



Government of the District of Columbia
Office of the Chief Financial Officer
Office of Tax and Revenue



2013 DC-1436

**District of Columbia MeF
Test Package for Individual
Income Tax Return for
TY2013 Part Ia**

November 2013

1 single		400-00-7300	Parent, Non Custodial			
Sch N						
Sch U EITC						
refund by direct deposit						
2 JNT		400-00-7301	Jointfiler, Husband	400-00-7302	Jointfiler, Wife	
Sch U contribution						
Sch S calc G						
refund by refund card						
3 MFS		400-00-7303	Separate, Husband	400-00-7304	Separate, Wife	
Sch I						
Refund applied to next year						
4 MFS (secondary SSN from 3)		400-00-7304	Separate, Wife	400-00-7303	Separate, Husband	
Sch H						
refund						
5 deceased - no oval completed		400-00-7305	Deceased, Taxpayer			
Dependent claimed by someone else						
FR147 attached						
refund by paper						
6 HOH		400-00-7306	Nondependent, Parent			
Sch S						
Sch I						
D2210 attached						
Balance Due no pymt						
7 MFS on the same return		sch S calc J	400-00-7307	Partyear, Primary	400-00-7308	Partyear, Spouse
part year						
Sch U contribution						
refund by refund card						
8 HOH		400-00-7309	Singleparent, Head			
sch S						
childcare credit (line 23)						
EITC						
refund by card						
9 single		400-00-7310	Income, Low			
LLC						
even return						
10 MFS on the same return		Sch S calc I	400-00-7311	Balance Due, Filer	400-00-7312	Balance Due, Spouse
Sch U contribution		Sch U				
Bal Due with payment						

PTIN									
11 HOH 2012									
EITC			400-00-7313	Sitter, Baby					
Sch S									
refund applied to next year									
PTIN									
12 MFS on the same return 2012									
Sch S			400-00-7314	Year, Prior		400-00-7315	Year, spouse		
13 FR-127 w/pymt									
with payment			400-00-7316	Withpayment, Extension					
14 FR-127 zero									
no payment			400-00-7317	Nopayment, extension					
15 D-40ES 2014									
with payment			400-00-7318	Taxpayer, Estimated					

2013 D-40 Individual Income Tax Return

1

Print in CAPITAL letters using black ink. Leave lines blank that do not apply.

STAPLE OTHER DOCUMENTS IN UPPER LEFT IN BACK

Personal Information *Fill in if Filing an amended return. See instructions.*
 Your telephone number (202) 111-1111 *Fill in if Filing for a deceased taxpayer. See instructions.*

Your social security number (SSN) and DOB (MMDDYYYY) 400007300 01011990 Spouse's/registered domestic partner's SSN and DOB (MMDDYYYY)

Your first name M/L Last name NON CUSTODIAL PARENT
 Spouse's/registered domestic partner's first name M/L Last name

Home address (number, street, and apartment number, if applicable)
 ONE MASS AVE NW

City State Zip Code + 4 2
 WASHINGTON DC 20001

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.

2 *Fill in if you are.* Part-year resident in DC from (month) to (month); number of months in DC. See instructions.

• Complete your federal return first - Enter your dependents' information on DC Schedule S •
 Round cents to nearest dollar. If zero, leave the line blank.

Income Information

a Wages, salaries, unemployment compensation and/or tips. *see instructions.* a 35000 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: 1040, Line 37; 1040A, Line 21; 1040EZ, Line 4; 1040NR, Line 36, plus Sch. NEC, Line 13; 1040NR-EZ, Line 10. Fill in if loss. 3 30000 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 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 forms 1040, Line 20b, or 1040A, Line 14b. 9 00
 10 Income reported and taxed this year on a DC franchise or fiduciary return. 10 00
 11 DC and federal government pension and annuity limited exclusion. *see instructions.* 11 00
 Fill in if you are 62 or older if your spouse/domestic partner is 62 or older.
 12 DC and federal government survivor benefits. *see instructions.* 12 00
 13 Other subtractions from DC Schedule I, Calculation B, Line 16. 13 00
 14 Total subtractions from DC income. Lines 7-13. 14 00
 15 DC adjusted gross income. Line 6 minus Line 14. Fill in if loss. 15 30000 00

Enter your last name. PARENT

Enter your SSN. 400007300

16 Deduction type: Standard or Itemized. See instructions for amount to enter on Line 17.

17 DC deduction amount: Do not copy from federal return. For amount to enter, see instructions. 17 4100 00

18 Number of exemptions: If more than 1 (more than 2 if filing jointly) or if you or your spouse/domestic partner are over 65 or blind, attach a completed Calculation G, Schedule S. 18 1

19 Exemption amount: Multiply \$1,675 by number on line 18. Part-year DC residents see Calculation E; see instructions. 19 1675 00

20 Add Lines 17 and 19. 20 5775 00

21 DC taxable income: Subtract Line 20 from Line 15. Enter result. Fill in if loss. 21 24225 00

DC tax credits and payments

22 Tax: If Line 21 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. 22 1254 00

23 Credit for child and dependent care expenses: 00 X 32 Enter result > 23 00 00

24 Non-refundable credits from DC Schedule U, Part Ia, Line 6. Attach Schedule U. 24 00 00

25 DC Low Income Credit: Use Calc. LIC/EIC to see if LIC or EIC is a greater benefit. See instructions. 25 00 00

25a Enter the number of exemptions claimed on your federal return. 25a 00

26 Total non-refundable credits: Add Lines 23, 24, and 25. 26 00 00

27 Total tax: Subtract Line 26 from Line 22. If Line 22 is less than Line 26, leave Line 27 blank. 27 1254 00

28 DC Earned Income Tax Credit: Enter your federal EIC. 00 X 40 Enter result > 28 502 00

28a Enter the number of qualified EITC children. 28a 1

29 Property Tax Credit: From your DC Schedule H; attach a copy. 29 00 00

30 Refundable credits from DC Schedule U, Part Ib, Line 4. Attach Schedule U. 30 00 00

31 DC income tax withheld: shown on Forms W-2 and 1099; Attach these forms. 31 500 00

32 2013 estimated income tax payments. 32 500 00

33 Tax paid with extension of time to file or with original return if this is an amended return. 33 200 00

34 Total payments and refundable credits: Add Lines 28-29-33. 34 1702 00

Refund - Complete if Line 34 is more than Line 27. Amount owed - Complete if Line 34 is equal to or less than Line 27.

35 Amount you overpaid: Subtract Line 27 from Line 34. 35 448 00

36 Amount to be applied to your 2014 estimated tax: Fill in the oval if Form D-2210 is attached. 36 00 00

37 Penalty: See instructions. 37 00 00

38 Refund: Subtract sum of Lines 36 and 37 from Line 35. 38 00 00

39 Contribution amount: From Sched. U, Part II, Line 5. Can not exceed refund amt. on Line 38. Put additional amt. on Line 42. 39 400 00

40 Net refund: Subtract Line 39 from Line 38. 40 48 00

41 Tax due: Subtract Line 34 from Line 27. 41 00 00

42 Contribution amount: From Sched. U, Part II, Line 7. Fill in the oval if Form D-2210 is attached. 42 00 00

43a Penalty: 43a 00 00

43b Interest: 43b 00 00

43 Enter total P&J: 43 00 00

44 Total amount due: Add Lines 41-43. 44 00 00

Will the refund you requested go to an account outside the U.S.? Yes No See instructions.

Refund Options: For information on the tax refund card and program limitations, see instructions or visit our website otr.dor.gov/refundrepaidcards.

Mark one refund choice: Direct deposit Tax refund card 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: 054000030 Account Number: 5515105000

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: _____

Spouse/domestic partner's signature, if filing jointly or separately on same return: _____ Date: _____ Preparer's tax identification number (PTIN): _____ PTIN/telephone number: _____

SCHEDULE U Additional Miscellaneous Credits and Contributions

Important: Print in CAPITAL letters using black ink. Attach to D-40.
NOTE: Contribution(s) will either decrease a refund or increase the tax owed by the amount of the contribution(s).

OFFICIAL USE ONLY
 Vendor ID#

Enter your last name

PARENT

Social Security Number

400007300

Part I Credits

a. Nonrefundable Credits

1. DC Government Employee first-time DC homebuyer credit. *see page 17. Dependents cannot claim this credit.*

1

00

2. Enter state income tax credit. *List additional states on a separate sheet, attach it to this Schedule. (Enter total of all state tax credits on Line 3 below.)*

State (a) 00 (b) 00

State (c) 00 (d) 00

3. Total of Line 2 state tax credits and any additional tax credits from the attachments

Enter amount

3

00

4

4

00

5

5

00

5

6. Total your nonrefundable credits; enter here and on Form D-40, Line 24

6

00

b. Refundable Credits

1. DC Non-custodial parent EITC (see Schedule N)

1

502

00

2

2

00

3

3

00

4. Total your refundable credits; enter here and on Form D-40, Line 30

4

00

Part II Contributions (The minimum contribution is \$1.00)

1. DC Statehood Delegation Fund

1

200

00

2. Public Fund for Drug Prevention and Childrent at Risk

2

100

00

3. Anacostia River Cleanup and Protection Fund

3

100

00

4

4

00

5

5

00

6. If due a refund, total your contribution(s); enter here and on Form D-40, Line 39

6

00

7. If you owe tax, total your contribution(s); enter here and on Form D-40, Line 42

7

00

If you are not due a refund and do not owe additional tax, total your contribution(s) and enter on Form D-40, Line 42

If you owe tax, make the payment plus any contribution(s) payable to the DC Treasurer and mail it with your return. Attach this schedule to your D-40 Return.

2013 SCHEDULE N DC Non-Custodial Parent EITC Claim

Important: Print in CAPITAL letters using black ink.
Attach to Schedule U. File Schedules N and U with your D-40.

OFFICIAL USE ONLY
Vendor ID#

First name of non-custodial parent: **Non Custodial** M.I.: **Parent** Last name: **Parent**

Address (number, street and apartment): **One Mass Ave NW**

City: **Washington** State: **DC** Zip Code (+4): **20001**

Social Security Number: **400007300** Date of birth (MMDDYY): **01011990**

Even if you are not eligible to claim the Federal Earned Income Credit, you may be able to claim the DC Earned Income Tax Credit.
DC Non-Custodial Parent EITC Eligibility - Please complete this checklist to determine your eligibility to file Schedule N.
You may claim the DC Non-Custodial Parent EITC only if you can answer "Yes" to the following questions.

	YES	NO
1. Is your Federal Adjusted Gross Income for 2013 less than: \$37,870 (\$43,210 married filing jointly) with one qualifying child \$43,038 (\$48,378 married filing jointly) with two qualifying children \$46,227 (\$51,567 married filing jointly) with three or more qualifying children?	<input checked="" type="radio"/>	<input type="radio"/>
2. Were you a DC resident taxpayer during the year?	<input checked="" type="radio"/>	<input type="radio"/>
3. Were you between the ages of 18 and 30 as of December 31, 2013?	<input checked="" type="radio"/>	<input type="radio"/>
4. Are you a parent of a minor child(ren) with whom you do not reside?	<input checked="" type="radio"/>	<input type="radio"/>
5. Are you under a court order requiring you to make child support payments?	<input checked="" type="radio"/>	<input type="radio"/>
6. Was the effective date of the child support payment order on or before 6/30/2013?	<input checked="" type="radio"/>	<input type="radio"/>
7. Did you make child support payment(s) through a government sponsored support collection unit?	<input checked="" type="radio"/>	<input type="radio"/>
8. Did you pay all of the court ordered child support due for 2013 by December 31, 2013?	<input checked="" type="radio"/>	<input type="radio"/>

If you answered "Yes" to the above questions, you may claim the DC Non-Custodial Parent EITC.
Complete Schedule N and attach it, and Schedule U, to your D-40.

Qualifying Child Information

1. Child's name #1	First Name Child	M.I.	Last Name Parent
Child's name #2			
Child's name #3			

If you have more than three qualifying children, you only need to list three to get the maximum credit.

2. Child's SSN	#1 400007395	#2	#3
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3. Child's date of birth	#1 09152010	#2	#3
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4. Custodian's name	First Name Mother	M.I.	Last Name Custodial
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5. Custodian's address	Number, street and apartment number Two Mass Ave NW		
	City Washington	State DC	Zip Code + 4 20001

6. Custodian's SSN	400-00-7394
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7. Location of the court that ordered support payments for	#1 DC	#2	#3
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8. Case or Docket number for	9. Name of government agency to which you make payments for
#1 10000000	#1 OFT
#2	#2
#3	#3

10. Address of the government agency for	#1 441 4th St	#2	#3
--	------------------	----	----

11. Amount of court-ordered payment	#1 \$ 350.00 per month	#2 \$.00 per month	#3 \$.00 per month
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12. Date payments were ordered to start	#1 (MMDDYYYY) 10012010	#2 (MMDDYYYY)	#3 (MMDDYYYY)
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13. Total payments made during 2013	\$ 4200.00	\$.00	\$.00
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14. Computation: Using the amount on Line 3 of Form D-40, find the correct Earned Income Credit (EIC) amount from the EIC table in the Federal 1040 tax return booklet. Multiply that amount by .40 to determine the DC Non-Custodial Parent EITC amount to claim on Schedule U Part 1b, Line 1. If you are a part-year filer/part-year resident, instructions in the D-40 booklet on prorating the credit to be claimed.

2013 D-40 Individual Income Tax Return

2

Print in CAPITAL letters using black ink. Leave lines blank that do not apply.

STAPLE OTHER DOCUMENTS IN UPPER LEFT IN BACK

Personal information

Your telephone number: _____
 Your social security number (SSN): **400007301** and DOB (MMDDYYYY): **11281955**
 Spouse's/registered domestic partner's SSN: **400007302** and DOB (MMDDYYYY): **01201962**

Your first name: **HUSBAND** M.I.: _____ Last name: **JOINTFILER**
 Spouse's/registered domestic partner's first name: **WIFE** M.I.: _____ Last name: **JOINTFILER**

Home address (number, street and apartment number, if applicable): **1101 4TH ST SW**
 City: **WASHINGTON** State: **DC** Zip Code: **20024**

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 4-14. 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.
 2. Fill in if you are: Part-year resident in DC from _____ (month) to _____ (month) number of months in DC: _____ See instructions.

Complete your federal return first. Enter your dependents' information on DC Schedule S

Income information

a. Wages, salaries, unemployment compensation and/or tips **100000 00**
 b. Business income or loss **5000 00**
 c. Capital gain (or loss) **2500 00**
 d. Rental, real estate, royalties, partnerships, etc. **7500 00**

Computation of DC Gross and Adjusted Gross Income

3. Federal adjusted gross income: 1040, Line 37; 1040A, Line 21 **70000 00**
 1040EZ, Line 4; 1040NR, Line 36 plus Sch. NEC, Line 13; 1040NR-EZ, Line 10

Additions to DC Income

4. Franchise tax deducted on federal forms **00 00**
 5. Other additions from DC Schedule I, Calculation A, Line 8 **00 00**
 6. Add Lines 3, 4, and 5 **00 00**

Subtractions from DC Income

7. Part-year residents, enter income received during period of nonresidence **00 00**
 8. Taxable refunds, credits or offsets of state and local income tax **3000 00**
 9. Taxable amount of social security and tier 1 rail road retirement **00 00**
 10. Income reported and taxed this year on a DC franchise or fiduciary return **00 00**
 11. DC and federal government pension and annuity limited exclusion **00 00**
 12. DC and federal government survivor benefits **00 00**
 13. Other subtractions from DC Schedule I, Calculation B, Line 16 **00 00**
 14. Total subtractions from DC income, Lines 7-13 **3000 00**
 15. DC adjusted gross income, Line 6 minus Line 14 **67000 00**

Enter your last name. **JOINTFILER**

Enter your SSN. **400007301**

16 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 17.

17 DC deduction amount. Do not copy from federal return. For amount to enter, see instructions. 17 **4100** 00

18 Number of exemptions. If more than 1 (more than 2 if filing jointly), or if you or your spouse/domestic partner are over 65 or blind, attach a completed Calculation G, Schedule S. 18 **3**

19 Exemption amount. Multiply \$1,675 by number on line 18. Part-year DC residents see Calculation E, see instructions. 19 **5025** 00

20 Add Lines 17 and 19. 20 **9125** 00

21 DC taxable income. Subtract Line 20 from Line 15. Enter result. Fill in if loss. 21 **57875** 00

DC tax credits and payments

22 Tax. If Line 21 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. 22 **3719** 00

23 Credit for child and dependent care expenses. From Line 9 of fed. Form 2441; from Line 5, DC Form D-2441, if part-year DC resident. 00 X 32 Enter result > 23 **00** 00

24 Non-refundable credits from DC Schedule U, Part I a, Line 6. Attach Schedule U. 24 **00** 00

25 DC Low Income Credit. Use Calc. L/C/EITC to see if L/C or EITC is a greater benefit. See instructions. 25 **00** 00

25a Enter the number of exemptions claimed on your federal return. 25a **0**

26 Total non-refundable credits. Add Lines 23, 24 and 25. 26 **00** 00

27 Total tax. Subtract Line 26 from Line 22. If Line 22 is less than Line 26, leave Line 27 blank. 27 **3719** 00

28 DC Earned Income Tax Credit. Enter your federal EIC. 00 X 40 Enter result > 28 **00** 00

28a Enter the number of qualified EITC children. 28a **0**

29 Property Tax Credit. From your DC Schedule H; attach a copy. 29 **00** 00

30 Refundable credits from DC Schedule U, Part 1 b, Line 4. Attach Schedule U. 30 **00** 00

31 DC income tax withheld, shown on Forms W-2 and 1099. Attach these forms. 31 **4000** 00

32 2013 estimated income tax payments. 32 **2000** 00

33 Tax paid with extension of time to file or with original return if this is an amended return. 33 **00** 00

34 Total payments and refundable credits. Add Lines 28, 29-33. 34 **6000** 00

Refund - Complete if Line 34 is more than Line 27

35 Amount you overpaid. Subtract Line 27 from Line 34. 35 **2281** 00

36 Amount to be applied to your 2014 estimated tax. Fill in the oval if Form D-2210 is attached. 36 **00** 00

37 Penalty. See instructions. 37 **00** 00

38 Refund. Subtract sum of Lines 36 and 37 from Line 35. 38 **00** 00

39 Contribution amount. From Sched. U, Part II, Line 6. Can not exceed refund amt. on Line 38. Put additional amt. on Line 42. 39 **50** 00

40 Net refund. 40 **2231** 00

Amount owed - Complete if Line 34 is equal to or less than Line 27

41 Tax due. Subtract Line 34 from Line 27. 41 **00** 00

42 Contribution amount. From Sched. U, Part II, Line 7. Fill in the oval if Form D-2210 is attached. 42 **00** 00

43a Penalty. 43a **00** 00

43b Interest. 43b **00** 00

43 Enter total P & I. 43 **00** 00

44 Total amount due. Add Lines 41-43. 44 **00** 00

Will the refund you requested go to an account outside the U.S.? Yes No See instructions

Refund Options: For information on the tax refund card and program limitations, see instructions or visit our website otdc.gov/refundprepaidcards.
 Mark one refund choice: Direct deposit Tax refund card 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: _____ Account Number: _____

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

Calculation G: Number of exemptions
Do not attach Schedule S to your D-40 if you only filled in Lines a, f and i and have not filled in any other section of Schedule S.

a	Enter 1 for yourself and	1
b	Enter 1 if you are filing as a head of household and	
c	Enter 1 if you are age 65 or over and	1
d	Enter 1 if you are blind	
e	Enter number of dependents	
f	Enter 1 for your spouse or registered domestic partner if filing jointly or filing separately on same return	1
g	Enter 1 if you are married filing jointly or married filing separately on same return and your spouse/partner is 65 or over	
h	Enter 1 if you are married filing jointly or married filing separately on same return and your spouse/partner is blind	
i	Total number of exemptions. Add Lines a-h; enter here and on D-40, Line 18.	3

Calculation J: Tax computation for married or registered domestic partners filing separately on the same DC return
Enter separate amounts in each column. Combine amounts on line k.

	You	Your spouse/domestic partner
a	Federal adjusted gross income <i>If you and your spouse filed a joint federal return, enter each person's portion of federal adjusted gross income. Registered domestic partners should enter the federal AGI reported on their separate federal returns.</i>	00
b	Total additions to federal adjusted gross income. <i>Enter each person's portion of additions entered on D-40, Lines 4 and 5.</i>	00
c	Add Lines a and b	00
d	Total subtractions from federal adjusted gross income. <i>Enter each person's portion of subtractions entered on D-40, Line 14.</i>	00
e	DC adjusted gross income. Subtract Line d from Line c.	00
f	Deduction amount. <i>Enter each person's portion of the amount entered on D-40, Line 17. (You may allocate this amount as you wish.)</i>	00
g	Exemption amount. <i>Enter each person's portion of exemption amount entered on D-40, Line 19.</i>	00
h	Add Lines f and g.	00
i	Taxable income. Subtract Line h from Line e. <input type="checkbox"/> Fill in if loss.	00
j	Tax. <i>If Line i is \$100,000 or less, use tax tables. If more than \$100,000, use Calculation I, instructions.</i>	00
k	Add the amounts on Line j; enter here and on D-40, Line 22.	00 total tax

EINs associated with income reported and taxed on Franchise and Fiduciary Returns for the amount listed on D-40, Line 10:

a	b	c
d	e	
g	h	

2013 SCHEDULE U Additional Miscellaneous Credits and Contributions

Important: Print in CAPITAL letters using black ink. Attach to D-40.
NOTE: Contribution(s) will either decrease a refund or increase the tax owed by the amount of the contribution(s).

OFFICIAL USE ONLY
 Vendor ID#

Enter your last name: **JOINTFILER** Social Security Number: **400007301**

Part I Credits

a. Nonrefundable Credits

- 1 DC Government Employee first-time DC homebuyer credit - see page 17. Dependents cannot claim this credit. 1 00
- 2 Enter state income tax credit. List additional states on a separate sheet, attach it to this Schedule. (Enter total of all state tax credits on Line 3 below.)

State (a) 00 (b) 00
 State (c) 00 (d) 00

- 3 Total of Line 2 state tax credits and any additional tax credits from the attachments. Enter amount. 3 00
- 4 00
- 5 00
- 6 Total your nonrefundable credits, enter here and on Form D-40, Line 24. 6 00

b. Refundable Credits

- 1 DC Non-custodial parent EITC (see Schedule N). 1 00
- 2 00
- 3 00
- 4 Total your refundable credits, enter here and on Form D-40, Line 30. 4 00

Part II Contributions (The minimum contribution is \$1.00)

- 1 DC Statehood Delegation Fund. 1 30 00
- 2 Public Fund for Drug Prevention and Children at Risk. 2 10 00
- 3 Anacostia River Cleanup and Protection Fund. 3 10 00
- 4 00
- 5 00
- 6 If due a refund, total your contribution(s), enter here and on Form D-40, Line 39. 6 50 00
- 7 If you owe tax, total your contribution(s), enter here and on Form D-40, Line 42. 7 00

If you are not due a refund and do not owe additional tax, total your contribution(s) and enter on Form D-40, Line 42.

If you owe tax, make the payment plus any contribution(s), payable to the DC Treasurer and mail it with your return. Attach this schedule to your D-40 Return.

3

Print in CAPITAL letters using black ink. Leave lines blank that do not apply.

STAPLE OTHER DOCUMENTS IN UPPER LEFT IN BACK

Personal information

Your telephone number: _____
 Your social security number (SSN): 400007303 and DOB: (MMDDYYYY) 10011978
 Spouse's/registered domestic partner's SSN: 400007304 and DOB: (MMDDYYYY) 04151980

Your first name: HUSBAND M.I.: Last name: SEPARATE
 Spouse's/registered domestic partner's first name: WIFE M.I.: Last name: SEPARATE

Home address (number, street and apartment number, if applicable): 441 4TH ST NW

City: WASHINGTON State: DC Zip Code: 20002

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.
 2. Fill in if you are: Part-year resident in DC from _____ (month) to _____ (month), number of months in DC: _____ See instructions.

• Complete your federal return first - Enter your dependents' information on DC Schedule S •

Income information

a. Wages, salaries, unemployment compensation and/or tips: 58000 00
 b. Business income or loss: _____ 00
 c. Capital gain (or loss): _____ 00
 d. Rental real estate, royalties, partnerships, etc.: _____ 00

Computation of DC Gross and Adjusted Gross Income

3. Federal adjusted gross income: 1040, Line 37; 1040A, Line 21; 1040EZ, Line 4; 1040NR, Line 36, plus Sch. NEC, Line 13; 1040NR-EZ, Line 10: 58000 00

Additions to DC Income

4. Franchise tax deducted on federal forms: _____ 00
 5. Other additions from DC Schedule I, Calculation A, Line 8: 5000 00
 6. Add Lines 3, 4, and 5: 63000 00

Subtractions from DC Income

7. Part-year residents, enter income received during period of nonresidence: _____ 00
 8. Taxable refunds, credits or offsets of state and local income tax: 2500 00
 9. Taxable amount of social security and tier 1 railroad retirement: _____ 00
 10. Income reported and taxed this year on a DC franchise or fiduciary return: _____ 00
 11. DC and federal government pension and annuity limited exclusion: _____ 00
 12. DC and federal government survivor benefits: _____ 00
 13. Other subtractions from DC Schedule I, Calculation B, Line 16: 5500 00
 14. Total subtractions from DC income: 8000 00
 15. DC adjusted gross income: Line 6 minus Line 14: 55000 00

Enter your last name. **SEPARATE**

Enter your SSN. **400007303**

6 Deduction type: <input type="radio"/> Standard or <input checked="" type="radio"/> Itemized. See instructions for amount to enter on Line 17.	17	4000	00
7 DC deduction amount. Do not copy from federal return. For amount to enter, see instructions.			
8 Number of exemptions: If more than 1 (more than 2 if filing jointly), or if you or your spouse/domestic partner are over 65 or blind, attach a completed Calculation G, Schedule S.	18	1	
9 Exemption amount. Multiply \$1,675 by number on line 18. Part-year DC residents see Calculation E, see instructions.	19	1675	00
10 Add Lines 17 and 19.	20	5675	00
11 DC taxable income. Subtract Line 20 from Line 15. Enter result. Fill in if loss: <input type="radio"/>	21	49325	00

DC tax credits and payments

22 Tax. If Line 21 is \$100,000 or less, use tax tables to find the tax. If more, use Calculation I in instructions. Fill in <input type="radio"/> if filing separately on same return. Complete Calculation J on Schedule S.	22	2993	00
23 Credit for child and dependent care expenses. From Line 9 of fed. form 2441, from Line 5, DC Form D-2441. If part-year DC resident.	23		00
24 Non-refundable credits from DC Schedule U, Part Ia, Line 6. Attach Schedule U.	24		00
25 DC Low Income Credit. Use Calc. LIC/EITC to see if LIC or EITC is a greater benefit. See instructions.	25		00
25a Enter the number of exemptions claimed on your federal return.	25a		
26 Total non-refundable credits. Add Lines 23, 24 and 25.	26		00
27 Total tax. Subtract Line 26 from Line 22. If Line 22 is less than Line 26, leave Line 27 blank.	27	2993	00
28 DC Earned Income Tax Credit. Enter your federal EIC. Fill in <input type="radio"/> if filing separately on same return. Complete Calculation K on Schedule S.	28		00
28a Enter the number of qualified EITC children.	28a		
29 Property Tax Credit. From your DC Schedule H, attach a copy.	29		00
30 Refundable credits from DC Schedule U, Part Ib, Line 4. Attach Schedule U.	30		00
31 DC income tax withheld, shown on Forms W-2 and 1099. Attach these forms.	31	3250	00
32 2013 estimated income tax payments.	32		00
33 Tax paid with extension of time to file or with original return if this is an amended return.	33		00
34 Total payments and refundable credits. Add Lines 28, 29, 33.	34	3250	00

35 Amount you overpaid. Complete if Line 34 is more than Line 27. Subtract Line 27 from Line 34.	35	257	00	41 Tax due. Subtract Line 34 from Line 27.	41		00
36 Amount to be applied to your 2014 estimated tax. Fill in the oval if Form D-2210 is attached: <input checked="" type="radio"/>	36	257	00	42 Contribution amount from Sched. U, Part II, Line 7. Fill in the oval if Form D-2210 is attached: <input type="radio"/>	42		00
37 Penalty. See instructions.	37		00	43a Penalty			00
38 Refund. Subtract sum of lines 36 and 37 from Line 35.	38		00	43b Interest			00
39 Contribution amount from Sched. U, Part II, Line 6. Do not exceed refund amt. on Line 38. If additional amt., on Line 42.	39		00	43 Enter total P & I	43		00
40 Net refund. Subtract Line 39 from Line 38.	40		0 00	44 Total amount due. Add Lines 41-43.	44		00

Will the refund you requested go to an account outside the U.S.? Yes No See instructions.

Refund Options: For information on the tax refund card and program limitations, see instructions or visit our website otr.dc.gov/refundprepaidcards.
 Mark one refund choice: Direct deposit Tax refund card 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: _____ Account Number: _____

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

2013 SCHEDULE I Additions to and Subtractions from Federal Adjusted Gross Income

Make entries using black ink. Attach to your D-40.

Last name		Social Security Number
SEPARATE		400007303
Calculation A Additions to federal adjusted gross income. Fill in only those that apply.		Dollars only, do not enter cents
1	Part-year DC resident - enter the portion of adjustments (from Line 36, Form 1040, Line 20, Form 1040A, or Line 34, 1040NR) that relate to the time you resided outside DC. For Lines 2 - 7 below include only the amounts related to the time you resided in DC.	00
2	Income distributions eligible for income averaging on your federal tax return from federal Form 4972, Lines 6 and 8. Add Lines 6 and 8 and enter here.	00
3	30% or 50% federal bonus depreciation and/or extra IRC §179 expenses claimed on federal return.	00
4	Any part of a discrimination award subject to income averaging.	00
5	Deductions for S Corporations from Schedule K-1, Form 1120-S.	00
6	Other (see instructions on other side).	00
7		00
8	Total additions. Add entries on Lines 1 - 7. Enter the total here and on D-40, Line 5.	5000 00
Calculation B Subtractions from federal adjusted gross income. Fill in only those that apply.		
1	Taxable interest from US Treasury bonds and other obligations. See instructions on other side.	00
2	Disability income exclusion from DC Form D-2440, Line 10. See instructions on other side.	00
3	Interest and dividend income of a child from federal Form 8814.	00
4	Awards, other than front and back pay, received due to unlawful employment discrimination.	00
5	Excess of DC allowable depreciation over federal allowable depreciation. See instructions.	00
6	Long-term care insurance premiums paid in 2011, \$500 annual limit per person.	00
7	Amount paid (or carried over) to DC College Savings plan in 2011 (maximum \$4,000 per person, \$8,000 for joint filers if each is an account owner). Part-year residents see instructions.	4000 00
8	Exclusion of up to \$10,000 for DC residents (certified by the Social Security Admin as disabled) with adjusted annual household income of less than \$100,000. See instructions.	00
9	Expenditures by DC teachers for necessary classroom teaching materials, \$500 annual limit per person. See instructions on other side.	00
10	Expenditures by DC teachers for certain tuition and fees, \$1500 annual limit per person. See instructions on other side.	1500 00
11	Loan repayment awards received by health-care professionals from DC government. See instructions on other side.	00
12	Health-care insurance premiums paid by an employer for an employee's registered domestic partner or same sex spouse. Make no entry if the premium was deducted on your federal return. See instructions on other side.	00
13	DC Poverty Lawyer Loan Assistance. See instructions on other side.	00
14	Other. See instructions on other side.	00
15	Military Spouse Residency Relief Act. See instructions on other side.	00
16	Total subtractions. Add entries on Lines 1 - 15. Enter the total here and on D-40, Line 13.	5500 00

*Note: Since income reported on Federal Form 8814, Parents' Election to Report Child's Interest and Dividends, and included in the parents' federal return income is subtracted above on Line 3 of Calculation B, the child must file a separate DC return reporting this income.

Print in CAPITAL letters using black ink. Leave lines blank that do not apply.

STAPLE OTHER DOCUMENTS IN UPPER LEFT IN BACK

Personal Information

Your telephone number

Fill in if Filing an amended return. See instructions.

Fill in if Filing for a deceased taxpayer. See instructions.

Your social security number (SSN) and DOB (MMDDYY)

Spouse's/registered domestic partner's SSN and DOB (MMDDYY)

400007304

400007303

Your first name

M.I.

Last name

WIFE

SEPARATE

Spouse's/registered domestic partner's first name

M.I.

Last name

HUSBAND

SEPARATE

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

441 4TH ST NW

City

State

Zip Code

WASHINGTON

DC

20002

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 4-12. 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.

2. Fill in if you are:

Part-year resident in DC from (month) to (month); number of months in DC. See instructions.

Complete your federal return first. Enter your dependents' information on DC Schedule S.

Income Information

Round cents to nearest dollar. If zero, leave the line blank.

a Wages, salaries, unemployment compensation and/or tips. See instructions.

a

20000

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. 1040, Line 37; 1040A, Line 21; 1040EZ, Line 4; 1040NR, Line 36 plus Sch. NEC, Line 13; 1040NR-EZ, Line 10.

Fill in if loss 3

20000

00

Additions to DC Income

4 Franchise tax deducted on federal forms. See instructions.

4

00

5 Other additions from DC Schedule J, Calculation A, Line 8.

5

00

6 Add Lines 3, 4, and 5.

Fill in if loss 6

6

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 pension and annuity limited exclusion. See instructions.

11

00

Fill in if you are 62 or older if your spouse/domestic partner is 62 or older.

12 DC and federal government survivor benefits. See instructions.

12

00

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

13

00

14 Total subtractions from DC income. Lines 7-13.

14

00

15 DC adjusted gross income. Line 6 minus Line 14.

Fill in if loss 15

15

20000

00

Enter your last name. **SEPARATE**

Enter your SSN. **400007304**

16. Deduction type. Take the same type as you took on your federal return. Fill in which type: <input checked="" type="radio"/> Standard or <input type="radio"/> Itemized. See instructions for amount to enter on Line 17.	17		2050 00
17. DC deduction amount. Do not copy from federal return. For amount to enter, see instructions.			
18. Number of exemptions. If more than 1 (more than 2 if filing jointly), or if you or your spouse/domestic partner are over 65 or blind, attach a completed Calculation G, Schedule S.	18	1	
19. Exemption amount. Multiply \$1,675 by number on line 18. Part-year DC residents see Calculation E, see instructions.	19		1675 00
20. Add Lines 17 and 19.	20		3725 00
21. DC taxable income. Subtract Line 20 from Line 15. Enter result. Fill in if loss <input type="radio"/>	21		16275 00

DC tax credits and payments

22. Tax. If Line 21 is \$100,000 or less, use tax tables to find the tax. If more, use Calculation I in instructions. Fill in <input type="radio"/> if filing separately on same return. Complete Calculation J on Schedule S.	22		777 00
23. Credit for child and dependent care expenses. From Line 9 of fed. Form 2441; from Line 5, DC Form D-2441, if part-year DC resident.	23		00 00
24. Non-refundable credits from DC Schedule U, Part 1a, Line 6. Attach Schedule U.	24		00 00
25. DC Low Income Credit. Use Calc. LIC/EITC to see if LIC or EITC is a greater benefit. See instructions.	25		00 00
25a. Enter the number of exemptions claimed on your federal return.	25a		
26. Total non-refundable credits. Add Lines 23, 24 and 25.	26		00 00
27. Total tax. Subtract Line 26 from Line 22. If Line 22 is less than Line 26, leave Line 27 blank.	27		777 00
28. DC Earned Income Tax Credit. Enter your federal EIC.	28		00 00
28a. Enter the number of qualified EITC children.	28a	0	
29. Property Tax Credit. From your DC Schedule H, attach a copy.	29		750 00
30. Refundable credits from DC Schedule U, Part 1b, Line 4. Attach Schedule U.	30		00 00
31. DC income tax withheld, shown on Forms W-2 and 1099. Attach these forms.	31		1000 00
32. 2013 estimated income tax payments.	32		00 00
33. Tax paid with extension of time to file or with original return if this is an amended return.	33		00 00
34. Total payments and refundable credits. Add Lines 28, 29-33.	34		1750 00

Refund - Complete if Line 34 is more than Line 27

35. Amount you overpaid. Subtract Line 27 from Line 34.	35	973 00
36. Amount to be applied to your 2014 estimated tax. Fill in the oval if Form D-2210 is attached <input type="checkbox"/>	36	00 00
37. Penalty. See instructions.	37	00 00
38. Refund. Subtract sum of Lines 36 and 37 from Line 35.	38	00 00
39. Contribution amount from Sched. U, Part II, Line 6. Can not exceed refund amt. on Line 38. Put additional amt. on Line 42.	39	00 00
40. Net refund. Subtract Line 39 from Line 38.	40	973 00

Amount owed - Complete if Line 34 is equal to or less than Line 27

41. Tax due. Subtract Line 34 from Line 27.	41	00 00
42. Contribution amount from Sched. U, Part II, Line 7. Fill in the oval if Form D-2210 is attached <input type="checkbox"/>	42	00 00
43a. Penalty.	43a	00 00
43b. Interest.	43b	00 00
43. Enter total P&I.	43	00 00
44. Total amount due. Add Lines 41-43.	44	00 00

Will the refund you requested go to an account outside the U.S.? Yes No See instructions.

Refund Options: For information on the tax refund card and program limitations, see instructions or visit our website otr.dc.gov/refund/prepaidcards

Mark one refund choice: Direct deposit Tax refund card 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: _____ Account Number: _____

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: _____
Spouse/domestic partner's signature if filing jointly or separately on same return: _____ Date: _____ Preparer's tax identification number (PTIN): _____ PTIN telephone number: _____

2013 SCHEDULE H Homeowner and Renter Property Tax Credit

Important: Read eligibility requirements before completing.
Print in CAPITAL letters using black ink.

Personal information

Your social security number (SSN) Fill in if you are: 62 or older Blind or disabled
Your daytime telephone number

Your first name M. I. Last name

Spouse's/registered domestic partner's SSN

Mailing address (number, street and apartment)

City State Zip Code +4

Address of DC property (number, street and apartment) for which you are claiming the credit if different from above:

Type of property for which you are claiming the credit. Fill in only one: House Apartment Rooming house

Do not claim this credit for a property owned by a government, a house of worship or a non-profit organization. Round cents to the nearest dollar. If the amount is zero, leave the line blank.

Section A Credit claim based on rent paid

1 Total household gross income. From Line w on page 3. If over \$20,000, do not claim this credit.	1	<input type="text" value="20000"/>	00
2 Rent paid on the property in 2013. $18000 \times .15 = 2700$	2	<input type="text" value="2700"/>	00
If 15% of the rent paid amount is more than the line 1 amount, do not claim the credit.			
3 Property tax credit. Use the worksheet.	3	<input type="text"/>	00
4 Rent supplements received in 2013 by you or your landlord on your behalf.	4	<input type="text"/>	00
5 Property tax credit. Subtract Line 4 from Line 3. D-40 filers enter here and on Line 29 of D-40.	5	<input type="text" value="750"/>	00

6 Landlord's name

Landlord's address (number and street) Apartment number

Landlord's telephone number

City State Zip Code +4

Section B Credit claim based on real property tax paid

7 Total household gross income. From Line w on page 3. If over \$20,000, do not claim this credit.	7	<input type="text"/>	00
8 DC real property tax paid by you on the property in 2013.	8	<input type="text"/>	00
9 Property tax credit. Use the worksheet.	9	<input type="text"/>	00

10 Enter information from your real property tax bill or assessment. If a section is blank on your property tax bill, leave it blank here.

Square number Suffix number Lot number

SEPARATE

400007304

Last name and SSN

If you are blind or disabled, you must have this certificate completed to claim the Property Tax Credit. File it with your Schedule H.

Physician's certification of blindness or disability.

If a physician's certification of blindness or disability has been submitted previously and the claimant's condition is unchanged, additional certifications are not needed.

Claimant's first name M.I. Last name

Claimant's social security number

I certify that the above-named claimant (fill in all that apply):

- is blind;
has a physical or mental impairment that is expected to last continuously for 12 months or more;
was physically or mentally impaired on January 1, 2013.

Physician's first name M.I. Last name

Physician's address (number and street) Suite number

City State Zip Code +4

Physician's signature Date Where Licensed License Number

Signature Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is true and correct. Declaration of preparer (if based on the information available to the preparer)

Your signature Date Preparer's signature Date

Preparer's tax identification number (PTIN) Preparer's telephone number

Last name and SSN | SEPARATE

400007304

Total Household Gross Income — Report the total income of every member of your household, including income not subject to DC tax. This income does not include gifts from nongovernmental sources, food stamps or food and other relief in-kind supplied by a governmental agency.

	You	Your spouse/dom. partner	Other household members
	\$	\$	\$
a. Wages, salaries, tips, bonuses, commissions, fees and any compensation for personal services.	20000		
b. Dividends and interest.			
c. Lottery winnings.			
d. Trade or business income (or loss).			
e. Taxable and nontaxable pensions and annuities.			
f. Capital gain (or loss).			
g. Alimony received.			
h. Net rental and royalty income.			
i. Social security and/or railroad retirement.			
j. Unemployment insurance and workers' compensation.			
k. Support money and public assistance grants.			
l. Interest on U.S. obligations.			
m. Disability income exclusion (from DC Form D-2440, Line 10).			
n. Nontaxable portion of military compensation.			
o. Fellowship and scholarship awards and grants.			
p. Life insurance proceeds.			
q. Veteran's pension and disability payments.			
r. GI Bill benefits.			
s. Income subject to unincorporated business franchise tax.			
t. Cash distributions from a business or investment.			
u. Other.			
v. Total gross income. Add Lines a–u for each column.			
w. Total household gross income. Add amounts entered on Line v, enter here and on Section A, Line 1 or Section B, Line 7.	20000		

List names and social security numbers of other household members. If more than four, list on a separate sheet of paper and attach with this form.

- #1 [Redacted]
- #2 [Redacted]
- #3 [Redacted]
- #4 [Redacted]

2013 D-40 Individual Income Tax Return

5

Print in CAPITAL letters using black ink. Leave lines blank that do not apply.

STAPLE OTHER DOCUMENTS IN UPPER LEFT IN BACK

Personal information

Your telephone number: (202) 442-0000

Fill in if Filing an amended return. See instructions.
 Fill in if Filing for a deceased taxpayer. See instructions.

Your social security number (SSN): 400007305 and DOB (MMDDYYYY): 03311940
 Spouse's/registered domestic partner's SSN and DOB (MMDDYYYY):

Your first name: TAXPAYER M.I.: Last name: DECEASED
 Spouse's/registered domestic partner's first name: M.I.: Last name:

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

3100 K ST. NW

City: WASHINGTON State: DC Zip Code: 20007

Filing status

Single Married filing jointly Married filing separately Dependent claimed by someone else

- Fill in only one:
 - Married filing separately on same return. Enter combined amounts for Lines 4-42. See instructions.
 - Registered domestic partner's filing jointly or filing separately on same return.
 - Head of household. Enter qualifying dependent and/or non-dependent information on Schedule S.
- Fill in if you are:
 - Part-year resident in DC from (month) to (month) number of months in DC. See instructions.

• Complete your federal return first -- Enter your dependents' information on DC Schedule S •

Income information

Round cents to nearest dollar. If zero, leave the line blank.

a Wages, salaries, unemployment compensation and/or tips, see instructions. a 32000 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 (1040, Line 37; 1040A, Line 21; 1040EZ, Line 4; 1040NR, Line 36 plus Sch. NEC, Line 13; 1040NR-EZ, Line 10) Fill in if loss 3 00

Additions to DC Income

4 Franchise tax deducted on federal forms, see instructions. 4 00
 5 Other additions from DC Schedule J, Calculation A, Line 8. 5 00
 6 Add Lines 3, 4, and 5. Fill in if loss 6 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. Forms 1040, Line 206, or 1040A, Line 14b. 9 00
 10 Income reported and taxed this year on a DC franchise or fiduciary return. 10 00
 11 DC and federal government pension and annuity limited exclusion, see instructions. 11 00
 12 DC and federal government survivor benefits, see instructions. Fill in if you are 62 or older if your spouse/domestic partner is 62 or older. 12 00
 13 Other subtractions from DC Schedule J, Calculation B, Line 16. 13 00
 14 Total subtractions from DC income, Lines 7-13. 14 00
 15 DC adjusted gross income, Line 6 minus Line 14. Fill in if loss 15 32000 00

Enter your last name.

DECEASED

Enter your SSN.

400007305

16 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 17.

17 DC deduction amount. Do not copy from federal return. For amount to enter, see instructions. 17 00

18 Number of exemptions. If more than 1 (more than 2 if filing jointly), or if you or your spouse/domestic partner are over 65 or blind, attach a completed Calculation G, Schedule S. 18

19 Exemption amount. Multiply \$1,675 by number on line 18. Part-year DC residents, see Calculation E, see instructions. 19 00

20 Add Lines 17 and 19. 20 00

21 DC taxable income. Subtract Line 20 from Line 15. Enter result. Fill in if loss 21 00

DC tax, credits and payments

22 Tax. If Line 21 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. 22 00

23 Credit for child and dependent care expenses. 00 X .32 Enter result > 23 00
 From Line 9 of fed. Form 2441; from Line 5, DC Form D-2441. If part-year DC resident.

24 Non-refundable credits from DC Schedule U, Part 1a, Line 6. Attach Schedule U. 24 00

25 DC Low Income Credit. Use Calc. DC/EITC to see if DC or EITC is a greater benefit. See instructions. 25 00

25a Enter the number of exemptions claimed on your federal return. 25a

26 Total non-refundable credits. Add Lines 23, 24 and 25. 26 00

27 Total tax. Subtract Line 26 from Line 22. If Line 22 is less than Line 26, leave Line 27 blank. 27 00

28 DC Earned Income Tax Credit. Enter your federal EIC. 00 X .40 Enter result > 28 00

28a Enter the number of qualified EITC children. 28a

29 Property Tax Credit. From your DC Schedule H, attach a copy. 29 00

30 Refundable credits from DC Schedule U, Part 1b, Line 4. Attach Schedule U. 30 00

31 DC income tax withheld, shown on Forms W-2 and 1099. Attach these forms. 31 00

32 2013 estimated income tax payments. 32 00

33 Tax paid with extension of time to file or with original return if this is an amended return. 33 00

34 Total payments and refundable credits. Add Lines 28, 29-33. 34 00

Refund - Complete if Line 34 is more than Line 27

35 Amount you overpaid. Subtract Line 27 from Line 34. 35 00

36 Amount to be applied to your 2014 estimated tax. Fill in the oval if Form D-2210 is attached 36 00

37 Penalty. See instructions. 37 00

38 Refund. Subtract sum of Lines 36 and 37 from Line 35. 38 00

39 Contribution amount from Sched. U, Part II, Line 6. Cannot exceed refund amt. on Line 38. Put additional amt. on Line 42. 39 00

40 Net refund. Subtract Line 39 from Line 38. 40 00

Amount owed - Complete if Line 34 is equal to or less than Line 27

41 Tax due. Subtract Line 34 from Line 27. 41 00

42 Contribution amount from Sched. U, Part II, Line 7. Fill in the oval if Form D-2210 is attached 42 00

43a Penalty 00

43b Interest 00

43 Enter total P & I 43 00

44 Total amount due. Add Lines 41-43. 44 00

Will the refund you requested go to an account outside the U.S.? Yes No See instructions.

Refund Options: For information on the tax refund card and program limitations, see instructions or visit our website at dc.gov/refundprepaidcards

Mark one refund choice: Direct deposit Tax refund card 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: Account Number:

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:

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

FR-147 Statement of Person Claiming Refund Due a Deceased Taxpayer



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

OFFICIAL USE ONLY Vendor ID# 0002

Personal information

Deceased's First name: TAXPAYER Last name: DECEASED

Deceased's social security number: 400007305 Date of death (MM/DD/YY): 093013

Your First name: WIDOW Last name: DECEASED

Your home address (number and street): 3100 K ST NW

City: WASHINGTON State: DC Zip code: 20007

Statement of Claimant

Your relationship to the deceased: Spouse/domestic partner, Administrator, Executor, Other

Did the deceased leave a will? Yes, No

Has an executor or administrator been appointed for the estate? Yes, No

If no, will one be appointed? Yes, No

Will you pay out the refund to beneficiaries according to the laws of the state where the deceased was a legal resident? Yes, No

If no, a refund cannot be made until you submit a court certificate showing your appointment as personal representative or other evidence that you are entitled under DC law to receive the refund.

If other than the deceased, who paid deceased's 2012 DC income tax?

Name: Claimant's SSN:

Relationship to deceased:

Signature: I request a refund of DC income tax overpaid by or on behalf of the deceased. Under penalties of law, I declare that I have examined this claim and, to the best of my knowledge, it is correct.

Your signature: Date: 04/15/2014

Attach this form to the deceased's D-40 along with a copy of the death certificate or other proof of death. If you are filing as an administrator or executor, attach a copy of the court certificate of appointment.