Government of the
District of Columbia

2024 **D-40** SUB Individual
Income Tax Return

STAPLE OTHER REQUESTED DOCUMENTS IN UPPER LEFT

STAPLE W-2s AND ANY OTHER WITHHOLDING STATEMENTS HERE

Personal information

Mark X *if:* Filing an **Amended return.** *See instructions.*

Your telephone number
9 9 9 9 9 9 9 9 9 9

Your taxpayer identification number (TIN) **and** Date of Birth (MMDDYYYY)   Mark if Deceased
9 9 9 9 9 9 9 9 9   9 9 9 9 9 9 9 9   X

Spouse's/registered domestic partner's TIN **and** Date of Birth (MMDDYYYY)
9 9 9 9 9 9 9 9 9   9 9 9 9 9 9 9 9   X

Your first name   M.I.   Last name
XXXXXXXXXXXXXXXXX   X   XXXXXXXXXXXXXXXXXXXX

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

Home address(number, street and suite/apartment number (if applicable)
9 9 9 9 9 XXXXXXXXXXXXXXXXXXXXXXXXXX
9 9 9 9 9 XXXXXXXXXXXXXXXXXXXXXXXXXX

City   State   Zip Code + 4
XXXXXXXXXXXXXXXXXXXXXXXXX   XX   9 9 9 9 9 9 9 9 9

Email Address
9XXXX9XXXX9XXXX9XXXXXXXXXXXXXXXXXXXX

Filing Status

1 *Mark only one:* X Single,   X Married filing jointly,   X Married filing separately,   X Dependent claimed by someone else

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

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

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

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

2 *Mark if you are:* X Part-year resident in DC *from* 9 9 9 9 9 9 9 9 *to* 9 9 9 9 9 9 9 9 *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* X *No* X
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 if blank; minus, enter amount and fill in oval.

a Wages, salaries, unemployment compensation and/or tips, *see instructions.*   a 9 9 9 9 9 9 9 9 9 .00
b Business income or loss, *see instructions.*   Mark if loss X   b 9 9 9 9 9 9 9 9 9 .00
c Capital gain or loss.   Mark if loss X   c 9 9 9 9 9 9 9 9 9 .00
d Rental real estate, royalties, partnerships, etc.   Mark if loss X   d 9 9 9 9 9 9 9 9 9 .00

Computation of DC Gross and Adjusted Gross Income

4 Federal adjusted gross income. From adjusted gross income lines on federal   Mark if loss X   4 9 9 9 9 9 9 9 9 9 .00
Forms 1040, 1040-SR, 1040-NR or 1040-NR-EZ.

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Enter your last name XXXXXXXXXXXXXXXXXXXXX

Enter your TIN 999999999

24 04 04 S 2 0 0 0 1

Additions to DC Income

5 Franchise tax deducted on federal forms, *see instructions.*   5   999999999.00

6 Other additions from DC Schedule I, Calculation A, Line 9.   6   999999999.00

7 Add Lines 4, 5 and 6.   Mark if loss   X   7   999999999.00

Subtractions from DC Income

8 Part year residents, enter income received during period of nonresidence, *see instructions.*   8   999999999.00

9 Taxable refunds, credits or offsets of state and local income tax.   9   999999999.00

10 Taxable amount of social security and tier 1 railroad retirement.   10   999999999.00

11 Income reported and taxed this year on a DC franchise or fiduciary return.   11   999999999.00

12 DC and federal government survivor benefits, *see instructions.*   12   999999999.00

13 Unemployment Insurance Benefits, *see instructions.*   13   999999999.00

14 Other subtractions from DC Schedule I, Calculation B, Line 16.   14   999999999.00

15 Total subtractions from DC income, Lines 8-14.   15   999999999.00

16 DC adjusted gross income, *Line 7 minus Line 15.*   Mark if loss   X   16   999999999.00

17 Deduction type.   *Take the same type as you took on your federal return. Fill in which type*   Standard   X   or Itemized   X

See instructions for amount to enter on Line 17.

18 DC deduction amount.   18   999999999.00

19 DC taxable income. Subtract Line 18 from Line 16.   Mark if loss   X   19   999999999.00

20 Tax. *If Line 19 is $100,000 or less, use tax tables to find the tax, if more, use Calculation I in instructions.*   20   999999999.00

   Fill in   X   if filing separately on same return. *Complete Calculation J on Schedule S.*

21 Credit for child and dependent care expenses   9999.00 X .32   21   999999999.00

From federal Form 2441; if part-year DC resident, from Line 5, DC Form 2441

22 Non-refundable credits from DC Schedule U, Part 1a, Line 7. *Attach Schedule U.*   22   999999999.00

23 Total non-refundable credits. *Add Line 21 and Line 22.*   23   999999999.00

24 Subtract Line 23 from Line 20. *If less than zero, enter zero.*   24   999999999.00

25 DC Health Care Shared Responsibility. *See instructions. If fully covered or fully exempt, enter zero.*   25   999999999.00

26 Total tax and DC Health Care Shared Responsibility. *Add Line 24 and Line 25.*   26   999999999.00

27 DC Earned Income Tax Credit * Do you choose to receive your DC EITC refund in 12 monthly payments instead of one total payment?   X   If so, see instructions for eligibility.

27a Enter the number of qualified EITC children.   99   27b Enter earned income amount   27b   999999999.00

27c For filers **with** qualifying children.   Enter calculated   > 9999.00   X .70   Enter result >   27d   999999999.00
federal EIC amount

27e For filers **without** qualifying children. *See instructions for special calculations.*   Enter result >   27e   999999999.00

28 Property Tax Credit. *From your DC Schedule H; attach a copy.*   28   999999999.00

* Caution: Choosing to receive this credit in monthly payments may cause you to lose your Supplemental Nutrition Assistance Program (SNAP) or other federal benefits (For more information about SNAP, contact the Department of Human Services at (202) 807-0405 or dhs@dc.gov.) Taxpayers receiving DC EITC amounts of $1,200 or more may choose to receive the DC EITC portion of their refund in 12 equal monthly payments instead of one total payment. If you choose to receive monthly DC EITC payments, OTR will calculate the distribution of your net refund amount for you. Your initial payment will be different from the Line 43 Net Refund amount.

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Enter your last name XXXXXXXXXXXXXXXXXXXX

Enter your TIN 999999999

2 4 0 4 0 4 S 3 0 0 0 1

29	Refundable credits from DC Schedule U, Part 1b, Line 3. *Attach Schedule U.*	29	999999999.00
30	Total refundable credits. *Add line 27d or 27e through Line 29.*	30	999999999.00
31	DC income tax withheld *shown on Forms W-2 and 1099. Attach these forms.*	31	999999999.00
32	2024 estimated income tax payments and amount applied from 2023 return.	32	999999999.00
33	Tax paid with FR-127 Extension of Time to File.	33	999999999.00
34	If this is an amended 2024 return, enter payments made with original 2024 D-40 return.	34	999999999.00
35	If this is an amended 2024 return, enter refunds requested with original 2024 D-40 return.	35	999999999.00
36	Total payments and refundable credits. *Add Line 30 through Line 34. (Do not incude Line 35).*	36	999999999.00
37	Tax Due. *Subtract Line 36 From Line 26.*	37	999999999.00
38	Amount Overpaid. *Subtract Line 26 from Line 36.*	38	999999999.00
39	Amount to be applied to your 2025 estimated tax.	39	999999999.00
40	Underpayment Interest. **Fill in the oval and attach form D-2210.** X	40	999999999.00
41	Contribution amount from Schedule U, Part II, Line 5. (Cannot exceed amount on Line 38)	41	999999999.00
42	Total Amount Due. Add Lines 37, 40 and 41.	42	999999999.00
43	Net Refund. * *Subtract total of Lines 39, 40 and 41 from Line 38.*	43	999999999.00

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

44 Fill in X if either spouse is claiming injured spouse allocation. 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: X Direct deposit or X Reliacard (See instructions) or X Paper check

Direct deposit. *To have your refund deposited to your* X ***Checking*** or X ***Savings*** *account, fill in and enter bank routing and account numbers. See instructions.*

Routing Number 999999999   Account Number 99999999999999999

Fill in X 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, mark here* X *and enter the name and phone number of that person*

Designee's Name XXXXXXXXXXXXXXXXXXXX   Phone number 9999999999

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
	99999999		99999999
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
	99999999	999999999	9999999999

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