

2024 D-40 SUB Individual Income Tax Return



2 4 0 4 0 4 S 1 1 0 6 4

SOFTWARE DEVELOPER USE ONLY VENDOR ID# 1064

STAPLE OTHER REQUESTED DOCUMENTS IN UPPER LEFT

Personal information

Mark if: Filing an Amended return. See instructions.

Your telephone number

Your taxpayer identification number (TIN) and 490549999

Date of Birth (MMDDYYYY) 01011984

Mark if Deceased

Spouse's/registered domestic partner's TIN and

Date of Birth (MMDDYYYY)

Your first name

M.I. Last Name

A

A

Spouse's/registered domestic partner's first name

M.I. Last name

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



▲

City

State

Zip Code + 4

Email Address

STAPLE W-2s AND ANY OTHER WITHHOLDING STATEMENTS HERE

Filing Status

1 Mark only one: [X] Single, Married filing jointly, Married filing separately, Dependent claimed by someone else

Married filing separately on same return Enter combined amounts for Lines 5-43. See instructions.

Registered domestic partners filing jointly or filing separately on same return. Enter combined amounts for Lines 5-43. See instructions.

Head of household Enter qualifying dependent and/or non-dependent information on Schedule S.

Qualifying widow(er) with dependent child. Enter qualifying dependent and/or non-dependent information on Schedule S.

2 Mark if you are: Part-year resident in DC from (MMDDYYYY) to (MMDDYYYY) See instructions.

3 Did you have qualifying health care coverage for all members of your shared responsibility family for the entire year? Yes No [X] If no, or if claiming an exemption, complete Schedule HSR (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 if blank; minus, enter amount and check box.

Table with 4 rows: a Wages, salaries, unemployment compensation and/or tips; b Business income or loss; c Capital gain or loss; d Rental real estate, royalties, partnerships, etc. Includes 'Mark if loss' and amounts.

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 4 .00

Enter your last name **A**  
 Enter your TIN **490549999**



**Additions to DC Income**

5	Franchise tax deducted on federal forms, <i>see instructions</i> .	5	.00
6	Other additions from DC Schedule I, Calculation A, Line 9.	6	.00
7	Add Lines 4, 5 and 6. <span style="float: right;">Mark if loss</span>	7	.00

**Subtractions from DC Income**

8	Part year residents, enter income received during period of nonresidence, <i>see instructions</i> .	8	.00
9	Taxable refunds, credits or offsets of state and local income tax.	9	.00
10	Taxable amount of social security and tier 1 railroad retirement.	10	.00
11	Income reported and taxed this year on a DC franchise or fiduciary return.	11	.00
12	DC and federal government survivor benefits, <i>see instructions</i> .	12	.00
13	Unemployment Insurance Benefits, <i>see instructions</i> .	13	.00
14	Other subtractions from DC Schedule I, Calculation B, Line 16.	14	.00
15	Total subtractions from DC income, Lines 8-14.	15	.00
16	DC adjusted gross income, Line 7 minus Line 15. <span style="float: right;">Mark if loss</span>	16	.00

17 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.

18	DC deduction amount.	18	<b>14600</b> .00
19	DC taxable income. Subtract Line 18 from Line 16. <span style="float: right;">Mark if loss</span>	<input checked="" type="checkbox"/> 19	<b>14600</b> .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 **0** .00

Check  if filing separately on same return. *Complete Calculation J on Schedule S.*

21 Credit for child and dependent care expenses **.00** X .32 21 .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 .00

23 Total non-refundable credits. *Add Line 21 and Line 22.* 23 .00

24 Subtract Line 23 from Line 20. *If less than zero, enter zero.* 24 .00

25 DC Health Care Shared Responsibility. *See instructions. If fully covered or fully exempt, enter zero.* 25 .00

26 Total tax and DC Health Care Shared Responsibility. *Add Line 24 and Line 25.* 26 .00

27 **DC Earned income Tax Credit** \* Do you choose to receive your DC EITC refund in 12 monthly payments instead of one total payment? If so, see instructions for eligibility.

27a Enter the number of qualified EITC children. **0** 27b Enter earned income amount 27b .00

27c For filers **with** qualifying children. Enter calculated federal EIC amount **.00** X .70 Enter result > 27d .00

27e For filers **without** qualifying children. *See instructions for special calculations.* Enter result > 27e .00

28 Property Tax Credit. *From your DC Schedule H; attach a copy.* 28 .00

\* Caution: Choosing to receive this credit in monthly payments may cause you to lose your Supplemental Nutrition Assistance Program (SNAP) or other federal benefits (For more information about SNAP, contact the Department of Human Services at (202) 807-0405 or [dhs@dc.gov](mailto:dhs@dc.gov).) Taxpayers receiving DC EITC amounts of \$1,200 or more may choose to receive the DC EITC portion of their refund in 12 equal monthly payments instead of one total payment. If you choose to receive monthly DC EITC payments, OTR will calculate the distribution of your net refund amount for you. Your initial payment will be different from the Line 43 Net Refund amount.

