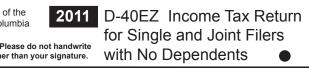
* *		*	Government of the
			District of Columbi



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

1 1	0 4	0 0	2 1 0	0 0 2

-	status: Single, Married filing jointly, Registered domestic partners filing jointly, or Dependent claimed by s social security number (SSN) Spouse's/registered domestic partner's SSN Your daytime telephone number	someone else	Fill in if amended return OFFICIAL USE ONLY
Tour			Vendor ID#0002
Your	first name M.I. Last name		
Spous	e's/registered domestic partner's first name M.I. Last name		
Home	address (number, street and apartment number if applicable)		
TIOITIC			
City	State Zip Code +4		
1	Total wages, salaries, tips, unemployment compensation, etc.	1 \$	00
2	Taxable interest and ordinary dividends. (If more than \$1500, file form D-40.)	2 \$	00
3	DC adjusted gross income. Add Lines 1 and 2.	3 \$	.00
4	Standard deduction <u>plus</u> exemption. <i>If single, enter</i> \$5675. <i>If filing jointly, enter</i> \$7350, or if claimed as a dependent on another's tax return, enter \$4000	4 \$	00
4a 5	RESERVED     00       DC taxable income. Line 3 minus Line 4. If Line 4 is equal to or more than Line 3, make no entry.	5 \$	00
	If more than \$100,000 file form D-40.		00
6	Tax. Use the tax tables on pages 47-56 to find the tax on the Line 5 amount.	6 \$	00
7	DC Low Income Credit. Use Calc. LIC/EITC on page 11, to see if LIC or EITC is a greater benefit.	7 5	00
′a	Enter number of exemptions claimed on your federal return 7a	0	00
3	Net tax. Subtract Line 7 from Line 6. If Line 7 is equal to or more than Line 6, make no entry.	8 \$ 9a \$	00
9a	Contribution to Public Fund for Drug Prevention and Children at Risk.	9a 0 9b 5	00
9b	Contribution to DC Statehood Delegation Fund.	9c \$	00
9C	Contribution to Anacostia River Cleanup and Protection Fund.	90 S	00
9d		10 \$	00
0	Tax and/or contribution(s). Add Lines 8, 9a, 9b, 9c and 9d.		00
11 12	Total DC income tax withheld, <i>shown on Forms W-2 and 1099 – attach these forms.</i> Tax paid with extension of time to file or with original return if this is an amended return.	11 \$ 12 \$	.00
12	DC Farned Income Tax Credit, Enter your federal earned income credit	12 0	00
	See Calculation LIC/EITC on page 11. (Leave blank if you took Line 7 credit.)	13 \$	00
13a	Enter number of qualified EITC children 13a		00
14	Total tax payments and credits. Add lines 11–13.	14 5	00
15	Refund. If Line 14 is the larger, subtract Line 10 from Line 14.	15 \$	00
16	Amount owed. If Line 10 is the larger, subtract Line 14 from Line 10. See payment options on page 4.	16 \$	
17	Penalty \$ .00 Interest \$ .00 See page 9. Enter results	17 \$	00
18	TOTAL AMOUNT DUE. Add lines 16 and 17.	18 \$	00
19	TOTAL REFUND. Subtract Line 17 (results) from Line 15 and enter here.	19 \$	.00
	he refund you requested go to an account outside of the US? Yes No See page 8. Ct Deposit. To have your refund deposited to your account – checking or savings fill in the oval and enter bar	k routing and accou	nt numbers. See nage 8
	ting Number Account Number		
	d party designee To authorize another person to discuss this return with the OTR, fill in here and enter the name an nee's name Phone number	d phone number of t	hat person. See page 9.
	ture 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 prepared gnature Date Paid preparer's signature	rer is based on the info	rmation available to the prepa Date
Spous	e's/domestic partner's signature if filing jointly Date Paid preparer's PTIN	Paid preparer's te	lephone number