





Important: Print in CAPITAL letters using black ink.

,	Personal information Your telephone number		Fill in if: Filing an amended	return. See instructions.	OFFICIAL USE ONLY Vendor ID#0000	
N BA	Your taxpayer identification number (TIN) and Date of Birth (MMDDYYYY)		Spouse's/registered domestic partner's	(MMDDYYYY)		
STAPLE OTHER DOCUMENTS IN UPPER LEFT IN BACK	Your first name M.I.	Last name			Fill in if Deceased	
IN UP	Spouse's/registered domestic partner's first name M.I.	Last name			Fill in if Deceased	
ENTS						
COM	Home address (number, street and suite/apartment number if applica	ble)				
ER DO						
OTH						
APLE	City		State Zip C	ode +4		
S						
Ε	mail Address					
L						
ſ <u>E</u>	iling status					
ا يا 1	Fill in only one: Single, Married filing jo	ointly,	Married filing separately, Dep	pendent claimed by son	neone else	
H H						
// 	Married filing separately on sa	ame return	nter combined amounts for Lines 5–4	13. See instructions.		
AIEN	Registered domestic partners for Lines 5-43. See instruction		filing separately on same re	turn Enter combined ar	mounts	
S S	for Lines 5-45. See instruction	115.				
OLDI	Head of household Enter qua	lifying depen	dent and/or non-dependent information	on on Schedule S.		
Ė	Qualifying widow(er) with dep	endent child	Enter qualifying dependent and/or n	on-dependent informati	on on Schedule S.	
- 보						
AND ANY OTHER WITHHOLDING STATEMENTS HERE	Part-year resident in DC from	(MN	DDYYYY) (MMDDYY	See instruction	ons.	
S7-						
, F	If no, or if claiming an exemption, complete Schedule HS			ne year. Tes	740	
SIAPLE W	Complete your federal return first -	- Enter yo	ır dependents' information or	DC Schedule S •		
1	ncome Information		Round cents to nearest dollar. If amo	ount is zero, leave line blank; and fill in oval.		
а	Wages, salaries, unemployment compensation and/o	or tips,	a \$.00)	
t	see instructions. Business income or loss, see instructions.	Fill in if loss) b \$.00)	
C		Fill in if loss	c \$.00)	
c		Fill in if loss	d \$.00)	
<u>C</u>	Computation of DC Gross and Adjusted Gross Incor Federal adjusted gross income. From adjusted gross inco	deral Fill in if loss 4 \$.00		
	Forms 1040, 1040-SR, 1040-NR or 1040-NR-EZ.					

Ent	40 PAGE 2 er your last name. er your TIN 2 1 0 4			
Ada	litions to DC Income			
5	Franchise tax deducted on federal forms, see instructions.	5 \$	00	
6	Other additions from DC Schedule I, Calculation A, Line 9.	6 \$	00	
7	Add Lines 4, 5 and 6.	7 \$	00	
Sub	otractions from DC Income			
8	Part year residents, enter income received during period of nonresidence, see instructions.	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, see instructions.	12 \$	00	
13	Unemployment Insurance Benefits, see instructions.	13 \$	00	
14		14 \$	00	
15	Total subtractions from DC income, Lines 8-14.	15 \$	00	
16	DC adjusted gross income, Line 7 minus Line 15.	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 Lin		
18	DC deduction amount.	18\$	00	
19	DC taxable income. Subtract Line 18 from Line 16. Fill in if loss	19 \$	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\$	00	
21	Fill in if filling separately on same return. Complete Calculation J on Schedule S. Credit for child and dependent care expenses From federal Form 2441; if part-year DC resident, from Line 5, DC Form 2441	21 \$	00	
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 Fill in if prior year (2019) earned income See instructions.			
278	Enter the number of qualified EITC children. 27b Enter earned income amount	27b \$	00	
270	For filers with qualifying children. Enter federal EIC \$.00 X .40 Enter result >	27d \$	00	
276	e For filers without qualifying children. See <i>instructions for special calculations</i> . Enter result >	27e \$	00	
28	Property Tax Credit. From your DC Schedule H; attach a copy.	28 \$	00	

payments	
and	
credit	
tax,	
20	

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Enter your last name.								
Enter your TIN	0 0 1 3 0 0 0 0							
29 Refundable ci	edits from DC Schedule U, Part 1b, Line 3. Attach Schedul	e U.	29 \$	-00				
30 Total refunda	ole credits. Add Line 27d or 27e through Line 29.		30 \$	00				
31 DC income ta	DC income tax withheld shown on Forms W-2 and 1099. Attach these forms.		31 \$	00				
32 2021 estimat	ed income tax payments and amount applied from 2020	return.	32 \$	00				
33 Tax paid with	Form FR-127 Extension of Time to File.		33 \$	00				
34 If this is an ar	nended 2021 return, enter payments made with original	2021 D-40 return.	34 \$	00				
35 If this is an ar	nended 2021 return, enter refunds requested with origin	al 2021 D-40 return.	35 \$	00				
36 Total paymen	ts and refundable credits. Add Line 30 through Line 34. (Do not includ	e Line 35).	36 \$	00				
37 Tax Due. Subt	ract Line 36 from Line 26.		37 \$	00				
38 Amount overp	aid. Subtract Line 26 from Line 36.		38\$	00				
39 Amount to be	applied to your 2022 estimated tax.		39 \$	00				
40 Underpaymer	t Interest. Fill in the oval and attach Form D-2210.		40 \$	00				
41 Contribution a	ntribution amount from Schedule U, Part II, Line 5. (Cannot exceed amount on Line 38)		41 \$	00				
42 Total Amount	Due. Add Lines 37, 40 and 41.		42 \$	00				
43 Net Refund.	Subtract total of Lines 39, 40 and 41 from Line 38.		43 \$	00				
	Will this refund go to an account outside the U.S.? Yes No See instructions.							
44 Fill in if e	Fill in O if either spouse is claiming injured spouse protection. You must attach Form DC-8379.							
Refund Options: F	or information on the tax refund card and program limitations,	see instructions or visit our	website MyTax.DC.gov.					
Mark one refund c	hoice: Direct deposit or Reliacard (See ins	tructions) or Pa _l	per check					
Direct Deposit. To I	ave your refund deposited to your checking or savings accoun	t, fill in oval and enter bank rou	ting and account numbers. See instructions.					
Routing Nu	mber Account N	umber						
Fill in 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, 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 Date								
Topici 3 Signatio								
Spouse's/registered domestic partner's signature if filing jointly or separately on same return Date Preparer's Tax Identification Number (PTIN) PTIN telephone number								