





Important: Print in CAPITAL letters using black ink.

\	Personal information our telephone number		Fill in if: Filing an amended	d return. See instructions.	OFFICIAL USE ONLY Vendor ID#0000
IN BA	our taxpayer identification number (TIN) and Date of Birth (MI	MDDYYYY)	Spouse's/registered domestic partne	r's TIN and Date of Birth	(MMDDYYYY)
PER LEFT	Your first name M.I	. Last name			Fill in if Deceased
ENTS	spouse's/registered domestic partner's first name M.I.				Fill in if Deceased
HER DOCUI	lome address (number, street and suite/apartment number if applic	able)			
H 0	ity		State Zip	Code +4	
SIAP					
Er	nail Address				
Г					
- <u>E</u>	ling status				
1	Fill in only one: Single, Married filing	jointly,	Married filing separately, D	ependent claimed by son	neone else
	Married filing separately on s	same return	Enter combined amounts for Lines 5	-43. See instructions.	
	Registered domestic partner				mounts
	for Lines 5-43. See instruction		ming separately on same	return Enter combined at	mounts
	Head of household Enter qu	alifying depe	ndent and/or non-dependent informa	tion on Schedule S.	
2	Qualifying widow(er) with de	ependent chil	d Enter qualifying dependent and/or	non-dependent informati	ion on Schedule S.
2	Fill in if you are: Part-year resident in DC from		to (MMDDY	See instructi	ions.
3	Did you have qualifying health care coverage for all mem If no, or if claiming an exemption, complete Schedule H	-		ntire year? Yes	No O
	<ul> <li>Complete your federal return first</li> </ul>	– Enter yo	ur dependents' information of	on DC Schedule S •	
<u>Ir</u>	come Information		Round cents to nearest dollar. If a if minus, enter amou		
a	Wages, salaries, unemployment compensation and/ see instructions.	or tips,	a \$	.00	D
b	Business income or loss, see instructions.	Fill in if loss	O b \$	.00	)
С	Capital gain or loss.	Fill in if loss	Oc\$	.00	
d	Rental real estate, royalties, partnerships, etc.	Fill in if loss	od \$	.00	)
C	omputation of DC Gross and Adjusted Gross Inco	<u>me</u>			
4	Federal adjusted gross income. From adjusted gross incomes 1040, 1040-SR, 1040-NR or 1040-NR-EZ.	come lines on	ederal Fill in if loss 4 \$		.00

Ent	40 PAGE 2 er your last name. er your TIN 2 2 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 \$ 6	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 filing 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		
278	Enter the number of qualified EITC children. 27b Enter earned income amount	27b \$	00
270	For filers <b>with</b> qualifying children. Enter federal EIC \$ .00 X .70 Enter result >	27d \$	00
276	e For filers <b>without</b> 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

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D-40 PAGE 3							
Enter your last name.							
Enter your TIN	2 2 0 4	0 0 1 3 0 0 0 0					
29 Refundable cr	edits from DC Schedule U, Part 1b, Line 3. Attach Schedule U.	29 \$	00				
30 Total refundat	ole credits. Add Line 27d or 27e through Line 29.	30 \$	.00				
31 DC income tax	withheld shown on Forms W-2 and 1099. Attach these forms.	31 \$	.00				
32 2022 estimate	ed income tax payments and amount applied from 2021 return.	32 \$	00				
33 Tax paid with	Form FR-127 Extension of Time to File.	33 \$	.00				
34 If this is an an	nended 2022 return, enter payments made with original 2022 D-40 return.	34 \$	.00				
35 If this is an an	nended 2022 return, enter refunds requested with original 2022 D-40 return.	35 \$	00				
36 Total payment	s and refundable credits. Add Line 30 through Line 34. (Do not include Line 35).	36 \$	00				
37 Tax Due. Subti	ract Line 36 from Line 26.	37 \$	00				
38 Amount overp	aid. Subtract Line 26 from Line 36.	38 \$	00				
39Amount to be ap	plied to your 2023 estimated tax.	39 \$	00				
40 Underpaymen	t Interest. Fill in the oval and attach Form D-2210.	40 \$	00				
41 Contribution a	mount 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 ei	ther spouse is claiming injured spouse protection. You <b>must</b> attach Form DC-837	79. ————————————————————————————————————					
Refund Options: Fo	or information on the tax refund card and program limitations, see instructions or visit ou	r website MyTax.DC.gov.					
Mark one refund ch	noice: Direct deposit or Reliacard (See instructions) or Pa	per 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 Nur	nber Account Number						
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							
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							

\*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. If you are a taxpayer receiving monthly EITC payments, OTR will calculate the distribution of your net refund amount for you and your initial lump sum payment received will differ from the Line 43 Net Refund amount. OTR shall send a notice to every individual whose refund, or any portion thereof, will be paid in monthly refund payments pursuant to the Act.

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. They will receive their DC EITC refunds in one lump sum payment.

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.