Print Form Clear Form

Government of the District of Columbia

2018 D-40 Individual Income Tax Return

2D BARCODE TEST #3

STAPLE OTHER DOCUMENTS IN UPPER LEFT IN BACK

Personal information

Your telephone number: 2029245555

Fill in ( ) if: Filing an **amended return**. 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)
400007318	10051970	12191971	

Your first name: STANLEY

Fill in if Deceased

Last name: HUNTER

Spouse's/registered domestic partner's first name: JANICE S HUNTER

Home address (number, street and suite/apartment number if applicable): 9851 BIRCHFIELD DRIVE

City	State	Zip Code	+4
BETHESDA	MD	20816	1505

STAPLE W-2s AND ANY OTHER WITHHOLDING STATEMENTS HERE

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.*
- ( ) 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* (MMDDYYYY) _____ to _____ *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 $ 175000 .00
b	Business income or loss, *see instructions.*	Fill in if loss (●)	b $ 16000 .00
c	Capital gain (or loss).	Fill in if loss ( )	c $ 29000 .00
d	Rental real estate, royalties, partnerships, etc.	Fill in if loss ( )	d $ 8500 .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, or 1040NR	Fill in if loss ( )	3 $ 196500 .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 $ 196500 .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		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 $
14	DC adjusted gross income, Line 6 minus Line 13.	Fill in if loss ( )	14 $ 196500 .00

Enter your last name. HUNTER

Enter your TIN 400007318

DC tax, credit and payments

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	24000 00
17	**DC taxable income.** *Subtract Line 16 from Line 14* Fill in if loss ○	17	172500 00
18	Tax. *If Line 17 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.*	18	13063 00
19	Credit for child and dependent care expenses $ .00 X .32 Enter result > *From federal Form 2441; if part-year DC resident, from Line 5, DC Form 2441*	19	00
20	Non-refundable credits from DC Schedule U, Part 1a, Line 7. *Attach Schedule U.*	20	00
21	Total non-refundable credits. *Add Line 19 and Line 20.*	21	00
22	Total tax. *Subtract Line 21 from Line 18. If Line 18 is less than Line 21 leave Line 22 blank.*	22	13063 00
23	DC Earned Income Tax Credit	23	00
23a	Enter the number of qualified EITC children. 23b Enter earned income amount	23b	00
23c	For filers **with** qualifying children. Enter federal EIC $ .00 X .40 Enter result >	23d	00
23e	For filers **without** qualifying children. *See instructions for special calculations.* Enter result >	23e	00
24	Property Tax Credit. *From your DC Schedule H; attach a copy.*	24	00
25	Refundable credits from DC Schedule U, Part 1b, Line 3. *Attach Schedule U.*	25	00
26	DC income tax withheld *shown on Forms W-2 and 1099. Attach these forms.*	26	24308 00
27	2018 estimated income tax payments and amount applied from 2017 return.	27	00
28	Tax paid with Form FR-127 Extension of Time to File.	28	00
29	If this is an amended 2018 return, enter payments made with original 2018 D-40 return.	29	00
30	If this is an amended 2018 return, enter refunds requested with original 2018 D-40 return.	30	00
31	Total payments and refundable credits. *Add Line 23d or 23e through Line 29. (Do not include Line 30).*	31	24308 00
32	Tax Due. *Subtract Line 31 from Line 22.*	32	00
33	Amount to be overpaid. *Subtract Line 22 from Line 31.*	33	11245 00
34	Amount applied to your 2019 estimated tax.	34	00
35	Underpayment Interest. **Fill in the oval and attach Form D-2210.** ○	35	00
36	Contribution amount from Schedule U, Part II, Line 5 or 6. (Cannot exceed refund amount on Line 38)	36	00
37	Total Amount Due. *Add Lines 32, 35 and 36.*	37	00
38	Net Refund. *Subtract total of Lines 34, 35 and 36 from Line 33.*	38	11245 00
	Will this refund go to an account outside the U.S.? *Yes* ○ *No* ● *See instructions.*		
39	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*** ○ eliacard (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 052331020 Account Number 98742589126

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 BURTON AVON Phone number 2025551212

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/registered domestic partner's signature if filing jointly or separately on same return	Date	Preparer's Tax Identification Number (PTIN)	PTIN telephone number
		321555474	2024423099