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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
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 *

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

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

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

* If you or your spouse do not possess a valid SSN but are otherwise eligible for the federal earned income credit and are filing your DC return using an ITIN, you may claim the DC earned income credit by calculating the federal earned income credit disregarding the SSN requirement. For information on how to calculate the amount of the federal earned income credit, go to www.irs.gov/pub/irs-pdf/p596.pdf.

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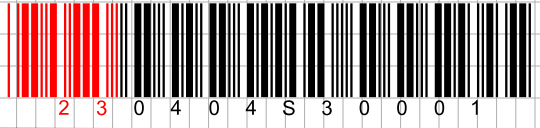


Table with 2 columns: Line number and Amount. Rows include Refundable credits from DC Schedule U, Total refundable credits, DC income tax withheld, 2023 estimated income tax payments, Tax paid with FR-127 Extension, etc.

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 9999999999999999

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 999999999

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 99999999 Preparer's signature Date 99999999
Spouse's/registered domestic partner's signature if filing jointly or separately on same return Date 99999999 Preparer's Tax Identification Number (PTIN) 99999999 PTIN telephone number 99999999

* Pursuant to the "Earned Income Tax Credit as Basic Income Amendment Act of 2021", for tax year 2022, eligible EITC taxpayers with qualified children may have a portion of their EITC paid in 11 monthly payments.
Eligible DC EITC part-year taxpayers with qualifying children, eligible DC EITC taxpayers without a qualifying child, and Schedule N DC Non-Custodial Parent EITC claimants will NOT have a portion of their EITC paid in monthly payments.
If you have selected the ReliaCard as your refund choice and are eligible to receive monthly EITC refund payments, please retain your U.S. Bank ReliaCard. Monthly payments will be reloaded onto the initial card that you received containing your initial lump sum refund payment.
All DC EITC credits are immediately subject to the offset provisions of DC Code § 47-4431.