



Important: Print in CAPITAL letters using black ink.

Personal information Fill in if: Filing an amended return. See instructions. OFFICIAL USE ONLY
Vendor ID#0002

Your telephone number

Your taxpayer identification number (TIN) **and** Date of Birth (MMDDYYYY) Spouse's/registered domestic partner's TIN **and** Date of Birth (MMDDYYYY)

Your first name M.I. Last name Fill in if Deceased

Spouse's/registered domestic partner's first name M.I. Last name Fill in if Deceased

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

City State Zip Code +4

Email Address

Filing status

1 Fill in only one: Single, Married filing jointly, Married filing separately, Dependent claimed by someone else

Married filing separately on same return Enter combined amounts for Lines 5-43. See instructions.

Registered domestic partners filing jointly filing separately on same return Enter combined amounts for Lines 5-43. See instructions.

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

Qualifying widow(er) with dependent child Enter qualifying dependent and/or non-dependent information on Schedule S.

2 Fill in if you are: Part-year resident in DC from to See instructions.
(MMDDYYYY) (MMDDYYYY)

3 Did you have qualifying health care coverage for all members of your shared responsibility family for the entire year? Yes No
If no, or if claiming an exemption, complete Schedule HSR (see instructions).

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

Income Information Round cents to nearest dollar. If amount is zero, leave line blank; if minus, enter amount and fill in oval.

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

Computation of DC Gross and Adjusted Gross Income

4 Federal adjusted gross income. From adjusted gross income lines on federal Forms 1040, 1040-SR, 1040-NR or 1040-NR-EZ. Fill in if loss 4 \$.00

Enter your last name.

Enter your TIN



Additions to DC Income

- 5 Franchise tax deducted on federal forms, *see instructions*. 5 \$.00
- 6 Other additions from DC Schedule I, Calculation A, Line 9. 6 \$.00
- 7 Add Lines 4, 5 and 6. Fill in if loss 7 \$.00

Subtractions from DC Income

- 8 Part year residents, enter income received during period of nonresidence, *see instructions*. 8 \$.00
- 9 Taxable refunds, credits or offsets of state and local income tax. 9 \$.00
- 10 Taxable amount of social security and tier 1 railroad retirement 10 \$.00
- 11 Income reported and taxed this year on a DC franchise or fiduciary return. 11 \$.00
- 12 DC and federal government survivor benefits, *see instructions*. 12 \$.00
- 13 Unemployment Insurance Benefits, *see instructions*. 13 \$.00
- 14 Other subtractions from DC Schedule I, Calculation B, Line 16. 14 \$.00
- 15 Total subtractions from DC income, Lines 8-14. 15 \$.00
- 16 DC adjusted gross income, Line 7 minus Line 15. Fill in if loss 16 \$.00

- 17 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.
- 18 DC deduction amount. 18 \$.00
- 19 DC taxable income. *Subtract Line 18 from Line 16.* Fill in if loss 19 \$.00

- 20 Tax. *If Line 19 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.* 20 \$.00
- 21 Credit for child and dependent care expenses \$.00 X .32
From federal Form 2441; if part-year DC resident, from Line 5, DC Form 2441 21 \$.00
- 22 Non-refundable credits from DC Schedule U, Part 1a, Line 7. *Attach Schedule U.* 22 \$.00
- 23 Total non-refundable credits. *Add Line 21 and Line 22.* 23 \$.00
- 24 Subtract Line 23 from Line 20. *If less than zero, enter zero.* 24 \$.00
- 25 DC Health Care Shared Responsibility *See instructions. If fully covered or fully exempt, enter zero.* 25 \$.00
- 26 Total tax and DC Health Care Shared Responsibility. *Add Line 24 and Line 25.* 26 \$.00
- 27 DC Earned Income Tax Credit Fill in if prior year (2019) earned income *See instructions.*
- 27a Enter the number of qualified EITC children. 27b Enter earned income amount 27b \$.00
- 27c For filers **with** qualifying children. Enter federal EIC \$.00 X .40 Enter result > 27d \$.00
- 27e For filers **without** qualifying children. *See instructions for special calculations.* Enter result > 27e \$.00
- 28 Property Tax Credit. *From your DC Schedule H; attach a copy.* 28 \$.00

Enter your last name.

Enter your TIN



DC tax, credit and payments

29	Refundable credits from DC Schedule U, Part 1b, Line 3. <i>Attach Schedule U.</i>	29	\$.00
30	Total refundable credits. <i>Add Line 27d or 27e through Line 29.</i>	30	\$.00
31	DC income tax withheld <i>shown on Forms W-2 and 1099. Attach these forms.</i>	31	\$.00
32	2021 estimated income tax payments and amount applied from 2020 return.	32	\$.00
33	Tax paid with Form FR-127 Extension of Time to File.	33	\$.00
34	If this is an amended 2021 return, enter payments made with original 2021 D-40 return.	34	\$.00
35	If this is an amended 2021 return, enter refunds requested with original 2021 D-40 return.	35	\$.00
36	Total payments and refundable credits. <i>Add Line 30 through Line 34. (Do not include Line 35).</i>	36	\$.00
37	Tax Due. <i>Subtract Line 36 from Line 26.</i>	37	\$.00
38	Amount overpaid. <i>Subtract Line 26 from Line 36.</i>	38	\$.00
39	Amount to be applied to your 2022 estimated tax.	39	\$.00
40	Underpayment Interest. Fill in the oval and attach Form D-2210. <input type="radio"/>	40	\$.00
41	Contribution amount from Schedule U, Part II, Line 5. <i>(Cannot exceed amount on Line 38)</i>	41	\$.00
42	Total Amount Due. <i>Add Lines 37, 40 and 41.</i>	42	\$.00
43	Net Refund. <i>Subtract total of Lines 39, 40 and 41 from Line 38.</i>	43	\$.00

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

44 Fill in if either spouse is claiming injured spouse protection. You **must** attach Form DC-8379.

Refund Options: For information on the tax refund card and program limitations, see instructions or visit our website MyTax.DC.gov.

Mark **one** refund choice: Direct deposit **or** Reliacard (See instructions) **or** 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

Fill in if you agree to receive your 1099-G Income Tax refund statement electronically (see instructions).

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse's/registered domestic partner's signature if filing jointly or separately on same return	Date	Preparer's Tax Identification Number (PTIN)	PTIN telephone number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>