



Unless instructed otherwise – If you fill in any part of this schedule, attach it to your D-40. Print in CAPITAL letters using black ink.

Enter your last name.

Enter your social security number.

Dependents If you have more than 8 dependents, list them on an attachment.

First name M.I. Last Name

Social security number Relationship Date of Birth (MMDDYYYY)

First name M.I. Last Name

Social security number Relationship Date of Birth (MMDDYYYY)

First name M.I. Last Name

Social security number Relationship Date of Birth (MMDDYYYY)

First name M.I. Last Name

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First name M.I. Last Name

Social security number Relationship Date of Birth (MMDDYYYY)

First name M.I. Last Name

Social security number Relationship Date of Birth (MMDDYYYY)

Head of household filers Do not enter your information SSN of qualifying non-dependent person Date of Birth of qualifying non-dependent person (MMDDYYYY)

First name of qualifying non-dependent person M.I. Last Name



Last name and SSN

Calculation G Number of exemptions.

Do not attach Schedule S to your D-40 if you only filled in Lines a, f and i and have not filled in any other section of Schedule S.

a	Enter 1 for yourself and	a	<input type="text"/>
b	Enter 1 if you are filing as a head of household and	b	<input type="text"/>
c	Enter 1 if you are age 65 or over and	c	<input type="text"/>
d	Enter 1 if you are blind	d	<input type="text"/>
e	Enter number of dependents	e	<input type="text"/>
f	Enter 1 for your spouse or registered domestic partner if filing jointly or filing separately on same return	f	<input type="text"/>
g	Enter 1 if you are married filing jointly or married filing separately on same return and your spouse/partner is 65 or over	g	<input type="text"/>
h	Enter 1 if you are married filing jointly or married filing separately on same return and your spouse/partner is blind	h	<input type="text"/>
i	Total number of exemptions Add Lines a–h, enter here and on D-40, Line 18.	i	<input type="text"/>

Calculation J Tax computation for married or registered domestic partners filing separately on the same DC return.

Enter separate amounts in each column. Combine amounts on line k.

		You	Your spouse/domestic partner
a	Federal adjusted gross income. <i>If you and your spouse filed a joint federal return, enter each person's portion of federal adjusted gross income. Registered domestic partners should enter the federal AGI reported on their separate federal returns.</i>	\$ <input type="text"/> 00	\$ <input type="text"/> 00
b	Total additions to federal adjusted gross income. <i>Enter each person's portion of additions entered on D-40, Lines 4 and 5.</i>	\$ <input type="text"/> 00	\$ <input type="text"/> 00
c	Add Lines a and b.	\$ <input type="text"/> 00	\$ <input type="text"/> 00
d	Total subtractions from federal adjusted gross income. <i>Enter each person's portion of subtractions entered on D-40, Line 14.</i>	\$ <input type="text"/> 00	\$ <input type="text"/> 00
e	DC adjusted gross income. Subtract Line d from Line c.	\$ <input type="text"/> 00	\$ <input type="text"/> 00
f	Deduction amount. <i>Enter each person's portion of the amount entered on D-40, Line 17. (You may allocate this amount as you wish.)</i>	\$ <input type="text"/> 00	\$ <input type="text"/> 00
g	Exemption amount. <i>Enter each person's portion of exemption amount entered on D-40, Line 19.</i>	\$ <input type="text"/> 00	\$ <input type="text"/> 00
h	Add Lines f and g.	\$ <input type="text"/> 00	\$ <input type="text"/> 00
i	Taxable income. Subtract Line h from Line e. Fill in if loss <input type="radio"/>	\$ <input type="text"/> 00	\$ <input type="text"/> 00
j	Tax. <i>If Line i is \$100,000 or less, use tax tables on pages 48-57. If more than \$100,000, use Calculation I, page 16</i>	\$ <input type="text"/> 00	\$ <input type="text"/> 00
k	Add the amounts on Line j, enter here and on D-40, Line 22.	\$ <input type="text"/>	00 Total tax

2009 SCHEDULE H WORKSHEET

Last name and SSN

Total Household Gross Income – Report the total income of every member of your household, including income not subject to DC tax.
 This income does not include gifts from nongovernmental sources, food stamps or food and other relief in-kind supplied by a governmental agency.

	You	Your spouse/dom. partner	Other household members
	\$	\$	\$
a Wages, salaries, tips, bonuses, commissions, fees and any compensation for personal services.	a		
b Dividends and interest.	b		
c Lottery winnings.	c		
d Trade or business income or loss.	d		
e Taxable and nontaxable pensions and annuities.	e		
f Capital gain (loss).	f		
g Alimony received.	g		
h Net rental and royalty income.	h		
i Social security and/or railroad retirement.	i		
j Unemployment insurance and workers' compensation.	j		
k Support money and public assistance grants.	k		
l Interest on U.S. obligations.	l		
m Disability income exclusion (from DC Form D-2440, Line 10).	m		
n Nontaxable portion of military compensation.	n		
o Fellowship and scholarship awards and grants.	o		
p Life insurance proceeds.	p		
q Veteran's pension and disability payments.	q		
r GI Bill benefits.	r		
s Income subject to unincorporated business franchise tax.	s		
t Cash distributions from a business or investment.	t		
u Other.	u		
v Total gross income. Add Lines a–u for each column.	v		
w Total household gross income. Add amounts entered on Line v, enter here and on correct Line (1 or 7) on page 1 of Schedule H.	w \$		

List names and social security numbers of other household members.

#1 _____

#2 _____

#3 _____

#4 _____



Last name and SSN

If you are blind or disabled, you must have this certificate completed to claim the Property Tax Credit. File it with your Schedule H.

Physician's certification of blindness or disability.

If a physician's certification of blindness or disability has been submitted previously and the claimant's condition is unchanged, additional certifications are not needed. Fill in if submitted .

Claimant's first name M.I. Last name

Claimant's social security number

I certify that the above-named claimant (fill in all that apply):

- is blind;
- has a physical or mental impairment that is expected to last continuously for 12 months or more;
- was physically or mentally impaired on January 1, 2009.

Physician's first name M.I. Last name

Physician's address (number and street) Suite number

City State Zip Code +4

Physician's signature Date Where Licensed License Number

Definitions

Blind

Central visual acuity that does not exceed 20/200 in the better eye with correcting lenses, or visual acuity that is greater than 20/200, but is accompanied by a limitation in the field of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees.

Disabled

Unable to engage in any gainful activity due to a medically determinable physical or mental impairment which can be expected to last for 12 months or more.

Signature

Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is true and correct. Declaration of paid preparer is based on the information available to the preparer.

Your signature Date Paid preparer's signature Date

Paid preparer's Federal ID, SSN or PTIN Paid preparer's telephone number

SCHEDULE U Additional Miscellaneous Credits and Contributions



OFFICIAL USE ONLY

Important: Print in CAPITAL letters using black ink. Attach to D-40.
NOTE: Contribution(s) will either decrease a refund or increase the tax owed by the amount of the contribution(s).

Enter your last name

Social Security Number

Part I Credits

a. Nonrefundable Credits

- 1. DC Government Employee first-time DC homebuyer credit, see page 18. 1. \$ _____ .00
- 2. Enter state income tax credit. List additional states on a separate sheet, attach it and a copy of all state returns filed. (Enter total of all state tax credits on Line 3 below.)

State (a) \$ _____ .00 (b) \$ _____ .00

State (c) \$ _____ .00 (d) \$ _____ .00

- 3. Total of Line 2 state tax credits and any additional tax credits from an attachment. Enter amount. 3. \$ _____ .00
- 4. RESERVED 4. \$ _____ .00
- 5. RESERVED 5. \$ _____ .00
- 6. Total your nonrefundable credits, enter here and on Form D-40, Line 24. 6. \$ _____ .00

b. Refundable Credits

- 1. DC Non-custodial parent EITC (see Schedule N). 1. \$ _____ .00
- 2. RESERVED 2. \$ _____ .00
- 3. RESERVED 3. \$ _____ .00
- 4. Total your refundable credits, enter here and on Form D-40, Line 30. 4. \$ _____ .00

Part II Contributions (The minimum contribution is \$1.00.)

- 1. DC Statehood Delegation Fund. 1. \$ _____ .00
- 2. Public Fund for Drug Prevention and Children at Risk. 2. \$ _____ .00
- 3. Anacostia River Cleanup and Protection Fund. 3. \$ _____ .00
- 4. RESERVED 4. \$ _____ .00
- 5. RESERVED 5. \$ _____ .00
- 6. If due a refund, total your contribution(s), enter here and on Form D-40, Line 37. 6. \$ _____ .00
- 7. If you owe tax, total your contribution(s), enter here and on Form D-40, Line 41. 7. \$ _____ .00

If you are not due a refund and do not owe additional tax, total your contribution(s) and enter on Form D-40, Line 41.

If you owe tax, make the payment plus any contribution(s), payable to the DC Treasurer and mail it with your return. Attach this schedule to your D-40 Return.

SCHEDULE I Additions to and Subtractions from Federal Adjusted Gross Income



Make entries using black ink. Attach to your D-40.

Last name	Social Security Number	OFFICIAL USE ONLY

Calculation A Additions to federal adjusted gross income. Fill in only those that apply.		Dollars only, do not enter cents
1. Part-year DC resident – enter the portion of adjustments (from Line 36, Form 1040 or Line 20, Form 1040A) that relate to the time you <u>resided outside</u> DC. <i>For Lines 2 – 7 below include only the amounts related to the time you <u>resided in</u> DC.</i>	1 \$	.00
2. Income distributions eligible for income averaging on your federal tax return from federal Form 4972, Lines 6 and 8 <i>Add Lines 6 and 8 and enter here.</i>	2 \$	.00
3. 30% or 50% federal bonus depreciation and/or extra IRC §179 expenses claimed on <i>federal return</i>	3 \$	.00
4. Any part of a discrimination award subject to income averaging.	4 \$	.00
5. Deductions for S Corporations from Schedule K-1, Form 1120 S.	5 \$	.00
6. Other (see instructions on other side). _____	6 \$	.00
7. RESERVED	7 \$	.00
8. Total additions <i>Add entries on Lines 1– 7. Enter the total here and on D-40, Line 5.</i>	8 \$	.00

Calculation B Subtractions from federal adjusted gross income. Fill in only those that apply.		
1. Taxable interest from US Treasury bonds and other obligations. <i>(See other side.)</i>	1 \$	.00
2. Disability income exclusion from DC Form D-2440, Line 10. <i>(See other side.)</i>	2 \$	.00
3. Interest and dividend income of a child from federal Form 8814*.	3 \$	.00
4. Awards, other than front and back pay, received due to unlawful employment discrimination.	4 \$	.00
5. Excess of DC allowable depreciation over federal allowable depreciation. <i>See page 15 "Note."</i>	5 \$	.00
6. Long-term care insurance premiums paid in 2009, \$500 annual limit per person.	6 \$	.00
7. Amount paid (or carried over) to DC College Savings plan in 2009 (maximum \$4000 per person, \$8,000 for joint filers if each is an account owner). <i>Part-year residents see page 15.</i>	7 \$	.00
8. Exclusion of up to \$10,000 for DC residents (certified by the Social Security Adm. as disabled) with adjusted annual household income of less than \$100,000. <i>See page 15.</i>	8 \$	.00
9. Expenditures by DC teachers for necessary classroom teaching materials, \$500 annual limit per person. <i>See page 15.</i>	9 \$	.00
10. Expenditures by DC teachers for certain tuition and fees, \$1500 annual limit per person. <i>See page 15.</i>	10 \$	.00
11. Loan repayment awards received by health-care professionals from DC government. <i>See page 15.</i>	11 \$	.00
12. Health-care insurance premiums paid by an employer for an employee's registered domestic partner. <i>Make no entry if the premium was claimed on your federal return, see page 15.</i>	12 \$	.00
13. DC Poverty Lawyer Loan Assistance. <i>(See other side.)</i>	13 \$	.00
14. Other (see instructions on other side). _____	14 \$	.00
15. RESERVED	15 \$	.00
16. Total subtractions. <i>Add entries on Lines 1–15. Enter the total here and on D-40, Line 13.</i>	16 \$	.00

*Note: Since income reported on Federal Form 8814, Parents' Election to Report Child's Interest and Dividends, and included in the parents' federal return income is subtracted above on Line 3 of Calculation B, the child must file a separate DC return reporting this income.



Qualifying Child Information

	First Name	M.I.	Last Name
1. Child's name, #1			
Child's name, #2			
Child's name, #3			

If you have more than three qualifying children, you only need to list three to get the maximum credit.

	#1	#2	#3
2. Child's SSN			

	#1	#2	#3
3. Child's date of birth			

	First Name	M.I.	Last Name
4. Custodian's name			

5. Custodian's address	Number, street and apartment number											
	City				State		Zip Code + 4					

6. Custodian's SSN	
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7. Location of the court that ordered support payments for:	#1	#3
	#2	

8. Case or Docket number for:	9. Name of government agency to which you make payments for:
#1	#1
#2	#2
#3	#3

10. Address of the government agency for:	#1
	#2
	#3

11. Amount of court ordered payment	#1 \$	00 per month	#3 \$	00 per month
	#2 \$	00 per month		

12. Date payments were ordered to start	#1 (MMDDYYYY)	#2 (MMDDYYYY)	#3 (MMDDYYYY)

13. Total payments made during 2009	#1	#2	#3
	\$ 00	\$ 00	\$ 00

14. Computation: Using the amount on Line 3 of Form D-40, find the correct Earned Income Credit (EIC) amount from the EIC table in the Federal 1040 tax return booklet. Multiply that amount by .40 to determine the DC Non-Custodial Parent EITC amount to claim on Schedule U, Part 1b, Line 1. If you are a part-year filer see page 13 of the D-40 booklet for instructions on prorating the credit to be claimed.