

2013 D-40EZ SUB Income Tax Return for Single and Joint Filers with No Dependents



Print in CAPITAL letters using black ink.

Personal information

Filing Status: Mark if [X] Single, [X] Married filing jointly, [X] Registered domestic partners filing jointly, or

Your telephone number 1234567890

Dependent claimed by someone else Mark if: [X] Amended return

Your social security number (SSN) and Date of Birth (MMDDYYYY) 123456789 00000000 Spouse's/registered domestic partner's SSN and Date of Birth (MMDDYYYY) 123456789 00000000

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

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

SOFTWARE DEVELOPER USE ONLY

VENDOR ID # 1234

Home address (number, street and apartment number if applicable) 12345ABCDEF GHIJKLMNOPQRSTUVWXYZ ABCDEFGHIJKLMNOPQRSTUVWXYZ

City ABCDEFGHIJKLMNOPQRSTUVWXYZ State AB Zip code + 4 123456789

Table with 3 columns: Line number, Description, Amount. Includes lines 1-19 for wages, deductions, taxes, and credits.

Will this refund go to an account outside of the US? [X] Yes [X] No See instructions

Refund Options: For information on the tax refund card and program limitations, visit our website otr.dc.gov/refundprepaidcards.

Make one refund choice: [X] Direct deposit [X] Tax refund card [X] Paper check

Direct Deposit To have your refund deposited to your account-checking [X] or savings [X] mark X and enter bank routing and account numbers.

See instructions.

Routing Number XXXXXXXXXXXX Account Number XXXXXXXXXXXXXXXXXXXX

Third Party Designee To authorize another person to discuss this return with the OTR, mark here [X] 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 \_\_\_\_\_ Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse's/domestic partner's signature if filing jointly \_\_\_\_\_ Date \_\_\_\_\_ Preparer's PTIN 123456789 PTIN telephone number 1234567890