of deduction you took on your federal return..					
	Mark which type:	<input checked="" type="checkbox"/> Standard See instructions for amount to enter on Line 17					
		<input checked="" type="checkbox"/> Itemized See instructions for amount to enter on Line 17. Attach DC Schedule S					
17	DC deduction amount	Do not copy from federal form. For amount to enter, see instructions.			17	\$	123456789.00
		(If claiming std deduction, real estate taxes and or net disaster loss on federal return, enter amt.of real estate taxes \$ 123456789.00 and or net disaster loss \$ 123456789.00 See instructions. Include in Line 17 amt.					
18	Number of exemptions	If more than 1 (more than 2 if filing jointly), or if you or your spouse/domestic partner are over 65 or blind, attach a completed Calculation G, Schedule S.			18		00
19	Exemption amount	Multiply \$1,675 by number on line 18. Part-year DC residents see Cal H to determine amt.			19	\$	123456789.00
20	Add Lines 17 and 19.				20	\$	123456789.00
21	Taxable income	Subtract Line 20 from Line 15. Enter result, if minus,	Mark if loss	<input checked="" type="checkbox"/>	21	\$	123456789.00

DC tax, credits and payments

22	Tax	If Line 21 is \$100,000 or less, use tax tables. If more, use Calculation I			22	\$	123456789.00
	Mark	<input checked="" type="checkbox"/> if filing separately on same return. Complete Calculation J on Schedule S.					
23	Credit for child and dependent care expenses	\$1234567.00 x .32 Enter result			23	\$	123456789.00
		Enter from fed Form 2441, Line 9 or 1040A, Sch 2; if part-year DC resident, attach a completed DC D-2441.					
24	Non-refundable credits from DC Schedule U, Part 1a, line 6	Attach Schedule U			24	\$	123456789.00
25	DC Low Income Credit	Complete Calculation L.			25	\$	123456789.00
26	Total non-refundable credits	Add Lines 23, 24 and 25.			26	\$	123456789.00
27	Total tax	Subtract Line 26 from Line 22. If Line 22 is less than Line 26, leave blank.			27	\$	123456789.00
28	DC Earned Income Tax Credit	Enter your federal EIC \$1234567.00 x .40 Enter result			28	\$	123456789.00
28a	Enter the number of qualified EITC children				28a	\$	00
29	Property Tax Credit	Attach a completed DC Schedule H.			29	\$	123456789.00
30	Refundable credits from DC Schedule U, Part 1b, line 4	Attach DC Schedule U			30	\$	123456789.00
31	DC income tax withheld	from Forms W-2 and 1099. Attach correct copies.			31	\$	123456789.00
32	2008 estimated income tax payments				32	\$	123456789.00
33	Payments made with extension of time to file(or with original return if this is an amended return)				33	\$	123456789.00
34	Total payments and refundable credits	Add lines 28, 29 - 33.			34	\$	123456789.00

Refund Complete only if Line 34 is more than Line 27 **Amount owed** Complete only if Line 34 is equal to or less than Line 27.

35	Amount you overpaid	35 \$123456789.00	40	Tax due	40 \$123456789.00
	Subtract Line 27 from Line 34.			Subtract Line 34 from Line 27.	
36	Amount to be applied to your 2009 estimated tax	36 \$123456789.00	41	Contribution amount from Schedule U, Part II, Line 5	41 \$123456789.00
37	Contribution amount from Schedule U, Part II, Line 4	37 \$123456789.00	42	Total due	42 \$123456789.00
38	Add Lines 36 and 37.	38 \$123456789.00			
39	Refund	39 \$123456789.00			
	Subtract Line 38 from Line 35.				

Payment options

- Make check or money order payable to DC Treasurer
- To pay by credit card, call 1-800-272-9829 or visit www.officialpayments.com and enter DC jurisdiction code 6000.

Direct Deposit To have your refund deposited into your checking or savings account, mark X for only one account type and enter the routing and account numbers below, see instructions.

Routing Number XXXXXXXX Account Number XXXXXXXXXXXXXXXXXXXX

Third Party Designee To authorize another person to discuss this return with the OTR, check here and enter the name and phone number of that person. See instructions.

Designee's name _____ Phone number 1234567890

Signature Under penalties of law, I declare that, to the best of my knowledge, this return is correct. Declaration of paid preparer is based on all the information available to the preparer.

_____ Your signature	_____ Date	_____ Paid preparer's signature	_____ Date
_____ Spouse's/domestic partner's signature if filing jointly or separately on same return		123456789 Paid preparer's FEIN, SSN, or PTIN	1234567890 Paid preparer's phone number