

2020 D-40 SUB Individual Income Tax Return



SOFTWARE DEVELOPER USE ONLY VENDOR ID # 9999

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

Your telephone number

9999999999

Mark if Deceased

Your taxpayer identification number (TIN) and Date of Birth (MMDDYYYY)

999999999 99999999

X

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

999999999 99999999

X

Your first name M.I. Last name

XXXXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXX

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

XXXXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXXXXXX

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

9999XXXXXXXXXXXXXXXXXXXXXXXXXXXX

9999XXXXXXXXXXXXXXXXXXXXXXXXXXXX

City State Zip Code + 4

XXXXXXXXXXXXXXXXXXXXXXXXXXXX XX 999999999

Email Address

9XXX9XXX9XXX9XXXXXXXXXXXXXXXXXX

Filing Status

- 1 Mark only one: X Single, X Married filing jointly, X Married filingseparately, X Dependent claimed by someone else
X Married filing separately on same return Enter combined amounts for Lines 5-41. See instructions.
X Registered domestic partners filing jointly or X filing separately on the same return. Enter combined amounts for Lines 5-41. 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 99999999 to 99999999 See instructions. (MMDDYYYY) (MMDDYYYY)
3 Fill in ONLY if Full-year health care coverage or exempt, see instructions X

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 999999999.00
b Business income or loss, see instructions. Mark if loss X b 999999999.00
c Capital gain or loss. Mark if loss X c 999999999.00
d Rental real estate, royalties, partnerships, etc. Mark if loss X d 999999999.00

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. Mark if loss X 4 999999999.00

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Enter your last name XXXXXXXXXXXXXXXXXXXX

Enter your TIN 999999999



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

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 Other subtractions from DC Schedule I, Calculation B, Line 16. 13 999999999.00

14 Total subtractions from DC income, Lines 8-13. 14 999999999.00

15 DC adjusted gross income, Line 7 minus Line 14. Mark if loss X 15 999999999.00

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

17 DC Deduction amount 17 999999999.00

18 DC taxable income. Subtract Line 17 from Line 15. Mark if loss X 18 999999999.00

19 Tax. If Line 18 is \$100,000 or less, use tax tables to find the tax, if more, use Calculation I in instructions. 19 999999999.00

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

20 Credit for child and dependent care expenses 9999.00 X .32 20 999999999.00

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

21 Non-refundable credits from DC Schedule U, Part 1a, Line 7. Attach Schedule U. 21 999999999.00

22 Total non-refundable credits. Add Line 20 and Line 21. 22 999999999.00

23 Subtract Line 22 from Line 19. If less than zero, enter zero. 23 999999999.00

24 DC Health Care Shared Responsibility See instructions. If fully covered or fully exempt, enter zero. 24 999999999.00

25 Total Tax. Add Line 23 and Line 24. 25 999999999.00

26 DC Earned Income Tax Credit

26a Enter the number of qualified EITC children. 99 26b Enter earned income amount 26b 999999999.00

26c For filers with qualifying children. Enter federal EIC 9999.00 X .40 Enter result. 26d 999999999.00

26e For filers without qualifying children. See instructions for special calculations. Enter result. 26e 999999999.00

27 Property Tax Credit. From your DC Schedule H; attach a copy. 27 999999999.00

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Enter your last name XXXXXXXXXXXXXXXXXXXX
Enter your TIN 999999999



- 28 Refundable credits from DC Schedule U, Part 1b, Line 3. Attach Schedule U. 28 999999999.00
29 DC income tax withheld shown on Forms W-2 and 1099. Attach these forms. 29 999999999.00
30 2020 estimated income tax payments and amount applied from 2019 return. 30 999999999.00
31 Tax paid with Form FR-127 Extension of Time to File. 31 999999999.00
32 If this is an amended 2020 return, enter payments made with original 2020 D-40 return. 32 999999999.00
33 If this is an amended 2020 return, enter refunds requested with original 2020 D-40 return. 33 999999999.00
34 Total payments and refundable credits. Add Line 26d or 26e through Line 32. (Do not include Line 33). 34 999999999.00
35 Tax Due. Subtract Line 34 from Line 25. 35 999999999.00
36 Amount overpaid. Subtract Line 25 from Line 34. 36 999999999.00
37 Amount to be applied to your 2021 estimated tax. 37 999999999.00
38 Underpayment Interest. Fill in X and attach Form D-2210. 38 999999999.00
39 Contribution amount from Schedule U, Part II, Line 5. (Cannot exceed amount on Line 36) 39 999999999.00
40 Total Amount Due. Add Lines 35, 38 and 39. 40 999999999.00
41 Net Refund. Subtract total of Lines 37, 38 and 39 from Line 36. 41 999999999.00
Will this refund go to an account outside the U.S.? Yes X No X See instructions.
42 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 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 999999999999999999

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 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
Spouse's/registered domestic partner's signature if filing jointly Date Preparer's Tax Identification Number (PTIN) PTIN telephone number
999999999 9999999999