



1 0 0 4 0 0 1 1 0 0 0 2

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

STAPLE OTHER DOCUMENTS IN UPPER LEFT IN BACK

Personal information

Fill in if: Filing an **Amended Return**. See page 3.
 Fill in if: Filing for a deceased taxpayer See page 17.

OFFICIAL USE ONLY

Vendor ID# 000G

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

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 5.

Registered domestic partners filing jointly 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.

a	Wages, salaries, unemployment compensation and/or tips, see instructions, page 19.	a	\$.00
b	Business income or loss, see instructions, page 19. 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. 1040 Line 37; 1040A Line 21; 1040EZ, Line 4; Fill in if loss 3 \$ 00
 1040NR Line 35 plus Line 86; 1040NR-EZ Line 10

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 Income received during period of nonresidence, see page 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 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 page 20. 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 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

STAPLE W-2s AND ANY OTHER WITHHOLDING STATEMENTS HERE

Enter your last name.

Enter your SSN.



1 0 0 4 0 0 1 2 0 0 0 2

16 Deduction type. Take the same type as you took on your federal return. Fill in which type:
 Standard or Itemized See page 20 for amount to enter on Line 17.

17 DC deduction amount. Do not copy from federal return. For amount to enter, see page 20.
 Enter standard deduction plus net disaster loss claimed on federal return \$.00
 Enter total on Line 17. See page 20.

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, page 19. 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 on pages 47-56. If more, use Calculation I, page 20.
 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 >
 From Line 9 of fed. Form 2441; from Line 5, DC Form D-2441, if part-year DC resident. 23 \$.00

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

25 DC Low Income Credit. See table on page 11. Take either this credit or Line 28 credit - not both. 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 >
 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 correct copies. 31 \$.00

32 2010 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. Subtract Line 27 from Line 34. 35 \$.00

36 Amount to be applied to your 2011 estimated tax. 36 \$.00

37 Contribution amount from Sched. U, Part II, Line 6. 37 \$.00

38 Penalty See instructions. 38 \$.00

39 Add Lines 36-38. 39 \$.00

40 Refund. Subtract Line 39 from Line 35. 40 \$.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 \$.00

42 Contribution amount from Sched. U, Part II, Line 7. 42 \$.00

43a Penalty \$.00

43b Interest \$.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 page 8

Direct Deposit. To have your refund deposited to your checking OR savings account, fill in oval and enter bank routing and account numbers. See page 5.

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, page 5.

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 Paid preparer's signature Date

Spouse's/domestic partner's signature if filing jointly or separately on same return Date Paid preparer's Federal ID, SSN or PTIN Paid preparer's phone number



OFFICIAL USE ONLY Vendor ID# 000G

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

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 SSN of qualifying non-dependent person Date of Birth of qualifying non-dependent person (MMDDYYYY)

Do not enter your information

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 47-56. If more than \$100,000, use Calculation I, page 20</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



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, 2010.

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

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



OFFICIAL USE ONLY

Vendor ID# 000G

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 17 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 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 37. 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.



Important: Print in CAPITAL letters using black ink.
Attach to Schedule U. File Schedules N and U with your D-40.

OFFICIAL USE ONLY
Vendor ID# 000G

First name of non-custodial parent	M.I.	Last name
[Grid for name entry]		
Address (number, street and apartment)		
[Grid for address entry]		
City	State	Zip Code + 4
[Grid for city, state, and zip code entry]		
Social Security Number	Date of birth (MMDDYYYY)	
[Grid for SSN and date of birth entry]		

Even if you are not eligible to claim the Federal Earned Income Credit you may be able to claim the DC Earned Income Tax Credit.

DC Non-Custodial Parent EITC Eligibility – Please complete this checklist to determine your eligibility to file Schedule N. You may claim the DC Non-Custodial Parent EITC only if you can answer “Yes” to the following questions.

- | | YES | NO |
|--|-----------------------|-----------------------|
| 1 Is your Federal Adjusted Gross Income for 2010 less than:
\$35,535 (\$40,545 if married or registered domestic partners filing jointly) <u>with one</u> qualifying child?
\$40,363 (\$45,373 if married or registered domestic partners filing jointly) <u>with two</u> qualifying children?
\$43,352 (\$48,362 if married or registered domestic partners filing jointly) <u>with three or more</u> qualifying children? | <input type="radio"/> | <input type="radio"/> |
| 2 Were you a DC resident taxpayer during the year? | <input type="radio"/> | <input type="radio"/> |
| 3 Were you between the ages of 18 and 30 as of December 31, 2010? | <input type="radio"/> | <input type="radio"/> |
| 4 Are you a parent of a minor child(ren) with whom you do not reside? | <input type="radio"/> | <input type="radio"/> |
| 5 Are you under a court order requiring you to make child support payments? | <input type="radio"/> | <input type="radio"/> |
| 6 Was the effective date of the child support payment order on or before 6/30/2010? | <input type="radio"/> | <input type="radio"/> |
| 7 Did you make child support payment(s) through a government sponsored support collection unit? | <input type="radio"/> | <input type="radio"/> |
| 8 Did you pay all of the court ordered child support due for 2010 by December 31, 2010? | <input type="radio"/> | <input type="radio"/> |

If you answered “Yes” to the above questions, you may claim the DC Non-Custodial Parent EITC. Fill out Schedule N and attach it, and Schedule U, to your D-40.



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	
--------------------	--

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 2010	\$	\$	\$

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.