



This is a FILL-IN format. Please do not handwrite any data on this form other than your signature.

STAPLE OTHER DOCUMENTS IN UPPER LEFT IN BACK

Personal information

Fill in if: Filing an amended return. See page 5.
Fill in if: Filing for a deceased taxpayer See page 17.

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Vendor ID#0002

Your social security number (SSN) Spouse's/registered domestic partner's SSN Your daytime telephone number

Your first name M.I. Last name

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

Home address (number, street and apartment number if applicable)

City State Zip Code +4

STAPLE W-2s AND ANY OTHER WITHHOLDING STATEMENTS HERE

Filing status

Single, Married filing jointly, Married filing separately, Dependent claimed by someone else

1 Fill in only one: Married filing separately on same return Enter combined amounts for Lines 4-42. See instructions, page 6.

Registered domestic partners filing jointly or filing separately on same return

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

2 Fill in if you are: Part-year resident in DC from (month) to (month); number of months in DC See page 18.

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

Income Information

Round cents to nearest dollar. If zero, leave the line blank.

Table with 4 rows (a-d) for income types: Wages, salaries, unemployment compensation and/or tips; Business income or loss; Capital gain (or loss); Rental real estate, royalties, partnerships, etc. Each row includes a dollar sign and a grid for numerical entry.

Computation of DC Gross and Adjusted Gross Income

3 Federal adjusted gross income. From adjusted gross income lines on Federal Forms 1040, 1040A, 1040EZ, 1040NR, or 1040NR-EZ. Fill in if loss 3 \$ 00

Additions to DC Income

4 Franchise tax deducted on federal forms, see instructions. 4 \$ 00

5 Other additions from DC Schedule I, Calculation A, Line 8. 5 \$ 00

6 Add Lines 3, 4 and 5. Fill in if loss 6 \$ 00

Subtractions from DC Income

7 Part year residents, enter income received during period of nonresidence, see pg 20. 7 \$ 00

8 Taxable refunds, credits or offsets of state and local income tax. 8 \$ 00

9 Taxable amount of social security and tier 1 railroad retirement From Federal Forms 1040 or 1040A. 9 \$ 00

10 Income reported and taxed this year on a DC franchise or fiduciary return. 10 \$ 00

11 DC and federal government pension and annuity limited exclusion, see page 20. Fill in if you are 62 or older if your spouse/domestic partner is 62 or older 11 \$ 00

12 DC and federal government survivor benefits, see page 20. 12 \$ 00

13 Other subtractions from DC Schedule I, Calculation B, Line 16. 13 \$ 00

14 Total subtractions from DC income, Lines 7-13. 14 \$ 00

15 DC adjusted gross income, Line 6 minus Line 14. Fill in if loss 15 \$ 00





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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 [ ]

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 [ ]

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>	a \$ <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>	b \$ <input type="text"/> 00	\$ <input type="text"/> 00
c	Add Lines a and b.	c \$ <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>	d \$ <input type="text"/> 00	\$ <input type="text"/> 00
e	DC adjusted gross income. Subtract Line d from Line c.	e \$ <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>	f \$ <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>	g \$ <input type="text"/> 00	\$ <input type="text"/> 00
h	Add Lines f and g.	h \$ <input type="text"/> 00	\$ <input type="text"/> 00
i	Taxable income. Subtract Line h from Line e. <span style="float: right;">Fill in if loss <input type="radio"/></span>	i \$ <input type="text"/> 00	\$ <input type="text"/> 00
j	Tax. <i>If Line i is \$100,000 or less, use tax tables on pages 47-56. If more than \$100,000, use Calculation I, page 20.</i>	j \$ <input type="text"/> 00	\$ <input type="text"/> 00
k	Add the amounts on Line j, enter here and on D-40, Line 22.	k \$ <input type="text"/>	00 Total tax

**EIN's associated with income reported and taxed on Franchise and Fiduciary Returns for the amount listed on D-40, Line 10.**

a	<input type="text"/>	b	<input type="text"/>	c	<input type="text"/>
d	<input type="text"/>	e	<input type="text"/>	f	<input type="text"/>
g	<input type="text"/>	h	<input type="text"/>	i	<input type="text"/>





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.

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, 2012.

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 PTIN  Paid preparer's telephone number

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 (or 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 Section A, Line 1 or Section B, Line 7.	w \$		

List names and social security numbers of other household members. If more than four, list on a separate sheet of paper and attach with this form.

- #1 \_\_\_\_\_
- #2 \_\_\_\_\_
- #3 \_\_\_\_\_
- #4 \_\_\_\_\_

SCHEDULE U Additional Miscellaneous Credits and Contributions



This is a FILL-IN format. Please do not handwrite any data on this form other than your signature.

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Vendor ID#0002

Enter your last name  Social Security Number

**Part I Credits**

**a. Nonrefundable Credits**

- 1 DC Government Employee first-time DC homebuyer credit, see instructions. Dependents cannot claim this credit. 1 \$           .00
- 2 Enter state income tax credit. List additional states on a separate sheet, attach it to this Schedule. (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 the attachments. 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 39. 6 \$           .00
- 7 If you owe tax, total your contribution(s), enter here and on Form D-40, Line 42. 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 42.  
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.







**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		

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

	#1	#2	#3
13. Total payments made during 2012	\$ 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 18 of the D-40 booklet for instructions on prorating the credit to be claimed.