Government of the District of Columbia

2017 D-40 Individual Income Tax Return

2D_TEST 5

Print Form

Clear Form

This is a FILL-IN format. Please **do not handwrite** any data on this form other than your signature.

STAPLE W-2s AND ANY OTHER WITHHOLDING STATEMENTS HERE — STAPLE OTHER DOCUMENTS IN UPPER LEFT IN BACK

Personal information

Your telephone number 2022475555

Fill in ◯ *if:* Filing an **amended return**. *See instructions.*

Fill in ◯ *if:* Filing for a deceased taxpayer *See instructions.*

OFFICIAL USE ONLY Vendor ID#0000

Your taxpayer identification number (TIN)	***and*** Date of Birth (MMDDYYYY)	Spouse's/registered domestic partner's TIN	***and*** Date of Birth (MMDDYYYY)
400007385	05251971		

Your fi rst name	M.I.	Last name
SARAH	L	THATCHER

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

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

127 CORBIN AVE

APT 309

City	State	Zip Code +4
WASHINGTON	DC	20058

Filing status

1 *Fill in only one:*

- ● Single,
- ◯ Married filing jointly,
- ◯ Married filing separately,
- ◯ Dependent claimed by someone else
- ◯ Married fi ling separately on same return *Enter combined amounts for Lines 4–42. See instructions.*
- ◯ Registered domestic partners filingjointly or ◯ fi ling separately on same return
- ◯ Head of household *Enter qualifying dependent and/or non-dependent information on Schedule S.*
- ◯ Qualifying widow(er) with dependent child *Enter qualifying dependent information on Schedule S.*

2 *Fill in if you are:* ◯ Part-year resident in DC from (MMDD) to (MMDD) *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,		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. From adjusted gross income lines on federal Forms 1040, 1040A, 1040EZ, 1040NR, or 1040NR-EZ	**Fill in if loss** ◯	3	$ 5000 .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	$ 5000 .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 From federal Forms 1040 or 1040A.		9	$ .00
10	Income reported and taxed this year on a DC franchise or fiduciary return.		10	$ .00
11	DC and federal government survivor benefits, *see instructions.*		11	$ .00
12	Other subtractions from DC Schedule I, Calculation B, Line 16.		12	$ .00
13	Total subtractions from DC income, *Lines 7-12.*		13	$ .00
14	DC adjusted gross income, *Line 6 minus Line 13.*	**Fill in if loss** ◯	14	$ 5000 .00

Enter your last name THATCHER

Enter your TIN 400007385

15 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 16.*

16 DC deduction amount. *Do not copy from federal return. For amount to enter, see instructions.* 16 $ 5200 .00

17 Number of exemptions. *If more than 1, or if you or your spouse/registered domestic partner are over 65 or blind, attach a completed Calculation G, Schedule S.* 17 1

18 Exemption amount. *Multiply $1,775 by number on Line 18. Part-year DC residents see instructions on page 25. If federal AGI is greater than $150,000, see instructions on page 27.* 18 $ 1775 .00

19 Add Lines 16 and 18. 19 $ 6975 .00

20 DC taxable income. *Subtract Line 19 from Line 14. Enter result.* Fill in if loss ● 20 $ 1975 .00

DC tax, credits and payments

21 Tax. *If Line 20 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.* 21 $ .00

22 Credit for child and dependent care expenses. $ .00 X .32 Enter result > 22 $ .00
From federal form 2441; if part-year DC resident, from Line 5, DC Form 2441

23 Non-refundable credits from DC Schedule U, Part 1a, Line 8. *Attach Schedule U.* 23 $ .00

24 DC Low Income Credit. *Use Calc. LIC/EITC to see if LIC **or** EITC is a greater benefit. See instructions.* 24 $ .00

24a Enter the number of exemptions claimed on your federal return if claiming LIC. 24a

25 Total non-refundable credits. *Add Lines 22, 23 and 24.* 25 $ .00

26 Total Tax. *Subtract Line 25 from Line 21. If Line 21 is less than Line 25 leave Line 26 blank.* 26 $ .00

27 DC Earned Income Tax Credit. *Leave blank if you took Line 24 DC Low Income Credit (LIC).*

27a Enter the number of qualified EITC children. 27b Enter earned income amount. 27b $ 5000 .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 $ 383 .00

28 Property Tax Credit. *From your DC Schedule H; attach a copy.* 28 $ .00

29 Refundable credits from DC Schedule U, Part 1b, Line 3. *Attach Schedule U.* 29 $ .00

30 DC income tax withheld *shown on Forms W-2 and 1099. Attach these forms.* 30 $ .00

31 2017 estimated income tax payments and amount applied from 2016 return. 31 $ .00

32 Tax paid with extension of time to file. 32 $ .00

33 Tax paid with original return if this is an amended return. 33 $ .00

34 Total payments and refundable credits. *Add Lines 27d or 27e and 28 - 32.* 34 $ 383 .00

35 Tax Due. *Subtract Line 34 from Line 26.* 35 $ .00

36 Amount overpaid. *Subtract Line 26 from Line 34.* 36 $ 383 .00

37 Amount applied to your 2018 estimated tax. 37 $ .00

38 Underpayment Interest. **Fill in the oval if Form D-2210 is attached.** ○ 38 $ .00

39 Contribution amount from Schedule U, Part II, Line 5 or 6. (Can not exceed refund amount on Line 41) 39 $ .00

40 Total Amount Due. *Add Lines 35, 38 and 39.* 40 $ .00

41 Net Refund. *Subtract total of Lines 37, 38 and 39 from Line 36.* 41 $ 383 .00

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

42 Fill in ● if either spouse is claiming injured spouse protection.

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 ○ Reliacard ○ 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.*

Routing Number 052000113 Account Number 78543200569

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
	04152018		04152018

Spouse's/domestic partner's signature if filing jointly or separately on same return	Date	Preparer's Tax Identification Number (PTIN)	PTIN telephone number
		P76598432	2024421212