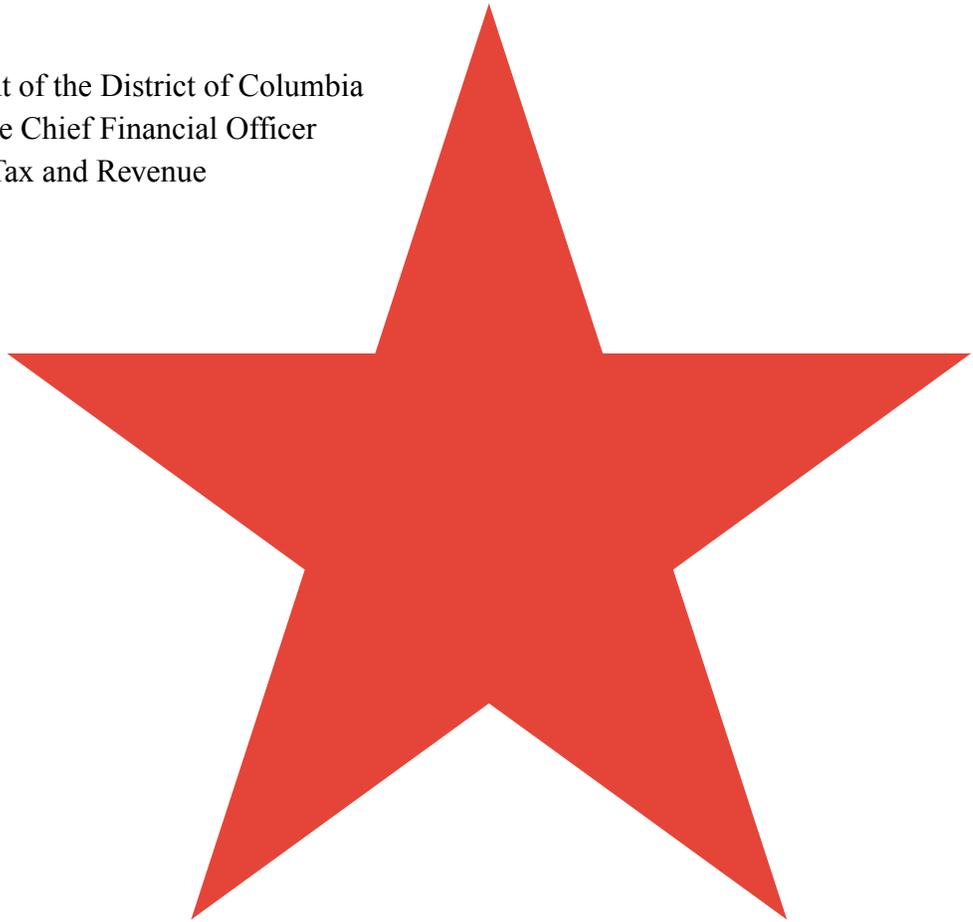




Government of the District of Columbia  
Office of the Chief Financial Officer  
Office of Tax and Revenue



# **2013 DC-1436**

**District of Columbia MeF  
Test Package for Individual  
Income Tax Return for  
TY2013 Part Ib**

**November 2013**

Print in CAPITAL letters using black ink. Leave lines blank that do not apply.

STAPLE OTHER DOCUMENTS IN UPPER LEFT IN BACK

**Personal information**

Your telephone number: \_\_\_\_\_

Your social security number (SSN): **400007306** and DOB (MMDDYY): \_\_\_\_\_

Spouse's/registered domestic partner's SSN and DOB (MMDDYY): \_\_\_\_\_

Your first name: \_\_\_\_\_ M Last name: \_\_\_\_\_

Spouse's/registered domestic partner's first name: \_\_\_\_\_ M Last name: \_\_\_\_\_

Home address (number, street and apartment number, if applicable): **350 MERINO DRIVE**

City: **ACCOKEEK** State: **MD** Zip Code: **20607**

**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  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 instructions*

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.*

a. Wages, salaries, unemployment compensation, and/or tips <i>see instructions</i>	a.	00
b. Business income or loss <i>see instructions</i> Fill in if loss <input type="radio"/>	b.	00
c. Capital gain (or loss) Fill in if loss <input type="radio"/>	c.	00
d. Rental real estate, royalties, partnerships, etc. Fill in if loss <input type="radio"/>	d.	00

**Computation of DC Gross and Adjusted Gross Income**

3. Federal adjusted gross income <i>1040, Line 37; 1040A, Line 21; 1040EZ, Line 4; 1040NR, Line 36 plus Sch. NEC, Line 13; 1040NR-EZ, Line 10</i>	3.	18980	00
<b>Additions to DC income</b>			
4. Franchise tax deducted on federal forms <i>see instructions</i>	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 <input type="radio"/>	6.	18980	00
<b>Subtractions from DC income</b>			
7. Part-year residents, enter income received during period of nonresidence <i>see instructions</i>	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 <i>Forms 1040, Line 20b or 1040A, Line 14b</i>	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 <i>see instructions</i>	11.		00
Fill in: <input type="radio"/> if you are 62 or older <input type="radio"/> if your spouse/domestic partner is 62 or older			
12. DC and federal government survivor benefits <i>see instructions</i>	12.		00
13. Other subtractions from DC Schedule I, Calculation B, Line 16	13.	500	00
14. Total subtractions from DC income, Lines 7-13	14.	500	00
15. DC adjusted gross income, Line 6 minus Line 14. Fill in if loss <input type="radio"/>	15.	18480	00

Enter your last name. **NONDEPENDENT**

Enter your SSN. **400007306**

16 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 17.

17 DC deduction amount. Do not copy from federal return. For amount to enter, see instructions. 17 **4100 00**

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 **2**

19 Exemption amount. Multiply \$1,675 by number on line 18. Part-year DC residents see Calculation E, see instructions. 19 **3350 00**

20 Add Lines 17 and 19. 20 **7450 00**

21 DC taxable income. Subtract Line 20 from Line 15. Enter result. Fill in if loss:  21 **11030 00**

**DC tax credits and payments**

22 Tax. If Line 21 is \$100,000 or less, use tax tables to find the tax. If more, use Calculation I in Instructions. Fill in  if filing separately on same return. Complete Calculation J on Schedule S. 22 **462 00**

23 Credit for child and dependent care expenses. From Line 9 of fed. Form 2441, from Line 5, DC Form D-2441, if part-year DC resident. 00 X 32. Enter result > 23 **00 00**

24 Non-refundable credits from DC Schedule U, Part 1a, Line 6. Attach Schedule U. 24 **00 00**

25 DC Low Income Credit. Use Calc. LIC/EITC to see if LIC or EITC is a greater benefit. See instructions. 25 **00 00**

25a Enter the number of exemptions claimed on your federal return. 25a **0**

26 Total non-refundable credits. Add Lines 23, 24 and 25. 26 **00 00**

27 Total tax. Subtract Line 26 from Line 22. If Line 22 is less than Line 26, leave Line 27 blank. 27 **00 00**

28 DC Earned Income Tax Credit. Enter your federal EIC. 00 X 40. Enter result > 28 **00 00**

28a Enter the number of qualified EITC children. 28a **0**

29 Property Tax Credit. From your DC Schedule H, attach a copy. 29 **00 00**

30 Refundable credits from DC Schedule U, Part 1b, Line 4. Attach Schedule U. 30 **00 00**

31 DC income tax withheld, shown on Forms W-2 and 1099. Attach these forms. 31 **00 00**

32 2013 estimated income tax payments. 32 **00 00**

33 Tax paid with extension of time to file or with original return if this is an amended return. 33 **00 00**

34 Total payments and refundable credits. Add Lines 28, 29-33. 34 **00 00**

**Refund** - Complete if Line 34 is more than Line 27

35 Amount you overpaid. Subtract Line 27 from Line 34. 35 **00 00**

36 Amount to be applied to your 2014 estimated tax. Fill in the oval if Form D-2210 is attached:  36 **00 00**

37 Penalty. See instructions. 37 **00 00**

38 Refund. Subtract sum of Lines 36 and 37 from Line 35. 38 **00 00**

39 Contribution amount from Sched. U, Part II, Line 6. Can not exceed refund amt. on Line 38. Put additional amt. on Line 42. 39 **00 00**

40 Net refund. Subtract Line 39 from Line 38. 40 **00 00**

**Amount owed** - Complete if Line 34 is equal to or less than Line 27

41 Tax due. Subtract Line 34 from Line 27. 41 **462 00**

42 Contribution amount from Sched. U, Part III, Line 7. Fill in the oval if Form D-2210 is attached:  42 **00 00**

43a Penalty **104 00**

43b Interest **00 00**

43 Enter total P & I. 43 **104 00**

44 Total amount due. Add Lines 41-43. 44 **566 00**

Will the refund you requested go to an account outside the U.S.? Yes  No  See instructions.

**Refund Options** For information on the tax refund card and program limitations, see instructions or visit our website [otr.dc.gov/refundprepaidcards](http://otr.dc.gov/refundprepaidcards)

Mark one refund choice:  Direct deposit  Tax refund card  Paper 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 Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

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: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse/domestic partner's signature if filing jointly or separately on same return: \_\_\_\_\_ Date: \_\_\_\_\_ Preparer's Tax Identification Number (EITIN): \_\_\_\_\_ PTIN telephone number: \_\_\_\_\_

2013 SCHEDULE S Supplemental Information and Dependents

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: NONDEPENDENT Enter your social security number: 400007306

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

Table with 4 columns: First name, M.I., Last Name, Social security number, Relationship, Date of Birth (MMDDYYYY). Multiple rows for dependents.

Head of household filers Do not enter your information: 400007399

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

**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	1
b	Enter 1 if you are filing as a head of household and	1
c	Enter 1 if you are age 65 or over and	
d	Enter 1 if you are blind	
e	Enter number of dependents	
f	Enter 1 for your spouse or registered domestic partner if filing jointly or filing separately on same return	
g	Enter 1 if you are married filing jointly or married filing separately on same return and your spouse/partner is 65 or over	
h	Enter 1 if you are married filing jointly or married filing separately on same return and your spouse/partner is blind	
Total number of exemptions. Add Lines a-h, enter here and on D-40, Line 18.		2

**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	
b	Total additions to federal adjusted gross income	
c	Add Lines a and b	
d	Total subtractions from federal adjusted gross income	
e	DC adjusted gross income. Subtract Line d from Line c	
f	Deduction amount	
g	Exemption amount	
h	Add Lines f and g	
i	Taxable income. Subtract Line h from Line e. <input type="checkbox"/> Fill in if loss	
j	Tax. If Line i is \$100,000 or less, use tax tables. If more than \$100,000, use Calculation J instructions.	
k	Add the amounts on Line j, enter here and on D-40, Line 22.	Total tax

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

a	b	c
d	e	f
g	h	i

**2013** SCHEDULE I Additions to and Subtractions from Federal Adjusted Gross Income

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

Last name: **NONDEPENDENT** Social Security Number: **400007306**

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, Line 20, Form 1040A, or Line 34, 1040NR) that relate to the time you resided outside DC. For Lines 2 - 7 below include only the amounts related to the time you resided in DC.	00
2	Income distributions eligible for income averaging on your federal tax return from federal Form 4972, Lines 6 and 8. Add Lines 6 and 8 and enter here.	00
3	30% or 50% federal bonus depreciation and/or extra IRC §179 expenses claimed on federal return.	00
4	Any part of a discrimination award subject to income averaging.	00
5	Deductions for S Corporations from Schedule K-1, Form 1120-S.	00
6	Other (see instructions on other side).	00
7		00
8	Total additions. Add entries on Lines 1 - 7. Enter the total here and on D-40, Line 5.	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. See instructions on other side.	00
2	Disability income exclusion from DC Form D-2440, Line 10. See instructions on other side.	00
3	Interest and dividend income of a child from federal Form 8814.*	00
4	Awards, other than front and back pay, received due to unlawful employment discrimination.	00
5	Excess of DC allowable depreciation over federal allowable depreciation. See instructions.	00
6	Long-term care insurance premiums paid in 2011, \$500 annual limit per person.	00
7	Amount paid (or carried over) to DC College Savings plan in 2011 (maximum \$4,000 per person, \$8,000 for joint filers if each is an account owner). Part-year residents see instructions.	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. See instructions.	00
9	Expenditures by DC teachers for necessary classroom teaching materials, \$500 annual limit per person. See instructions on other side.	00
10	Expenditures by DC teachers for certain tuition and fees, \$1,500 annual limit per person. See instructions on other side.	00
11	Loan repayment awards received by health-care professionals from DC government. See instructions on other side.	00
12	Health-care insurance premiums paid by an employer for an employee's registered domestic partner or same sex spouse. Make no entry if the premium was deducted on your federal return, see instructions on other side.	00
13	DC Poverty Lawyer Loan Assistance. See instructions on other side.	00
14	Other. See instructions on other side.	500 00
15	Military Spouse Residency Relief Act. See instructions on other side.	00
16	Total subtractions. Add entries on Lines 1 - 15. Enter the total here and on D-40, Line 13.	500 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.

**IMPORTANT: Please read the instructions on the reverse before completing this form.**

Your First name, M.I., Last name <b>PARENT NONDEPENDENT</b>	SSN <b>400007306</b>
Spouse's/domestic partner's First name, M.I., Last name	Spouse's/domestic partner's SSN
	Daytime telephone number <b>(202) 644-0021</b>

**No penalty is due and this form should not be filed if:**

- A. Your tax liability on taxable income after deducting your District of Columbia withholding tax and applicable credits is less than \$100; or
- B. You made periodic estimated tax payments and had amounts withheld as required and the total is equal to or more than 110% of your last year's taxes or is at least 90% of your current year's taxes. Note: You must have been a 12-month DC resident last year in order to use the prior year 110% exception.

**Computation of Underpayment**

1. 2013 DC Tax Liability (total tax) from your DC Individual Income Tax Return	\$	<b>462</b>
2. Multiply the amount on Line 1 by 90% (.90)	\$	<b>416</b>
3. 2012 DC Tax Liability (total tax) from your DC Individual Income Tax Return	\$	<b>402</b>
4. Minimum withholding and estimated tax payment required for tax year 2013 (lesser of Line 2 and 3)	\$	<b>402</b>
5. Multiply Line 4 amount by 25% (.25) for amount required for each periodic payment	\$	<b>100</b>

Note: If your income was not evenly divided over 4 periods, see instructions on the reverse of this form on the "Annualized Income" method.

Due date of Payments

	1st Period 04/15/13	2nd Period 06/15/13	3rd Period 09/15/13	4th Period 01/15/14
6. Enter Line 5 amount or the annualized income amount in each period (The 2 <sup>nd</sup> period includes the 1 <sup>st</sup> period amount, 3 <sup>rd</sup> period includes the 1 <sup>st</sup> and 2 <sup>nd</sup> period amounts, the 4 <sup>th</sup> period includes all period amounts)	<b>0</b>	<b>0</b>	<b>0</b>	<b>402</b>
7. DC withholding and estimated tax paid each period (The 2 <sup>nd</sup> period includes the 1 <sup>st</sup> period amount, 3 <sup>rd</sup> period includes the 1 <sup>st</sup> and 2 <sup>nd</sup> period amounts, the 4 <sup>th</sup> period includes all period amounts)	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
8. Underpayment each period (Line 6 minus Line 7)				<b>402</b>
9. Penalty Factors	<b>.0175</b>	<b>.0265</b>	<b>.0351</b>	<b>.0259</b>
10. Line 8 multiplied by Line 9				<b>104</b>
11. Penalty - Total of amounts from Line 10. Pay this amount. (See instructions on reverse)				\$ <b>104</b>

Make check or money order payable to DC Treasurer

**2013** D-40 Individual Income Tax Return

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Print in CAPITAL letters using black ink. Leave lines blank that do not apply.

STAPLE OTHER DOCUMENTS IN UPPER LEFT IN BACK

**Personal information**

Your telephone number: \_\_\_\_\_

Fill in  if Filing an amended return. See instructions.

Fill in  if Filing for a deceased taxpayer. See instructions.

Your social security number (SSN) \_\_\_\_\_ and DOB (MMDDYYYY) \_\_\_\_\_

Spouse's/registered domestic partner's SSN \_\_\_\_\_ and DOB (MMDDYYYY) \_\_\_\_\_

400007307

400007308

Your first name \_\_\_\_\_ Middle \_\_\_\_\_ Last name \_\_\_\_\_

PRIMARY

PARTYEAR

Spouse's/registered domestic partner's first name \_\_\_\_\_ Middle \_\_\_\_\_ Last name \_\_\_\_\_

SPOUSE

PARTYEAR

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

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

**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.

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 **1** (month) to **4** (month), number of months in DC **3**. See instructions.

• 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.

a Wages, salaries, unemployment compensation and/or tips. see instructions

a  58000 00

b Business income or loss. see instructions

b  \_\_\_\_\_ 00

c Capital gain (or loss)

c  \_\_\_\_\_ 00

d Rental real estate, royalties, partnerships, etc.

d  \_\_\_\_\_ 00

**Computation of DC Gross and Adjusted Gross Income**

3 Federal adjusted gross income (1040, Line 37; 1040A, Line 21; 1040EZ, Line 4; 1040NR, Line 36 plus Sch. NEC, Line 13; 1040NR-EZ, Line 10)

Fill in if loss  3 218000 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 instructions

7 208000 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. Forms 1040, Line 20b or 1040A, Line 14b

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 instructions

11 \_\_\_\_\_ 00

Fill in  if you are 62 or older  if your spouse/domestic partner is 62 or older

12 DC and federal government survivor benefits. see instructions

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 208000 00

15 DC adjusted gross income, Line 6 minus Line 14

Fill in if loss  15 10000 00

Enter your last name. **PARTYEAR**

Enter your SSN. **400007307**

16 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 17.

17 DC deduction amount. Do not copy from federal return. For amount to enter, see instructions. **17** **1025** **00**

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** **2**

19 Exemption amount. Multiply \$1,675 by number on line 18. Part-year DC residents see Calculation E, see instructions. **19** **837** **00**

20 Add Lines 17 and 19. **20** **00** **00**

21 DC taxable income. Subtract Line 20 from Line 15. Enter result. Fill in if loss  **21** **00** **00**

**DC tax, credits and payments**

22 Tax. If Line 21 is \$100,000 or less, use tax tables to find the tax. If more, use Calculation I in instructions. Fill in  if filing separately on same return. Complete Calculation J on Schedule S. **22** **363** **00**

23 Credit for child and dependent care expenses. From Line 9 of fed. Form 2441; from Line 5, DC Form D-2441, if part-year DC resident. **23** **00** **00**

24 Non-refundable credits from DC Schedule U, Part 1a, Line 6. Attach Schedule U. **24** **00** **00**

25 DC Low Income Credit. Use Calc. LIC/EITC to see if LIC or EITC is a greater benefit. See instructions. **25** **00** **00**

25a Enter the number of exemptions claimed on your federal return. **25a** **00** **00**

26 Total non-refundable credits. Add Lines 23, 24 and 25. **26** **00** **00**

27 Total tax. Subtract Line 26 from Line 22. If Line 22 is less than Line 26, leave Line 27 blank. **27** **363** **00**

28 DC Earned Income Tax Credit. Enter your federal EIC. **28** **00** **00**

28a Enter the number of qualified EITC children. **28a** **00** **00**

29 Property Tax Credit. From your DC Schedule H; attach a copy. **29** **00** **00**

30 Refundable credits from DC Schedule U, Part 1b, Line 4. Attach Schedule U. **30** **00** **00**

31 DC income tax withheld, shown on Forms W-2 and 1099. Attach these forms. **31** **2800** **00**

32 2013 estimated income tax payments. **32** **00** **00**

33 Tax paid with extension of time to file or with original return if this is an amended return. **33** **00** **00**

34 Total payments and refundable credits. Add Lines 28, 29, 33. **34** **00** **00**

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

35 Amount you overpaid. Subtract Line 27 from Line 34. **35** **2437** **00**

36 Amount to be applied to your 2014 estimated tax. Fill in the oval if Form D-2210 is attached  **36** **00** **00**

37 Penalty. See instructions. **37** **00** **00**

38 Refund. Subtract sum of Lines 36 and 37 from Line 35. **38** **00** **00**

39 Contribution amount. From Sched. U, Part II, Line 6. Can't exceed refund amt. on Line 38. Put additional amt. on Line 42. **39** **100** **00**

40 Net refund. Subtract Line 39 from Line 38. **40** **2337** **00**

41 Tax due. Subtract Line 34 from Line 27. **41** **00** **00**

42 Contribution amount. From Sched. U, Part II, Line 7. Fill in the oval if Form D-2210 is attached  **42** **00** **00**

43a Penalty. **43a** **00** **00**

43b Interest. **43b** **00** **00**

43 Enter total P & I. **43** **00** **00**

44 Total amount due. Add Lines 41-43. **44** **00** **00**

Will the refund you requested go to an account outside the U.S.? Yes  No  See instructions

**Refund Options** For information on the tax refund card and program limitations, see instructions or visit our website [dc.gov/refundprepaidcards](http://dc.gov/refundprepaidcards)

Mark one refund choice:  Direct deposit  Tax refund card  Paper 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 Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

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: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse's/domestic partner's signature (if filing jointly or separately on same return): \_\_\_\_\_ Date: \_\_\_\_\_ Preparer's Tax Identification Number (PTIN): \_\_\_\_\_ PTIN telephone number: \_\_\_\_\_

**2013** SCHEDULE U Additional Miscellaneous Credits and Contributions

**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).

OFFICIAL USE ONLY  
 Vendor ID#

Enter your last name

Social Security Number

PARTYEAR

400007307

**Part I Credits**

**a. Nonrefundable Credits**

1 DC Government Employee first-time DC homebuyer credit, see page 17  
*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  00

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  00

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  50 00

2 Public Fund for Drug Prevention and Children at Risk.

2  30 00

3 Anacostia River Cleanup and Protection Fund.

3  20 00

4  00

5  00

6 If due a refund, total your contribution(s), enter here and on Form D-40, Line 39.

6  100 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.

2013 D-40 Individual Income Tax Return

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Print in CAPITAL letters using black ink. Leave lines blank that do not apply.

STAPLE OTHER DOCUMENTS IN UPPER LEFT IN BACK

Personal information

Your telephone number

Fill in  Filing an amended return. See instructions.

Fill in  Filing for a deceased taxpayer. See instructions.

Your social security number (SSN)

and DOB (MMDDYYYY)

Spouse's/registered domestic partner's SSN and DOB (MMDDYYYY)

400007309

Your first name

M.I.

Last name

HEAD

SINGLEPARENT

Spouse's/registered domestic partner's first name

M.I.

Last name

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

100 M ST SW

City

State

Zip Code

WASHINGTON

DC

20024

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.

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 instructions.

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.

a. Wages, salaries, unemployment compensation and/or tips. See instructions.

a. 00

b. Business income or loss. See instructions.

Fill in if loss

b. 00

c. Capital gain (or loss)

Fill in if loss

c. 00

d. Rental, real estate, royalties, partnerships, etc.

Fill in if loss

d. 00

Computation of DC Gross and Adjusted Gross Income

3. Federal adjusted gross income, 1040, Line 37; 1040A, Line 21; 1040EZ, Line 4; 1040NR, Line 36 plus Sch. NEC, Line 13; 1040NR-EZ, Line 10

Fill in if loss

3. 38000 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 instructions.

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. Forms 1040, Line 20b or 1040A, Line 14b.

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 instructions.

11. 00

Fill in  if you are 62 or older  if your spouse/domestic partner is 62 or older

12. DC and federal government survivor benefits. See instructions.

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. 38000 00

Enter your last name. SINGLEPARENT

Enter your SSN. 400007309

16 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 17.

17 DC deduction amount. Do not copy from federal return. For amount to enter, see instructions. 17  00

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

19 Exemption amount. Multiply \$1,675 by number on line 18. Part-year DC residents see Calculation E, see instructions. 19  00

20 Add Lines 17 and 19. 20  00

21 DC taxable income. Subtract Line 20 from Line 15. Enter result. Fill in if loss.  21  00

DC tax, credits and payments

22 Tax. If Line 21 is \$100,000 or less, use tax tables to find the tax; if more, use Calculation I in instructions. Fill in  if filing separately on same return. Complete Calculation J on Schedule S. 22  00

23 Credit for child and dependent care expenses.  00 X .32 Enter result > 23  00  
 From Line 9 of fed. Form 2441; from Line 5, DC Form D-2441. If part-year DC resident.

24 Non-refundable credits from DC Schedule U, Part I, Line 6. Attach Schedule U. 24  00

25 DC Low Income Credit. Use Calc. LIC/EITC to see if LIC or EITC is a greater benefit. See instructions. 25  00

25a Enter the number of exemptions claimed on your federal return. 25a

26 Total non-refundable credits. Add Lines 23, 24 and 25. 26  00

27 Total tax. Subtract Line 26 from Line 22. If Line 22 is less than Line 26, leave Line 27 blank. 27  00

28 DC Earned Income Tax Credit. Enter your federal EIC.  00 X .40 Enter result > 28  00

28a Enter the number of qualified EITC children. 28a

29 Property Tax Credit. From your DC Schedule H; attach a copy. 29  00

30 Refundable credits from DC Schedule U, Part 1b, Line 4. Attach Schedule U. 30  00

31 DC income tax withheld, shown on Forms W-2 and 1099. Attach these forms. 31  00

32 2013 estimated income tax payments. 32  00

33 Tax paid with extension of time to file or with original return if this is an amended return. 33  00

34 Total payments and refundable credits. Add Lines 28, 29-33. 34  00

Refund - Complete if Line 34 is more than Line 27.

35 Amount you overpaid. 35  00  
 Subtract Line 27 from Line 34.

36 Amount to be applied to your 2014 estimated tax. 36  00

Fill in the oval if Form D-2210 is attached.

37 Penalty. See instructions. 37  00

38 Refund. Subtract sum of Lines 36 and 37 from Line 35. 38  00

39 Contribution amount from Sched. U, Part II, Line 6. Can not exceed refund amt. on Line 38. Put additional amt. on Line 42. 39  00

40 Net refund. 40  00  
 Subtract Line 39 from Line 38.

Amount owed - Complete if Line 34 is equal to or less than Line 27.

41 Tax due. Subtract Line 34 from Line 27. 41  00

42 Contribution amount from Sched. U, Part II, Line 7. Fill in the oval if Form D-2210 is attached.  42  00

43a Penalty. 43a  00

43b Interest. 43b  00

Enter total P & I. 43  00

44 Total amount due. Add Lines 41-43. 44  00

Will the refund you requested go to an account outside the U.S.? Yes  No  See instructions.

Refund Options. For information on the tax refund card and program limitations, see instructions or visit our website at [dc.gov/refundprepaidecards](http://dc.gov/refundprepaidecards).  
 Mark one refund choice:  Direct deposit  Tax refund card  Paper 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 Number:  Account Number:

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:  Preparer's signature:  Date:   
 Spouse's/domestic partner's signature if filing jointly or separately on same return:  Date:  Preparer's tax identification number (PTIN):  PTIN telephone number:

2013 SCHEDULE S Supplemental Information and Dependents

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: SINGLEPARENT Enter your social security number: 40007309

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

First name: JOHN M.I.: Last Name: SINGLEPARENT

Social security number: 40007398 Relationship: SON Date of Birth (MMDDYYYY): 07152000

First name: MARY M.I.: Last Name: SINGLEPARENT

Social security number: 40007397 Relationship: DAUGHTER Date of Birth (MMDDYYYY): 02222002

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

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

**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	1
b. Enter 1 if you are filing as a head of household and	b	1
c. Enter 1 if you are age 65 or over and	c	
d. Enter 1 if you are blind	d	
e. Enter number of dependents	e	2
f. Enter 1 for your spouse or registered domestic partner if filing jointly or filing separately on same return	f	
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	
h. Enter 1 if you are married filing jointly or married filing separately on same return and your spouse/partner is blind	h	
<b>Total number of exemptions. Add Lines a-h; enter here and on D-40, Line 18.</b>		<b>4</b>

**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	00	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	00	00
c. Add Lines a and b.	c	00	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	00	00
e. DC adjusted gross income. <i>Subtract Line d from Line c.</i>	e	00	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	00	00
g. Exemption amount. <i>Enter each person's portion of exemption amount entered on D-40, Line 19.</i>	g	00	00
h. Add Lines f and g.	h	00	00
i. Taxable income. <i>Subtract Line h from Line e.</i> <input type="checkbox"/> <b>Fill in if loss.</b>	i	00	00
j. Tax. <i>If Line i is \$100,000 or less, use tax tables. If more than \$100,000, use Calculation I, instructions.</i>	j	00	00
k. Add the amounts on Line j; enter here and on D-40, Line 22.	k	00	00
			<b>00 Total tax</b>

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

a	b	c
d	e	
g	h	

2013 D-40 Individual Income Tax Return

9

Print in CAPITAL letters using black ink. Leave lines blank that do not apply.

STAPLE OTHER DOCUMENTS IN UPPER LEFT IN BACK

Personal information

Your telephone number

Fill in  if Filing an amended return. See instructions.
Fill in  if Filing for a deceased taxpayer. See instructions.

Your social security number (SSN) and DOB (MMDDYYYY)

Spouse's/registered domestic partner's SSN and DOB (MMDDYYYY)

400007310

Your first name

M.I. Last name

LOW

INCOME

Spouse's/registered domestic partner's first name

M.I. Last name

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

2000 HARDSHIP WAY

City

State

Zip Code

NEW YORK

NY

10460

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 4-12. See instructions.

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

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

a Wages, salaries, unemployment compensation and/or tips

a 00

b Business income or loss

Fill in if loss b 00

c Capital gain (or loss)

Fill in if loss c 00

d Rental real estate, royalties, partnerships, etc

Fill in if loss d 00

Computation of DC Gross and Adjusted Gross Income

3 Federal adjusted gross income 1040 Line 37; 1040A Line 21; 1040EZ Line 4; 1040NR Line 36 plus Sch NEC Line 13; 1040NR-EZ Line 10

Fill in if loss 3 7110 00

Additions to DC Income

4 Franchise tax deducted on federal forms

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

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 Forms 1040 Line 20b or 1040A Line 14b

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

11 00

Fill in  if you are 62 or older  if your spouse/domestic partner is 62 or older

12 DC and federal government survivor benefits

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 7110 00

Enter your last name. **INCOME**

Enter your SSN. **400007310**

16 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 17.

17 DC deduction amount. Do not copy from federal return. For amount to enter, see instructions. 17  4100 00

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  1

19 Exemption amount. Multiply \$1,675 by number on line 18. Part-year DC residents see Calculation E, see instructions. 19  1675 00

20 Add Lines 17 and 19. 20  5775 00

21 DC taxable income. Subtract Line 20 from Line 15. Enter result. Fill in if loss  21  1335 00

DC tax, credits and payments

22 Tax. If Line 21 is \$100,000 or less, use tax tables to find the tax. If more, use Calculation I in instructions. Fill in  if filing separately on same return. Complete Calculation J on Schedule S. 22  53 00

23 Credit for child and dependent care expenses.  00 X 32 Enter result > 23  00 00

24 Non-refundable credits from DC Schedule U, Part 1a, Line 6. Attach Schedule U. 24  00 00

25 DC Low Income Credit. Use Calc. LIO/ETC to see if LIC or ETC is a greater benefit. See instructions. 25  53 00

25a Enter the number of exemptions claimed on your federal return. 25a  1

26 Total non-refundable credits. Add Lines 23-24 and 25. 26  00 00

27 Total tax. Subtract Line 26 from Line 22. If Line 22 is less than Line 26, leave Line 27 blank. 27  0 00

28 DC Earned Income Tax Credit. Enter your federal EIC.  00 X 40 Enter result > 28  00 00

28a Enter the number of qualified EITC children. 28a  0

29 Property Tax Credit. From your DC Schedule H, attach a copy. 29  00 00

30 Refundable credits from DC Schedule U, Part 1b, Line 4. Attach Schedule U. 30  00 00

31 DC income tax withheld, shown on Forms W-2 and 1099. Attach these forms. 31  00 00

32 2013 estimated income tax payments. 32  00 00

33 Tax paid with extension of time to file or with original return if this is an amended return. 33  00 00

34 Total payments and refundable credits. Add Lines 28-33. 34  00 00

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

35 Amount you overpaid. Subtract Line 27 from Line 34. 35  00 00

36 Amount to be applied to your 2014 estimated tax. Fill in the oval if Form D-2210 is attached  36  00 00

37 Penalty. See instructions. 37  00 00

38 Refund. Subtract sum of Lines 36 and 37 from Line 35. 38  00 00

39 Contribution amount. From Sched. U, Part II, Line 6. Can not exceed refund amt. on Line 38. Put additional amt. on Line 42. 39  00 00

40 Net refund. Subtract Line 39 from Line 38. 40  00 00

41 Tax due. Subtract Line 34 from Line 27. 41  00 00

42 Contribution amount. From Sched. U, Part II, Line 7. Fill in the oval if Form D-2210 is attached  42  00 00

43a Penalty. 43a  00 00

43b Interest. 43b  00 00

43 Enter total P & I. 43  00 00

44 Total amount due. Add Lines 41-43. 44  00 00

Will the refund you requested go to an account outside the U.S.? Yes  No  See instructions

Refund Options: For information on the tax refund card and program limitations, see instructions or visit our website [otr.dc.gov/refundprepaidcards](http://otr.dc.gov/refundprepaidcards). Mark one refund choice:  Direct deposit  Tax refund card  Paper 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 Number:  Account Number:

Third party designee: To authorize another person to discuss this return with OTR, fill in here. X 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:  Preparer's signature:  Date:

Spouse's/domestic partner's signature (if filing jointly or separately on same return):  Date:  Preparer's Tax Identification Number (PTIN):  PTIN telephone number: