





- You may use <u>MyTax.DC.gov</u> to file and pay online for Forms D-40 (individual income tax return), D-40ES (estimated tax) and FR-127 (extension of time to file).
- Payments can be made by ACH debit, credit/debit card, check or money order (US dollars).
- Direct deposit, U.S. Bank ReliaCard™ or paper check refund options are available.

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Forms

D-40 form and schedules 33-84
Schedule S, Supplemental Information and Dependents
Schedule H, Homeowner and Renter Property Tax Credit
Schedule U, Additional Miscellaneous Credits and Contributions
D-8609, District of Columbia Low-Income Housing Tax Credit
Allocation and Certification
Schedule I, Additions to and Subtractions from Federal Adjusted
Gross Income
Schedule ELC, Keep Child Care Affordable Tax Credit
Schedule HSR, DC Health Care Shared Responsibility DC-8379,
Injured Spouse Allocation
D-2210, Underpayment of Estimated Income Tax by Individuals
D-40P, Payment Voucher
FR-127, Extension of Time to File a DC Income Tax Return

Tax tables and ads

Tax tables for taxable income of \$100,000 or less **85-94** DC College Savings Plan **95** Need assistance? **Back Cover**

At the time of printing, all forms and line references were correct. Any language changes will be announced on the DC website, MyTax.DC.gov.

Revised 09/2024

GOVERNMENT OF THE DISTRICT OF COLUMBIA

OFFICE OF THE CHIEF FINANCIAL OFFICER



Glen Lee Chief Financial Officer

Dear District of Columbia Taxpayer:

Welcome to the 2025 tax season! The Office of Tax and Revenue (OTR) is dedicated to making your tax filing experience a simple and convenient process. On behalf of OTR, I am sharing some important updates that may affect your tax return this year.

New Features in MyTax:

OTR has enhanced the MyTax portal to improve your experience. A new passkey feature now allows for faster and more secure logins, and you can adjust payment options during a transaction without needing to restart. These upgrades ensure that managing your taxes is smoother and easier, while maintaining the core functionality you're accustomed to.

To further simplify your tax-filing process, we encourage you to create an account at MyTax.DC.gov and opt for digital correspondence. This will allow you to securely manage your tax information, file returns electronically, and receive timely updates.

Tax Credit Updates:

- Schedule H Homeowner and Renter Property Tax Credit: For Tax Year 2024, the maximum amount of the Schedule H credit has increased to \$1,375.00. Additionally, the income thresholds have been raised to \$63,900.00 for non-seniors and \$87,100.00 for seniors.
- **DC Earned Income Tax Credit:** For the 2024 tax year, this credit continues to be 70% of the federal credit.

If you have any questions or need assistance, please contact OTR at (202) 727-4TAX (4829) or visit us at 1101 4th Street SW, Suite W270, Washington, DC 20024.

Thank you for your continued trust in OTR. We look forward to serving you this tax season.

Sincerely,

MP

Glen Lee

New for 2024 Income Tax Returns

• Filing Deadline

- For Tax Year 2024 the filing deadline is April 15, 2025.
 - The standard deductions are increasing based on the federal law; beginning January 1, 2024, from:
 - o \$13,850 to \$14,600 for single and married/registered domestic partner filers filing separately;
 - o \$20,800 to \$21,900 for head of household filers;
 - o \$27,700 to \$29,200 for married/registered partners filing jointly and qualifying widow(er) with dependent child(ren) filers;
 - o An updated worksheet is available for use by dependent filers.
- Additional Standard Deduction. If born before January 2, 1960, or blind, an additional standard deduction of \$1,550 (\$1,950 if single or head of household) is allowed use Schedule S, Calculation G-1. The Schedule S, Calculation G-1 must be submitted with your return. When married filing separately, you may take an additional standard deduction for your spouse/registered domestic partner only if your spouse/ registered domestic partner had no gross income, is not filing a return, and cannot be claimed as a dependent by another taxpayer.

• DC Earned Income Tax Credit (EITC)

- o For tax year 2024, taxpayers receiving DC EITC amounts of \$1,200 or more may choose to receive the DC EITC portion of of their refund in 12 equal monthly payments instead of one total payment.
- o The investment income test is increased from \$11,000 to \$11,600.
- o For EITC Without Qualifying Children the maximum credit amount has increased from \$600 to \$632.

• Schedule HSR - DC Health Care Shared Responsibility

- o The D-40 filing thresholds have changed, refer to the instructions.
- o The District Average Bronze Plan Premium Calculation (Worksheet C-1) amounts have been updated.
- Schedule H Homeowner and Renter Property Tax Credit
 - o The maximum property tax credit limit is increased from \$1,325 to \$1,375.
 - o Schedule H federal Adjusted Gross Income (AGI) eligibility threshold for under age 70 increases to \$63,900.
 - o Schedule H federal AGI eligibility threshold for age 70 and older increases to \$87,100.

• Schedule ELC – Keep Child Care Affordable Tax Credit

- o The District taxable income thresholds have changed.
- o The maximum credit amount has been increased to \$1,160 per eligible child.

• Schedule U, Line 6 - DHCD Rental Accommodations Division Housing Provider Credit

- o A new nonrefundable credit is added to Schedule U, Line 6 to claim the housing provider credit authorized by the Rental Accommodations Division of the Department of Housing and Community Development. See Schedule U instructions incuded in this booklet.
- Qualified High Technology Company (QHTC) Modification The 3% tax rate on capital gain from the sale or exchange of a QHTC investment is permanently repealed.

• Grants That Are No Longer Excluded From District Gross Income as of January 1, 2024

- Public health emergency response grants issued pursuant to § 5b of the District of Columbia Public Emergency Act of 1980. (DC Code §47-1803.02(a)(2)(KK)).
- Public health small business grants awarded pursuant to § 2316 of the Small and Certified Business Enterprise Development and Assistance Act of 2005. (DC Code §47-1803.02(a)(2)(HH)).
- o Cash assistance grants awarded by the Washington Convention and Sports Authority to excluded workers.

Reminders

• Individual Taxpayer Identification Number (ITIN) - As of January 1, 2023, an individual who is a resident of the District but is not a citizen or resident alien of the United States, who would otherwise be allowed a federal earned income credit but for possessing a social security number, may claim the DC EITC by filing a DC return with an ITIN issued by the IRS to the individual, individual's spouse, and any qualified child claimed on the return.

Reminders, Continued

• Income Tax Rate Table - For taxable years beginning January 1, 2022, the DC income tax rate table is:

Not over \$10,000	4% of the taxable income
Over \$10,000 but not over \$40,000	\$400, plus 6% of the excess over \$10,000
Over \$40,000 but not over \$60,000	\$2,200, plus 6.5% of the excess over \$40,000
Over \$60,000 but not over \$250,000	\$3,500, plus 8.5% of the excess over \$60,000
Over \$250,000 but not over \$500,000	\$19,650, plus 9.25% of the excess over \$250,000
Over \$500,000 but not over \$1,000,000	\$42,775, plus 9.75% of the excess over \$500,000
Over \$1,000,000	\$91,525, plus 10.75% of the excess over \$1,000,000

- DC Low-Income Housing Tax Credit (LIHTC) Taxpayers transferring or receiving DC LIHTC must be registered online at <u>MyTax.DC.gov</u>. See Instructions for Low-Income Housing Tax Credit Allocation and Certification on <u>MyTax.DC.gov</u>.
- Verify your Tax Preparer. Visit <u>https://irs.treasury.gov/rpo/rpo.jsf</u>. You are responsible for the submission of your DC Tax Return. Also, if you file electronically, you must receive a copy of your D-40E form for your records in addition to a copy of your DC return.
- **Unemployment Insurance** For taxable years beginning January 1, 2021, unemployment insurance benefits provided by the federal government, District of Columbia, and any other state, are excluded from the computation of District gross income.
- DC is collecting sales tax for online purchases. Use the online FR-329, Consumer Use Tax Return to report the sales tax for online purchases on which sales tax was not paid.
- State and Local Taxes (SALT). DC does not allow a deduction for state and local income taxes. However, you can deduct your entire state and local real estate taxes. Refer to Calculation D if a part-year resident, or Calculation F if a full-year resident.
- 1099-G The Office of Tax and Revenue (OTR) offers a paperless option for receiving the 1099-G income tax refund statement. You will continue to receive your paper statement unless you choose the paperless option. See instructions.
- Schedule HSR DC Health Care Shared Responsibility. If you and your health care shared responsibility family had full coverage the entire year, do not complete this schedule. Complete the oval on Line 3 of the D40 and enter zero (\$0) on Line 25.
- Receiving your refund via the U.S. Bank ReliaCard: Pre-Acquisition Disclosures

The Consumer Financial Protection Board (CFPB) has published its final Prepaid Account Rule, creating detailed consumer protections for prepaid accounts. For tax year 2024, if you elect to receive a refund using the U.S. Bank ReliaCard[™] or use a pre-paid card to make payments, you are required to review and acknowledge the Pre-Acquisition Disclosures (Short and Long Forms) prior to selecting the ReliaCard option as method for receiving a refund or using a pre-paid card when making a payment. Copies of the U.S. Bank ReliaCard Pre-Acquisition Disclosure and the U.S. Bank ReliaCard Fee Schedule can be found on pages 24-32.

The Office of Tax and Revenue Will No Longer Prepare Individual Income Tax Returns

The Office of Tax and Revenue (OTR) no longer prepares District of Columbia individual income tax returns at its Walk-In Center located at 1101 4th Street, SW, Washington, DC 20024. OTR recommends the following free tax preparation services available throughout the District of Columbia and online:

• VITA – By appointment only.

The Internal Revenue Service (IRS) Volunteer Income Tax Assistance (VITA) program offers free tax preparation to low-moderate income taxpayers. IRS-certified volunteers help eligible taxpayers e-file their federal and District tax returns. During the filing season, taxpayers can locate the VITA site nearest them by visiting <u>http://irs.treasury.gov/freetaxprep/</u> or by calling 1-800-906-9887.

• AARP (Tax-Aide Locator) – By appointment only.

The Tax-Aide Program offers free tax help for everyone, with priority assistance to taxpayers who are 60 years of age and older, specializing in questions about pensions, and retirement issues unique to seniors. During the filing season, taxpayers can locate a site nearest them at https://secure.aarp.org/applications/VMISLocator/searchTaxAideLocations.action or by calling 1-888-227-7669.

• <u>MyTax.DC.gov</u> – The OTR web portal offers the ability to file online the D-40/Schedules with certain limitations.

Should you have additional questions, please call OTR's Customer Service Center at (202) 727-4TAX (4829).

- DO NOT STAPLE OR DESTROY THE BARCODE PRINTED AT THE TOP OF THE RETURN.
- DO NOT USE THE 2024 RETURN IF YOU ARE FILING FOR A PREVIOUS YEAR. REFER TO THE BOOKLET AND INSTRUCTIONS ON THE <u>DC TAX FORMS/PUBLICATIONS</u> PAGE.

Who must file a DC Income tax return?

You must file a 2024 DC Individual Income Tax Return if:

- You were a District of Columbia (DC) resident in 2024 and were required to file a federal income tax return. (A resident is an individual domiciled in DC at any time during the taxable year);
- You maintained a place of abode in DC for a total of 183 days or more during 2024 even if your permanent home was outside DC;
- You were a part-year resident of DC during 2024 (see instructions for part-year residents, page 15);
- You were a member of the United States (US) armed forces and DC was your legal residence for tax purposes for all or part of 2024.
- If you want to receive a refund of DC taxes withheld or estimated payments made during the year, or if you qualify for and want to receive the following refundable credits:
 - o DC Earned Income Credit;
 - o Schedule N, Non-Custodial Parent Earned Income Credit;
 - o Schedule H, Homeowner and Renter Property Tax Credit; or
 - o Schedule ELC, Keep Child Care Affordable Tax Credit.

Note: If you are the spouse/registered domestic partner of someone not required to file, such as a nonresident Congressional appointee, and you meet any of the above requirements, you yourself must file.

You do not need to file a 2024 DC Individual Income tax return if:

- You were not required to file a 2024 federal income tax return;
- You were not considered a resident of DC during 2024;
- You were an elected member of the US government who was not domiciled in DC;
- You were an employee on the personal staff of an elected member of the US Congress and you and the elected member were bona fide residents of the same state;
- You were a member of the US Executive Branch appointed by the President, subject to US Senate confirmation, whose tenure of office is at the pleasure of the President and you were not domiciled in DC during any part of 2024; or
- You were a justice of the US Supreme Court and were not domiciled in DC during any part of 2024.

Other forms you may have to file

D-40B Nonresident Request for Refund

If you were not a DC resident and you had DC taxes withheld or you are requesting a refund for erroneous estimated taxes paid, file Form D-40B, Nonresident Request for Refund, along with your W2's or 1099s attached. Military Spouses must include DD FORM 2058, JAN 2018 to honor your request for refund, including your W-2s and/or 1099s. Schedule K-1's are not a substitute for W2/1099. Failure to provide this information will delay processing your request.

D-40ES Estimated Payment for Individual Income Tax

You must file these vouchers if you are required to file a District of Columbia (DC) income tax return and you expect to owe \$100 or more in taxes. See Worksheet to Estimate DC Tax Payments. You will automatically be assessed interest for any underpayment of DC estimated tax.

Note: Electronic payment required. If the amount of the payment due for a period exceeds \$5,000, you must pay electronically via <u>MyTax.DC.gov</u>, or through Modernized e-File (MeF).

D-41 Fiduciary Income Tax Return

Use the D-41 if you are the fiduciary of a DC estate or trust and the gross income for the trust is \$100 or more for the year.

FR-329 Consumer Use Tax on Purchases and Rentals

You should file this form electronically via <u>MyTax.DC.gov</u> and pay if during the tax year you paid a total of more than \$400 for merchandise, services, or rentals subject to DC use tax on which you did not pay sales tax.

When are your taxes due?

April 15, 2025 is the deadline for filing your return and paying any taxes due. If the due date falls on a Saturday, Sunday, or legal holiday, the return should be filed no later than the next business day.

Extension of Time to File

FR-127 Extension of Time to File a DC Income Tax Return

An extension of time to file of six months may be granted if a valid extension of time to file is requested. In order to be valid, an FR-127 Extension of Time to File form is due by April 15, 2025. If the due date falls on a Saturday, Sunday, or legal holiday, the request for extension of time should be filed no later than the next business day. The submission of the extension of time to file is subject to the following considerations:

- 1. If you expect to have a balance due when you file your D-40, you must pay your taxes owed when submitting your timely filed extension. Penalty and interest charges are imposed on any tax owed that is not paid on time with the extension request.
- If you do not expect to have a balance due when you file your D-40, you would not be required to file a Form FR-127 provided you have reasonably estimated your D-40 tax liability and paid the estimated amount of DC income taxes through withholding or estimated tax payments.
- 3. If you do not expect to have a balance due but wish to request an extension for your DC income tax return anyway, you should submit a Form FR-127.

Additional extensions

In addition to the 6-month extension, you may receive an additional 6month extension if you are living or traveling outside the U.S. You must file Form FR-127 for the first 6-month extension by the April 15, 2025 deadline before applying for the additional extension of time to file.

Extensions for Members of the US Armed Forces Deployed in a Combat Zone or Contingency Operation.

Deadlines for filing your return, paying your tax, claiming a refund, and taking other actions with OTR are extended for persons in the Armed Forces serving in a Combat Zone or a Contingency Operation. The extension also applies to spouses/registered domestic partners, whether they file jointly or separately on the same return. See IRS Pub. 3, Armed Forces Tax Guide for further information.

Filing your return

This booklet has all the forms and instructions you will need. You are responsible for filing and paying taxes on time whether or not you receive the printed forms.

Modernized e-File (MeF)

MeF offers most DC individual income taxpayers a full federal/ state electronic filing program. There are three ways for taxpayers to file their federal and District returns together electronically:

1. Through an authorized software provider listed on the IRS website or the OTR website;

- 2. Through a tax practitioner who is an authorized e-File provider; or
- 3. Through a commercial online filing service. This allows taxpayers to transmit their DC and federal returns from their computer for a fee.

If you use the e-File options to file your DC return, you also have three options to receive your refund:

- 1. Direct Deposit;
- 2. U.S. Bank ReliaCard™; or
- 3. Paper Check.

Be sure to make a selection on the return for the refund option that you want. If you do not select an option, you will receive a paper check. Please review the information about the refund card at the front of this book. Instructions for direct deposit can be found on page 11.

Electronic Filing Instructions

The instructions in this booklet are specifically for filers of paper returns. When you file electronically, note that the instructions may differ. Follow the "on screen" instructions. If you need further explanations, review the instructions in this booklet.

Substitute forms

You may file your DC tax return using a computer-prepared or computer-generated substitute form, provided the form is approved in advance by the Office of Tax and Revenue (OTR). The fact that a software package is available for retail purchase does not mean that the substitute form has been approved for use. Call or check with the software developer to determine if their form is an OTRapproved form.

• By mail

- If mailing a return with a payment, send it to: Office of Tax and Revenue PO Box 96169 Washington, DC 20090-6169
- If mailing a refund request return or a no money due return, send it to: Office of Tax and Revenue PO Box 96145 Washington, DC 20090-6145

There are two adhesive mailing labels on the back flap of your return envelope. If you are sending a <u>payment</u> with your return, use the PO Box 96169 mailing label on your return envelope.

If you are filing a <u>no money due</u> or a <u>refund request</u> return, use the PO Box 96145 mailing label on your return envelope.

Do not include more than one return per envelope.

Payment Options

ACH Debit

ACH debit is available for taxpayers who have signed up for a <u>MyTax.DC.gov</u> account. There is no fee. Bank account information is stored within the online account. <u>MyTax.DC.gov</u> can store multiple bank accounts across multiple tax types. Taxpayers give OTR the right to debit the money from their bank account. Ensure you allow 1-3 business days for processing if entering change of banking information.

Direct Debit

Electronic filers have the ability to pay their tax due or estimated payment by direct debit. Enter your banking information, including the routing and account numbers of the checking or savings account and the date of withdrawal. The date of withdrawal cannot be greater than 30 days after the due date of the return.

Credit/Debit Card

The taxpayer may pay the amount owed using Visa®, MasterCard®, Discover® or American Express®. They will be charged a fee that is paid directly to the District's credit card service provider. Payment is effective on the day it is charged. Visit <u>MyTax.DC.gov</u> for more information.

Note: International ACH Transaction (IAT). Your payment cannot be drawn on a foreign account. You must pay by money order (US dollars) or credit card instead.

Check or money order (US dollars)

Include a check or money order (US dollars), payable to the DC Treasurer, with your completed return. Write your Taxpayer Identification Number (TIN), daytime telephone number, tax year "2024" and "Form D-40" on your payment. Attach your payment to the Form D-40P voucher provided in this booklet. Do not attach either your payment or the Form D-40P to your return.

Form D-40P, Payment Voucher - by mail

Use this form when sending a check or money order. Do not staple the voucher to the D-40. If you pay at the same time that you file your return, include the D-40P with your D-40 in the return envelope provided. Use the PO Box 96169 mailing label from the back flap of the return envelope.

Dishonored Payments

Make sure your check or electronic payment will clear. You will be charged a \$65 fee if your check or electronic payment is not honored by your financial institution and returned to OTR.

Penalties and Interest

OTR will charge -

- A penalty of 5% per month if you fail to file a return or pay any tax due on time. It is computed on the unpaid tax for each month, or fraction of a month, that the return is not filed or the tax is not paid. It may not exceed an additional amount equal to 25% of the tax due;
- A 20% penalty on the portion of an underpayment of taxes if attributable to negligence. Negligence is a failure to make a reasonable attempt to comply with the law or to exercise ordinary and reasonable care in preparing tax returns without the intent to defraud. One indication of negligence is failure to keep adequate books and records;
- Interest of 10% per year, compounded daily, on a late payment;
- A one-time fee to cover internal collection efforts on any unpaid balance. The collection fee assessed is 10% of the tax balance due after 90 days. Payments received by OTR on accounts subject to the collection fee are first applied to the collection fee, then to the penalty, interest and tax owed;
- A civil fraud penalty of 75% of the underpayment which is attributable to fraud (see DC Code §47-4212).

For Estimated Tax Underpayment Interest, Form D-2210, use D-40 Line 40. The form can also be located at <u>DC Tax Forms/Publications</u>. File the Form D-2210 with your return.

Criminal Penalties

You will be penalized under the criminal provisions of DC Code, Title 47, if you are required to file a return or report, or to perform any act, and you:

- Fail to file the return or report timely. If convicted, you will be fined not more than \$1,000 or imprisoned for not more than 180 days, or both, for each failure or neglect;
- Willfully fail to file the return or report timely. If convicted, you will be fined not more than \$1,000 or imprisoned for not more than 180 days, or both;
- Willfully attempt to evade or defeat a tax; willfully fail to collect, account for, or pay a tax; or willfully make fraudulent and false statements or fail to provide information. See DC Official Code §47-4101 through 4107.

These penalties are in addition to penalties under DC Code §22-2405 for false statements (and any other applicable penalties).

Enforcement Actions

OTR may use lien, levy, seizure, collection agencies, and liability offset if the taxpayer fails to pay the District within 20 days after receiving a Notice of Tax Due and a demand for payment.

Special filing circumstances

Amended return

File an amended DC return if your DC tax liability for a prior open tax year (usually 3 years from date of filing) has changed on the D-40 return for the tax year you are amending. To file an amended return for the current year, complete another 2024 DC Individual Income Tax Return and fill in the "amended return" oval on the form. Attach a list with explanations of the changes covered by your amended return.

If you are filing an amended return for a prior year, attach a copy of the original and any amended returns filed for that tax year. You can download forms from <u>DC Tax Forms/</u> <u>Publications</u> or call 202-727-4829 to request forms by mail.

If the IRS adjusts your individual federal income tax return, you must file an amended DC return within 90 days of receiving a final determination of the federal adjustment. Attach a copy of the adjusted federal return and/or determination letter.

Filing for a deceased taxpayer. Fill in the oval for a deceased taxpayer at the top of the page of the D-40.

If a taxpayer died in 2023 or 2024 before filing a return, a return must be filed for that person. Complete a D-40 on the correct year's tax return and provide the deceased person's information, not your own. Do not adjust the deceased's income, exemptions or deductions to reflect the date of death, unless a D-41 is being filed for the remainder of the year after the date of death. Tax preparers, other than the surviving spouse/ registered domestic partner, such as executors, attorneys, or personal representatives, must attach letters other of administration. If a refund is due, all tax preparers must attach a completed Form FR-147, Statement of Persons Claiming Refund Due a Deceased Taxpayer, found on the DC Tax Forms/ Publications page and a copy of the death certificate. Do not use the federal form to request a DC refund. Refunds will be issued by paper check only.

Joint Returns After Separate Returns

You can change your filing status from a separate return to a joint return by filing an amended return. You generally can change a joint return anytime within 3 years from the due date of the separate return or returns. This does not include any extensions. A separate return includes a return filed by you or your spouse/registered domestic partner claiming married filing separately, registered domestic partners filing separately, single, or head of household filing status.

Separate Returns After Joint Return

Once you file a joint return, you cannot choose to file separate returns for that year after the due date of the return. **Exception:** A personal representative for a deceased person can change from a joint return elected by the surviving spouse to a separate return for the deceased. The personal representative has 1 year from the due date of the return (including extensions) to make this change.

Exclusion of Certain Grants From District Gross Income Pursuant to DC Code § 47-1803.02, the following grants are excluded from District gross income:

- Small business loans awarded and subsequently forgiven under § 7A of the Small Business Act (15 U.S.C. § 636m);
- Public health emergency grants authorized pursuant to section 16(m)(1) of the Advisory Neighborhood Commissions Act of 1975, effective March 26, 1976 (D.C. Law 1-58; DC Official Code § 1-309.13(m)(1);
- Lump-sum payments received by individuals from the Early Educator Pay Parity Program pursuant to DC Code § 1-325.431;
- Rebates issued by the Mayor pursuant to the Automated External Defibrillator Incentive Program;
- Grants awarded by the Mayor under the COVID-19 Hotel Recovery Grant Program of 2021;
- The following grants awarded by the Office of the Deputy Mayor for Planning and Economic Development (DMPED);
 - Grants awarded to Check It Enterprises under §1-328.4(h)(1)(A);
 - II- Small business grants awarded under § 1-328.04(I);
 - III- Grants to DC Center for LGBT Community awarded under § 1-328.04(m);
 - IV- Large company grants awarded under § 1-328.04(n);
 - V- Local food access grants awarded under § 1-328.04(o);
 - VI- Guaranteed income pilot program grants awarded under § 1-328.04(p);
 - VII- Grants awarded to Community Development Financial Institutions or Minority Depository Institutions awarded under § 1-328.04(q);
 - VIII- Equity growth impact grants awarded under § 1-328.04(r);
 - IX- Great Streets program grants awarded under § 1-328.04(s);
 - X- Bridge fund recovery and special event support grants awarded under § 1-328.04(t);
 - XI- Small and medium business recovery and growth program grants awarded under § 1-328.04(u);
 - XII- Equity impact enterprise commercial property acquisition grants awarded under § 1-328.04(v);
 - XIII- Grants awarded to housing providers under DC Code § 1-328.04(w); and
 - XIV- Central Business District grants awarded under DC Code § 1-328.04(x);

- The following grants awarded by the Department of Energy Environment;
 - I- Funding received pursuant to the Solar for All Program established by DC Code § 8-1774.16; and
 - II- Sustainable Energy Trust Fund grants awarded pursuant to DC Code § 8-1774.10(c)(22).

The amount received by businesses and individuals pursuant to these grants may be subject to federal income tax and included in federal gross income. For Form D-40 Individual Income Tax Return: the amount of the grant should be included in the federal Adjusted Gross Income that is reported on the federal Form 1040 to Line 4 of Form D-40. Therefore, complete and submit Schedule I which is a Schedule for Additions to and Subtractions from federal Adjusted Gross Income. Use Line 13 of Schedule I to report the amount of the grant. The total additions to and subtractions from federal Adjusted Gross Income captured by Schedule I are carried over to Form D-40. Submit the 1099-G showing the amount of the grant.

Getting Started

To complete the paper Form D-40, in general you will need:

- A copy of your completed 2024 federal return, as applicable (Form 1040, 1040-SR, 1040-NR, or 1040-NR-EZ) and any additional forms or worksheets related to the return. You can copy many entries directly from federal forms 1040, 1040-SR, 1040-NR or 1040-NR-EZ. Please be careful since the line numbers may differ from the District Form D-40 line numbers;
- A copy of your completed state returns if you filed an income tax return with another state;
- Your 2024 W-2 and applicable 1099 forms with DC withholding tax or taxable income;
- A pen with black ink;
- A calculator.

Not all items will apply. Fill in only those that do. If an amount is zero, make no entry, leave the line blank.

Do not enter cents. Round to the nearest dollar. Examples:

\$10,500.50 rounds to \$10,501

\$10,500.49 rounds to \$10,500

Taxpayer Identification Number(s) (TIN)

You must have a TIN, whether it is a Federal Employer Identification Number (FEIN), Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN).

- An FEIN is a valid number issued by the Internal Revenue Service. To apply for an FEIN, get Form SS-4, Application for Employer Identification Number, or get this form online at <u>www.irs.gov/businesses</u>. You may also get this form by calling 1-800-TAX-FORM (1-800-829-3676).
- An SSN is a valid number issued by the Social Security Administration (SSA) of the United States Government. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or online at www.ssa.gov. You may also get this form by calling 1-800-772-1213.
- An ITIN is a valid number issued by the IRS. The IRS issues ITINs to individuals who are required to have a U.S. taxpayer identification number but who do not have, and are not eligible to obtain an SSN from the SSA. ITINs do not serve any purpose other than federal and state tax reporting.

Preparer Tax Identification Number (PTIN)

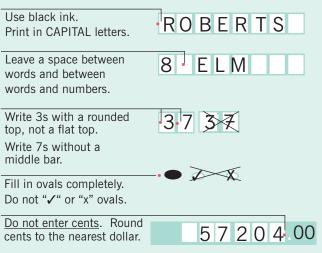
• A PTIN is an identification number issued by the IRS. All paid tax preparers must use their PTIN on tax returns or claims for refund.

You must wait until you receive either one of these numbers before you file a DC return. Your return may be rejected if your TIN is missing, incorrect or invalid. You could be subject to a balance due or disallowance of credits if your dependent's or other qualifying person's TINs are missing, incorrect or invalid.

Filling out the form

To aid us in processing your return please follow these rules.

Do not print outside the boxes.



Note: Your taxpayer identification number is used for tax purposes only.

Personal information

Complete the personal information as instructed using CAPITAL letters and black ink. Use one block per letter, including using a space between address fields. Please write clearly, as writing that is hard to read can delay processing your return.

Wages, tips and salaries

Enter the amount from your federal 1040, 1040-SR, 1040-NR, or 1040-NR-EZ, plus any unemployment compensation received on Line a.

DC income tax withheld (paper filers)

Add the DC income tax withheld as shown on your 2024 federal Forms W-2 and applicable Forms 1099. Attach all copies of your Forms W-2 and 1099 that show DC tax withheld to Form D-40 and submit with Form D-40.

Filing Status

More than one filing status may apply to you. Use the one that will give you the lowest tax. Please ensure the oval to the left of the filing status is filled in.

Generally, you will use the same filing status on your DC return as the one you used on your federal return. However, if you used married filing jointly on your federal return, it may be better for you to file your DC return using either *married/registered domestic partners filing separately or married/ registered domestic partners filing separately on the same return.* If both have income, figure the tax both ways to determine which status will give you the lowest tax.

Single

You were unmarried, divorced or legally separated as of December 31, 2024, or were widowed prior to January 1, 2025, and did not remarry before January 1, 2025.

Filing Jointly

You were married or have a registered domestic partner and both spouses/registered domestic partners were DC residents as of December 31, 2024, or your spouse/registered domestic partner died in 2024 and you did not remarry/register in 2024. If legally separated, do not file jointly. If your spouse died during the year, you are considered married for the whole year for filing status purposes. If you did not remarry before the end of the tax year, you can file a joint return for yourself and your deceased spouse.

If claiming injured spouse allocation, complete Form DC-8379 and attach it to your D-40 return.

If you are filing a joint return or filing separately on the same return, enter the name and TIN shown first on your previous year return, then enter the name and TIN shown second on your previous year return.

Registered domestic partners

To be considered as a registered domestic partner for DC tax purposes, the parties must be registered with the Vital Records Division of the DC Department of Health. If you have registered your relationship you may either file a joint return or file separately on the same return. You may also file separately using the married filing separately status.

Domestic partners or other similar relationship registered in other jurisdictions. If you have registered your relationship in another jurisdiction, you may file a joint return, or file separately on the same return, or file a separate return using the single status.

- <u>If filing jointly</u> is chosen, enter the total federal adjusted gross income of both registered domestic partners on Line 4 of the Form D-40.
- <u>If you are married or registered domestic partners</u>, you may file either a joint return or file separately on the same return. If filing jointly is chosen, enter the total federal adjusted gross income of both spouses/partners on Line 4, Form D-40.
- <u>If filing separately on the same return</u> is chosen, follow the instructions under Married or Registered Domestic Partners filing separately on the same return.

Married or registered domestic partner filing separately

If you are married or have a registered domestic partner and both spouses/partners had income, you can use this filing status. Include your spouse/registered domestic partner's name and Taxpayer Identification Number (TIN) in the Personal Information section.

You will each report only your own income, deductions, and credits. You will each report one-half of the income from any securities, bank accounts, real estate, etc., that are registered or titled in both names.

Registered domestic partners who choose to file as married and married individuals must use this filing status if:

- You and/or your spouse/registered domestic partner were partyear residents of DC during different periods of 2024;
- You were a DC resident and your spouse/registered domestic partner was one of the following:
- A member of the US armed forces and not considered a DC resident, but you are required to report income in DC;
- A member of the US Congress or an employee on the personal staff of a member of Congress who is considered a resident of the member's state of residency;
- An officer of the US Executive Branch whose primary residence was not in DC, who is appointed by the President, confirmed by the US Senate and serves at the pleasure of the President; or
- A justice of the US Supreme Court whose primary residence was not in DC.

Dependent claimed by someone else

If you are claimed as a dependent on someone else's return, fill in the 'dependent claimed by someone else' oval.

Married or registered domestic partner filing separately on the same return

You and your spouse/registered domestic partner must combine your separate amounts using Calculation J on Schedule S so that you will either receive one refund or make one tax payment. You may also claim a credit for child and dependent care expenses. Using this filing status may reduce the amount of tax you owe by allowing each spouse/ registered domestic partner to take advantage of lower tax brackets.

Before completing Calculation J, and the Form D-40, you will need to figure the following for you and your spouse/registered domestic partner:

- Each person's federal adjusted gross income;
- Each person's additions to federal income;
- Each person's subtractions from federal income; and
- Each person's deductions.

NOTE: If you and your spouse/registered domestic partner were partyear residents of DC during different periods of 2024, you cannot file separately on the same return. You must file separate returns.

Injured Spouse Allocation

If either spouse/registered domestic partner has an outstanding liability for prior federal tax, DC income tax, DC unemployment compensation debt, child support, a federal non-tax debt, such as a student loan or DC ticket and traffic penalties, the non-liable party may request that their portion of the refund, if any, not be offset to satisfy the other spouse's/registered domestic partner's debt by requesting "injured spouse" allocation. You must file Form DC-8379 before an offset occurs. Once the offset has been applied to a debt, you must contact the agency to which the offset amounts. If not filing electronically, fill in the oval on the D-40 form, attach Form DC-8379 (Injured Spouse Allocation) to your return and mail to:

> Office of Tax and Revenue PO Box 96145 Washington, DC 20090-6145

Head of Household

You may claim this status if you were unmarried or legally separated as of December 31, 2024, and paid over half of the costs of maintaining a home for a qualifying person, such as a child or parent. Certain individuals who lived apart from the spouse/domestic partner for the last six (6) months of 2024 may also be able to use this filing status. Use the appropriate section of Schedule S to enter the full name, TIN, relationship and Date of Birth (DOB) of the qualifying person whether that person is a dependent or the qualifying non-dependent. Failure to provide a Schedule S can delay processing. All the information must be complete, i.e., name, TIN, relationship and DOB.

Qualifying Widow(er) with Dependent Child

If your spouse/registered domestic partner died in 2024, you can use married filing jointly as your filing status for 2024 if you otherwise qualify to use this status. The year of death is the last year for which you can file jointly with your deceased spouse. You may be eligible to use qualifying widow(er) with dependent child as your filing status for 2 years following the year your spouse/registered domestic partner died. For example, if your spouse/registered domestic partner died in 2022, and you have not remarried, you may be able to use this filing status for 2024.

This filing status entitles you to use joint return tax rates and the highest standard deduction amount (if you do not itemize deductions) but it does not entitle you to file a joint return. The DC EITC has now been expanded to include DC residents who are not citizens or resident aliens of the United States. Starting January 1, 2023, an individual taxpayer identification number (ITIN) issued by the IRS shall

Eligibility rules. You are eligible to file your 2024 return as a qualifying widow(er) with dependent child if you meet all of the following tests:

- You were entitled to file a joint return with your spouse/registered domestic partner for the year your spouse/registered domestic partner died. It does not matter whether you actually filed a joint return.
- Your spouse/registered domestic partner died in 2022 or 2023 and you did not remarry by the end of 2024.
- You have a child or stepchild whom you can claim as a dependent. This does not include a foster child.
- Your child lived in your home all year, except for temporary absences. There are exceptions for a child who was born or died during the year and for a kidnapped child.
- You paid more than half the cost of keeping up your home for the year.

Standard Deduction

Single individuals and married/registered domestic partners filing separately are allowed a standard deduction amount of \$14,600. Head of household filers are allowed a standard deduction of \$21,900. Married/registered domestic partners filing jointly, qualifying widow(ers) with dependent children, and married/registered domestic partners filing separately on the same return are allowed a standard deduction of \$29,200.

An additional standard deduction amount of 1,550 (1,950 if single or head of household) is allowed if you were born before January 2, 1960, or are blind. You must attach the Schedule S with a completed Calculation G-1 to claim the additional standard deduction except if you are a dependent filer.

Dependent filers are allowed a standard deduction in an amount based on a formula. Dependent filers should use the worksheet on page 20 to calculate their standard deduction only if someone can claim them, or their spouse/registered domestic partner if filing jointly, as a dependent.

You are not entitled to the standard deduction if you itemize on your federal return. You are entitled to the itemized deductions excluding the state and local taxes and subject to the DC 5% limitation.

District Code § 47-1803.03(c) states "Every individual who claims the standard deduction on his or her federal income tax return shall claim the applicable standard deduction specified in DC Code § 47-1801.04(44). Every individual who itemizes the deductions on his or her federal income tax return shall itemize the deductions permissible under this chapter. If spouses or registered domestic partners file separate returns, the applicable standard deduction shall not be allowed to either spouse or registered domestic partner if the net income of one of the spouses/registered domestic partners is determined by itemizing deductions." Each spouse/registered domestic partner can claim only his/her own itemized deduction.

DC Earned Income Tax Credit (EITC)

The DC EITC is a credit for certain District residents who work. The credit may give you a refund even if you don't owe any tax or didn't have any tax withheld. You cannot claim the DC EITC, however, if your filing status is Dependent claimed by someone else.

The DC EITC has now been expanded to include DC residents who are not citizens or resident aliens of the United States. Starting January 1, 2023, an individual taxpayer identification number (ITIN) issued by the IRS shall be permitted for the individual, the individual's spouse, or any qualifying child claimed on a D-40 individual income tax return that claims the DC EITC. This means taxpayers not eligible for the federal earned income credit (EIC) because they do not have social security numbers may claim the DC EITC by calculating the federal earned income credit amount, ignoring the SSN requirement. You must meet all other requirements and have a valid ITIN(s) issued by the IRS.

Payment of the credit amount allowed will be made differently than in previous years. For taxable years starting January 1, 2024, the DC EITC will be distributed as follows: if the amount of the DC EITC allowed is at least \$1,200, you may choose to receive the DC EITC portion of your refund in 12 equal monthly payments instead of one total payment. To choose 12 equal monthly payments, fill in the oval on Line 27 of your D-40 return. If you do not fill in the oval, you will receive your refund, including the DC EITC portion of your refund, in one total payment. **Please note: 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 the Department of Human Services at (202) 807-0405 or dhs@dc.gov.

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 D-40, Line 43 Net Refund amount. OTR will send a notice to every individual who chooses to receive their DC EITC in 12 equal monthly payments. The notice will tell you the amount of your monthly DC EITC payment.

Taxpayers with a Qualifying Child

The DC EITC is equal to 70% of federal EIC, or 70% of the federal EIC amount you would be eligible for if you met all other requirements for federal EIC but do not have an SSN. If married filing jointly, you, your spouse and your qualifying child(ren) must have an SSN or an ITIN issued by the IRS. If you and your spouse have SSNs or ITINs but your child(ren) do not, you need to claim the DC EITC for filers **without** a qualifying child.

Enter the number of qualifying children on Line 27a of the D-40. Enter your calculated federal EIC amount on Line 27c.

Qualifying Child for EITC Purposes

A qualifying child as defined by the IRS for the EIC is a child who is your son, daughter, stepchild, foster child, brother, sister, stepbrother, stepsister, or a descendant of any of them (for example, your grandchild, niece or nephew) and was:

- •At the end of the filing year, younger than you (or your spouse, if you file a joint return) and younger than 19;
- At the end of the filing year, younger than you (or your spouse, if you file a joint return), younger than 24 and a full-time student; and,
- At the end of the filing year, any age and permanently and totally disabled.

In addition, the qualifying child must have lived with you in the US for more than half of 2024, **unless you are claiming** the DC EITC as a non-custodial parent (see instructions for Schedule N).

If your child was married at the end of the year, the child is not a qualifying child, <u>unless</u> you can claim the child as a dependent or you have been given the right to claim the child as a dependent in an agreement signed by the child's custodial parent releasing the dependency exemption.

Schedule N, DC Non-Custodial Parent EITC Claim

DC Law also allows the same 70% of federal EIC to those who are not allowed to claim the EIC at the federal level but who meet other DC requirements, such as a non-custodial parent who is a District resident between the ages of 18 and 30, and is paying child support under a court order for a minor child. The taxpayer must have paid the child support of at least the amount due for the year through a government sponsored support collection unit and the order must have been in effect for at least one-half of the year. **You must file a D-40 form to use this exception.** Complete Schedule N, DC Non-Custodial Parent EITC Claim and attach to the D-40. Also enter the amount to be claimed on Schedule U, Part 1B, Line 1.

Taxpayers without a Qualifying Child

Taxpayers without a qualifying child must use the DC Earned Income Tax Credit (DC EITC) Worksheet For Filers Without a Qualifying Child on page 21 to determine the DC EITC. You may need information from the federal instruction booklet concerning the Earned Income Credit to determine your eligibility for the DC Earned Income Tax Credit. If you do not have a qualifying child for the EITC and did not qualify for the federal credit due to your income, or your lack of an SSN, you may still qualify for the DC EITC.

Contributions

There are 3 optional DC contributions. Contributions will be deducted from the refund due or added to the tax due. You can contribute as much as you would like. However your contribution cannot exceed your amount to be overpaid and the smallest contribution you can make to any one fund is \$1.00.

DC Statehood Delegation Fund

Enter on Part II Contributions, Line 1 of the Schedule U, and attach to the D-40.

Taxpayer Support for Afterschool Programs for At-Risk Students Enter on Part II Contributions, Line 2 of the Schedule U, and attach to the D-40.

Anacostia River Cleanup and Protection Fund

Enter on Part II Contributions, Line 3 of the Schedule U, and attach to the D-40.

Tax tables

If your taxable income is \$100,000 or less, use the tax tables on pages 85-94 to find the tax for Line 20 of the D-40.

If your taxable income is greater than \$100,000, use Calculation I on page 17 to determine your tax.

Tax paid with extensions

Report tax paid with extension of time to file on Line 33 of the D-40.

Tax paid with original return

If this is an amended return, report tax paid with original return on Line 34 of the D-40 $\,$

Refund Options

There are 3 refund options offered for individual income tax returns. All individual income tax returns require that one of these refund options be selected.

1. Direct deposit of refund

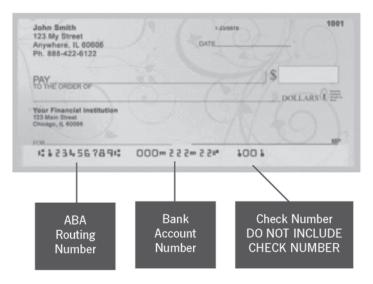
Direct Deposit Facts:

- 1. It's simple. You don't have to cash a check.
- 2. It's safe. No more lost, stolen or misplaced checks.
- 3. It's fast. Your money will be available the morning of the payment.

All new direct deposit requests (taxpayers requesting a direct deposit for the first time) will receive a paper check.

If you want your refund deposited directly in your bank account, complete the Direct Deposit Information on the D-40. If the routing or account number begins with zeros, include the zeros.

Fill in the bank routing and account number information. You can obtain this information from the lower left portion of your check (see example below).



NOTE: Refer to your own check or financial institution for your numbers. The routing and account numbers may be in different places on your check.

Your routing number is the left-most number located on your check, identified as the American Banking Association (ABA) routing number. The ABA number identifies your bank uniquely within the direct deposit system. It must be:

- Nine (9) digits in length, including zeros;
- A current valid bank routing number.

Your account number:

- Is usually just to the right of your ABA routing number including zeros;
- Can be up to 18 digits long; and
- Can be both letters and numbers.

You may want to verify your account and routing numbers with your financial institution before filling in the information.

Fill in the oval to show the type of bank account. If you want the refund to go to a savings account instead of your checking account, you may need to contact your financial institution for the account and routing number information.

Check the ABA routing number and account number carefully. If your bank account information is incorrect or missing digits, the money can be deposited in someone else's account. Please double check your routing and account number. OTR is not liable for any ABA routing and account numbers reported on the return in error.

If you do not select the checking or savings oval, we will assume the refund will be deposited in your checking account. If the funds are returned to OTR, a paper check will be issued.

In the event of a rejection of direct deposit, refunds will be re-issued on a paper check.

Note: Identity theft and fraud using direct deposit has grown significantly nationally and locally in recent years. To minimize direct deposit/identity theft refund fraud, OTR is converting new direct deposit refund requests to paper checks mailed to the taxpayer's address of record. Also see number 3, Paper Check section below for when paper checks will be issued.

Refund direct deposit to a foreign account – International ACH Transaction (IAT)

If you request your refund to be direct deposited to an account outside of the United States, you will receive a paper check.

2. U.S. Bank ReliaCard™

If you want your refund on a **ReliaCard**, select "ReliaCard" under the Refund Options on the D-40 form. Refunds under \$2 or greater than \$4,000 do not qualify for the ReliaCard. Non-qualified refunds will receive a paper check if direct deposit is not selected. To obtain more information, visit <u>https://www.usbankreliacard.com</u>.

Note: If you 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.

3. Paper Check

A paper check will be issued if:

- no refund option is selected;
- the taxpayer selects this option, or direct deposit is not selected or if the taxpayer selects "ReliaCard" and it is beyond the threshold for a ReliaCard;
- the taxpayer is a first time filer, even if they select direct deposit;
- there is a gap between filing i.e., filed in 2021 and 2022, but did not file in 2023; or
- the bank account changes from one year to the next; or
- the taxpayer requests a refund on behalf of a deceased taxpayer.

Refund status inquiry

To check the status of your refund visit <u>MyTax.DC.gov.</u> You will need to enter your taxpayer identification number (TIN) and the refund amount you requested on your return.

Third Party Designee

If you want to authorize another person to discuss your 2024 tax return with OTR, fill-in the oval in the Third Party Designee block on page 3 of the D-40, and enter the designee's name and phone number. If you want to authorize your paid preparer, enter 'preparer' in the 'third party designee' block. If you are filing a joint return, filling in the third party designee block oval constitutes authorization by both filers. Filling in the oval also gives the designee authorization to:

- Give OTR any information missing from your return;
- Contact OTR for information about processing your return and the status of any refund or payment; and
- Request, receive and/or respond to OTR notices related to your return.

The authorization does not:

- Give the designee the right to receive your refund;
- Bind you to any additional tax liability related to your return; or
- Otherwise give them the right to represent you before OTR.

This authorization automatically ends on April 15, 2026 (without regard to extensions).

Signature

Sign and date your return. If your filing status is married filing jointly or married filing separately on the same return, both spouses/ registered domestic partners must sign. If the return is not signed, it will be sent back to you. If the return was prepared by a paid tax preparer, the tax preparer must also sign the return and provide their identification (PTIN) and telephone number. You, the taxpayer(s) are responsible for the information prepared and submitted by a paid preparer.

Email address

Enter the email address of the person authorized to discuss your 2024 tax return with OTR. This can be the taxpayer, the third party designee, or the paid preparer if you have filled in the oval authorizing the paid preparer to discuss this return with OTR.

Send in your original return and attachments, if applicable; <u>please</u> keep a copy for your records.

Do not understate your taxes

There may be a penalty if an understatement of the tax required to be shown on your return exceeds the greater of:

- 10% of the tax required to be shown on the return; or
- \$2,000

The penalty is 20% of the excess of the amount required to be shown on the return over the tax shown on the return.

Using a Paid Preparer

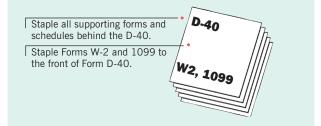
Although you may use a paid preparer, you the taxpayer(s) are responsible for the filing and payment of your tax return. Please review the tax return before you allow a paid preparer to issue a return on your behalf.

Preparers must pay a penalty for understating taxes where:

- The refund or amount due is based on unrealistic information; or
- The preparer should have been aware of a relevant law or regulation; or
- Relevant facts about the return are not adequately disclosed. Penalties range from \$250 to \$10,000.

Assembling your D-40 return

- <u>Do not staple or otherwise damage the Bar Code located in the</u> <u>upper right hand corner of the form or schedule being attached;</u>
- <u>Do not cross out the tax year on the 2024 return.</u> If you are not filing an Individual Income Tax Return, do not use this booklet. Request a booklet for the specific year you are filing by calling our Customer Service Center at (202) 727-4829, or visit our Customer Service Administration (CSA) at 1101 4th Street, SW, Washington, DC 20024. Visit <u>DC Tax Forms/Publications</u> for prior year(s) individual income tax booklets/returns; Staple check or money order to the D-40P, Payment Voucher;
- Staple Forms W-2 and applicable 1099 to the front of your return;
- Staple any of the other required documents listed on this page in the upper left corner behind the return;
- Send in an original, signed DC return with attachments, if applicable, not a copy. Please fold your return once and use the return envelope provided;



- There are two adhesive mail labels on the back flap of the return envelope. If you are sending a <u>payment</u> by mail with your return, use the PO Box 96169 label on the return envelope. If you are filing a return with <u>no payment due or refund return</u>, use the PO Box 96145 label.
- Copies of the federal return and schedules are not required to be filed with DC and should not be attached unless specified below.

List of other documents for D-40 filers

Staple these behind the D-40 return in file order.

- Schedule S, Supplemental Information and Dependents;
- Schedule H, Homeowner and Renter Property Tax Credit;
- Schedule U, Additional Miscellaneous Credits and Contributions;
- D-8609, District of Columbia Low-Income Housing Tax Credit Allocation and Certification;
- Schedule I, Additions to and Subtractions from Federal Adjusted Gross Income;
- Schedule N, DC Non-Custodial Parent EITC Claim;
- Schedule ELC, Keep Child Care Affordable Tax Credit;
- Schedule HSR, DC Health Care Shared Responsibility;
- DC-8379, Injured Spouse Allocation;
- D-2210, Underpayment of Estimated Income Tax by Individuals;
- D-40P, Payment Voucher;
- FR-127, Extension of Time to File a DC Income Tax Return;
- DC Form FR-147, Refund Claim for Deceased Taxpayer, with letters of administration and a copy of the death certificate;
- DC Form D-2440, Disability Income Exclusion (and any certification):
- DC Form D-2441, Child and Dependent Care Credit for Part-Year Residents;
- DC Residential Form, Alternative Fuel Vehicle Conversion and Infrastructure Credits.

If any of the above-referenced forms are needed, visit <u>DC Tax Forms/Publications</u> and select forms needed.

You may also contact our Customer Service Center at (202) 727-4829.

To complete your D-40 return, you will need to do a series of calculations contained in these instructions and copy many of the line items and totals onto your D-40. You may also need to attach DC schedules or forms to your D-40. Unless instructed otherwise, if you complete any part of any Schedules S, H, U, I, N, ELC, HSR, DC-8379, D-2210, D-40P, FR-127, attach it to your return.

DC-8379, Injured Spouse Allocation.

You may be an injured spouse if you file a joint return and all or part of your portion of the overpayment is expected to be offset to your spouse/ registered domestic partner's legally enforceable past-due federal tax, state income tax, state unemployment compensation debts, child support, or a federal nontax debt, such as a student loan. You must file the DC-8379 with your return. In order to be eligible for this relief, you must submit your completed DC-8379 prior to the offset occurring and filed with the return. Once funds have been offset, this relief may be unavailable.

Schedule ELC, Keep Child Care Affordable Tax Credit.

This schedule allows eligible taxpayers to claim an early learning tax credit for an eligible child under the age of 4 as of 9/30/24 and payments made during the taxable year after August 31st if the eligible child meets age requirements for enrollment in Pre-K according to DC Code §38-273.02(a).

Schedule H, Homeowners and Renter Property Tax Credit.

This schedule allows eligible residents to claim a property tax credit against their DC income tax liability. The total 2024 federal Adjusted Gross Income (AGI) of your "tax filing unit" cannot exceed \$63,900 (under age 70) or \$87,100 (age 70 or older). Do not claim this credit for an exempt property owned by a government, a house of worship or a non-profit organization. See Schedule H in this booklet.

Note: File the Schedule H with your D-40 return. If you are not required to file a D-40 because you are below the filing threshold, you may file the Schedule H by itself. It can be filed online via <u>MyTax.DC.gov</u> (if you are not a first time Schedule H filer and registered to use the web portal), or mailed to:

Office of Tax and Revenue 1101 4th St SW, FL4 Washington DC 20024

Schedule HSR, DC Health Care Shared Responsibility.

DC law requires all residents to have health care coverage, have an exemption or pay a tax penalty on their DC tax return. See instructions for Schedule HSR, DC Health Care Shared Responsibility.

Schedule I, Additions to and Subtractions from Federal AGI.

This schedule contains two calculations, one for additions and another for subtractions from federal Adjusted Gross Income. See Schedule I in this booklet. If you took the 100% federal bonus depreciation and/ or the additional Internal Revenue Code (IRC) Section 179 expenses on your federal return, enter the total on Schedule I, Calculation A, Line 3.

If you reported deferred capital gains on your federal return due to an investment in a federal Qualified Opportunity Fund, you must add back the amount of the deferment on Line 8.

If you have deferred capital gains due to an investment in an approved DC Qualified Opportunity Fund, subtract the amount of the deferment on Line 15, provided this amount is also included in Line 8 of Schedule I.

Use Schedule I to exclude District nontaxable grants from District gross income where the amount of the grant is included in federal Adjusted Gross income. The amount of the grant should be included in the federal Adjusted Gross Income that is reported on the federal Form 1040, and carried over to line 4 of Form D-40. Use Line 13 of Schedule I to report the amount of the grant if the amount of the grant is included in federal Adjusted Gross Income. The total additions to and subtractions from federal Adjusted Gross Income captured by Schedule I are carried over to Form D-40. Submit the 1099G showing the amount of the grant.

Schedule N, DC Non-Custodial Parent EITC Claim.

Use this schedule to determine whether a non-custodial parent making court-ordered child support payments may claim the DC EITC. See Schedule N in this booklet.

Calculation K Out-of-state-income tax credit		
a Amount of income tax paid to other state(s). Enter from the other state(s) return(s).	а	
b Income subject to income tax in other states and received while a resident of DC.	b	
c DC adjusted gross income from D-40, Line 16.	С	1
d Divide Line b by Line c. (Enter the result.)	d	1
e DC Tax from D-40, Line 20.	е	1
f Maximum out-of-state credit. Multiply Line e by Line d.	f	1
g Enter the lesser of Line a or Line f. Also enter on Schedule U, Part 1a Line 2.	g	1

Schedule S, Supplemental Information and Dependents.

If claiming dependents, use Schedule S to list each dependent's name, taxpayer identification number (TIN), relationship and date of birth (DOB). If filing head of household/qualifying widow(er) use Schedule S to report dependents or other qualifying non-dependent person.

Calculation G-1 is used to determine the computation of the standard deduction. You must also use Calculation G-1 to claim the additional standard deduction for yourself or your spouse/registered domestic partner for being blind and/or age 65 or older, unless you are a dependent claimed by someone else.

Calculation J is used to determine the DC tax amount for married or registered domestic partners filing separately on the same return.

List any TINs (EIN) in the applicable space(s) if there is an amount on D-40, Line 11.

Schedule U, Additional Miscellaneous Credits and Contributions.

This schedule lists certain additional non-refundable and refundable credits you may be able to claim. It also lists several contributions funds to which you may wish to contribute. See Schedule U in this booklet.

Non-refundable credits include:

1. Out of State tax credit. The amount taxpayers domiciled in DC may claim as a credit for individual income tax paid to other state(s) if the income taxed by that state is derived from that state and that income is of a kind taxed by DC. The tax paid to a state is the total state tax liability shown on the state tax return. (It is not the state withholding shown on your Form W-2.) The credit is limited to the rate of tax charged in the District. If you are a statutory resident, the state in which you are domiciled gives you a credit for the taxes paid to DC.

Complete Calculation K on the previous page to determine your out of state credit. Enter the credit amount on Schedule U, Part 1a, Line 2. If you paid tax to more than one state, enter the respective amounts and other state codes in the spaces provided.

For information regarding credits for income taxes paid by pass-through entities (PTE taxes) to other states, see OTR Notice 2022-03, District Treatment of Pass-through Entities Taxes Paid to Other Jurisdictions. No DC credit is allowed for any other tax imposed by a state, including the following:

- Corporate franchise tax;
- License tax;
- Excise tax;
- Unincorporated business franchise tax; and
- Occupation tax.

Note: Calculations A and B are on Schedule I)	
Calculation C Standard deduction for part-year DC residents	
a Your standard deduction. See instructions, page 10.	а
b Number of days you lived in DC from D-40, Line 2.	b
C Divide Line b by the number 365 (366 if leap year).	С
d Part-year DC standard deduction. Multiply Line a by Line c, enter result here and on D-40, Line 18	18. d
Calculation D DC Itemized deductions for part-year DC residents.	
a Total Itemized Deductions from Form 1040 or 1040-SR, Schedule A, Line 17, or Form 1040-NR, Schedule A, Line 8.	a
b Portion of Line a that applies to the time you were a DC resident.	b
c Portion of your state and local tax deduction reported on Form 1040 or 1040-SR, Schedule A, Line 7, or Form 1040-NR, Schedule A, Line 1b that was paid to DC.	С
d Subtract Line c from Line b.	d
e Portion of your state and local real estate tax deduction from Form 1040 or 1040-SR, Schedule A, Line 5b that was paid to DC.	е
f Portion of your other taxes deduction from Form 1040 or 1040-SR, Schedule A, Line 6 that was paid to DC.	f
g DC itemized deductions. Add Lines d, e, and f. If your District Adjusted Gross Income (AG is equal to or less than \$200,000 (\$100,000 if married filing separately) stop here and enter this amount on Line 18 of the D-40.	GI) g
Note: If your District AGI is greater than \$200,000 (\$100,000 if married filing separately) continue below to determine the allowable itemized deductions.	
h Enter the sum of Form 1040 or 1040-SR, Schedule A, Lines 4, 9, and 15 allocable to the time you were a DC resident.	h
i Subtract amount on Line h from Line g.	i
j Enter the amount of DC adjusted gross income.	j
k Enter \$200,000 (or \$100,000 if married filing separately).	k
I Subtract amount on Line k from Line j.	1
m Multiply amount on Line I by 5%.	m
n Subtract amount on Line m from amount on Line i (if<0, enter 0).	n
o Add the amounts on Line h and Line n (enter the result on Line 18 of the D-40).	0

2. Alternative Fuel Vehicle Conversion and Infrastructure Credits. There are 2 credits related to Alternative Fuel Vehicle Conversion and Infrastructure:

(1) A credit up to 50% of the costs for purchase and installation of qualified alternative fuel storage and dispensing or charging equipment per qualified alternative fuel vehicle refueling property or private residence. The credit shall not exceed \$1,000 per vehicle charging station for a private residence and \$10,000 per qualified alternative fuel vehicle refueling property or vehicle charging station. The cost of the purchase of the land on which the refueling or charging station will be located or the construction or purchase of any structure is not included in the equipment or labor costs. The unused credit can be carried over for two years.

(2) A credit not to exceed \$19,000 per vehicle, up to the tax liability, for 50% of the cost of equipment and labor per vehicle for vehicle owners who modify their existing petroleum-derived gasoline or diesel fuel vehicle into a vehicle capable of operating on one of a list of acceptable operating fuels: 85% ethanol; natural gas; compressed natural gas; liquefied natural gas; liquefied petroleum gas; biodiesel (excluding kerosene); electricity from a vehicle charging station; or hydrogen. Any unused credit for vehicle conversion cannot be carried forward. See D.C. Code Sections 47-1806.12 and 47-1806.13.

If you are claiming one of these credits, complete the residential form, Alternative Fuel Vehicle Conversion and Infrastructure Credits available online only at <u>DC Tax Forms/Publications</u> under Individual Income Tax Forms: attach it to the D-40, Schedule U.

If gross income derived from the operation of an alternative fuel dispensing or charging station exceeds \$12,000, you must file a DC Form D-30 Unincorporated Business Franchise Tax Return.

3. DC Low-Income Housing Tax Credit (DC LIHTC)

The DC LIHTC is a non-refundable credit for taxpayers who invest in the construction and rehabilitation of housing for low and moderateincome individuals and families in the District of Columbia. The credit can be taken against income tax, franchise tax and insurance premium tax. For more information, see the "Instructions for Low-Income Housing Tax Credit Allocation and Certification" on DC Tax Forms/Publications.

4. Department of Housing and Community Development (DHCD) Rental Accommodations Division (RAD) Housing Provider Credit

The DHCD RAD Housing Provider Credit is a non-refundable tax credit against income or franchise taxes that is available to certain housing providers as a result of a hardship petition filed with RAD. See DC Code § 42-3502.24 (g). To claim this credit on the D-40 return you must have a certification of income tax credit from RAD. Enter the amount of the certified income tax credit on Schedule U, Line 6. Attach a copy of the certification.

Refundable credits include:

- 1. DC Non-custodial parent EITC. See Schedule N.
- 2. Keep Child Care Affordable Tax Credit. See Schedule ELC.

Contributions include:

- 1. DC Statehood Delegation Fund;
- 2. Taxpayer Support for Afterschool Programs For At-Risk Students; and
- 3. Anacostia River Cleanup and Protection Fund.

Who is a Resident?

You are a resident of DC if:

- 1. You are an individual domiciled in DC at any time during the taxable year, or
- 2. You are an individual who maintains a place of abode within DC for an aggregate of 183 days or more during the taxable year, this is also known as a statutory resident.

Domiciliary

An individual is domiciled in DC if their permanent home is in DC. Domicile, once established, is presumed to continue until it is shown to have been changed. To establish a change of domicile from DC to a new jurisdiction, a person must demonstrate (1) physical presence in the new jurisdiction, (2) an intent to abandon their domicile in DC, and (3) an intent to remain in the new jurisdiction for an indefinite period of time. An individual can only have one domicile at a time. An individual domiciled in DC is a full-year resident under DC law and must file a full-year individual income tax return, except, if you establish or abandon your DC domicile during the year, then you are a part-year resident and will file a part-year return.

Statutory Resident

An individual is a DC statutory resident, even though not domiciled in DC, if they maintained a place of abode in DC for an aggregate of 183 or more days during the taxable year. The period of residency does not have to be consecutive days. In determining whether an individual has maintained a place of abode in DC for 183 or more days, temporary absences from the DC residence i.e. vacations, hospitalization, business trips, and the like, shall be considered as periods of District residency. A statutory resident is a full-year resident under DC law and therefore must file a tax return reporting their entire income for the taxable year even if they maintained a place of abode for less than the full year. A statutory resident may seek credits for individual income taxes paid to other state(s), while concurrently a resident of DC. However, they must provide satisfactory proof of payment, including an individual income tax return filed with the other state(s), in order to be eligible for a credit.

Part-Year Resident

An individual is a part-year resident if they move into or out of DC during the year with the intent to establish or abandon their domicile in DC. The calculation of tax liability for a part-year resident is prorated based on the income earned in DC during the period of residency. An individual filing a part-year return must indicate the period of domicile on Line 2 of Form D-40. All credits, exemptions and deductions must be prorated according to the time domiciled in DC.

Part-Year Instructions

If you are a part-year resident for the 2024 tax year, fill in the oval on Line 2 of the D-40, complete the applicable month, day and year in the "from" and "to" boxes. Divide the number of days lived in DC by 365 (366 if leap year). Use that number (standard rounding to four decimal places) and multiply by your credit, additions or subtractions amounts not previously prorated. Complete Calculation C for standard deduction and Calculation D for DC itemized deductions showing the type and amount of income received:

- During the time you were domiciled in DC;
- During the time you were not domiciled in DC; and
- The total income reported on your federal return as adjusted for DC purposes.

Before completing the D-40, calculate the following:

- Income received when you were domiciled in DC;
- Income received when you were domiciled outside of DC; and
- Allowable expenses paid or incurred when you were domiciled in DC;
- Allowable expenses paid or incurred when you were domiciled outside of DC.

The same allocation is required for credits and other deductions.

If you claimed itemized deductions on your federal income tax return, include for DC purposes only those relating to the time you were domiciled in DC. Your federal worksheet will assist you in completing Schedule I (Calculations A and B) and Calculation D (if applicable). Keep a copy of your worksheet, a copy of your tax return and all calculations. If you were domiciled in DC for only part of the 2024 tax year, allocate your DC income and deductions attributable to the time you were domiciled in DC. Also prorate your standard deduction and credits by dividing the number of days you were domiciled in DC by 365 (366 if leap year) and multiplying the result by the standard deduction/credit amount.

Example: *71 days of residency domiciled in DC divided by 365 (366 for leap year) equals 0.1945. For a taxpayer who is eligible to claim the maximum EITC For Filers Without a Qualifying Child, the credit amount is \$632. Multiply \$632 by 0.1945. The result \$123, is the prorated amount of the credit.

January		February		March		
31	+	28	+	12	=	71 Days*

Standard deduction for part-year DC residents. Adjust your standard deduction to reflect the number of days you were domiciled in DC. Complete Calculation C on page 14.

Itemized deductions for part-year DC residents. Effective January 1, 2011, DC Official Code §47-1803.03 (b-4) provides that certain DC itemized deductions of DC taxpayers with over \$200,000 of DC AGI (\$100,000 for a separate return filed by a married individual) will be limited. Reduce the DC itemized deduction amount by 5% of the DC AGI in excess of \$200,000 (\$100,000 for a separate return filed by a married individual). The itemized deductions that are not subject to the 5% limitation are medical and dental expenses, expenses incurred in the production of investment interest, and casualty or theft loss deduction.

If your DC deductions are limited and you were a part-year DC resident, complete Calculation D on page 14.

Credit for child and dependent care expenses for part-year DC residents. Complete the DC Form D-2441 and enter the amount from Line 5 on Line 21 of the D-40. Attach a copy of your DC Form D-2441.

Do not include income tax withheld for other states in the DC tax withheld, Line 31, D-40.

Income Information Section

- Copy Line a through d from the appropriate lines on the federal return. Do not recalculate any amounts or totals.
- Not all items will apply to you. Fill in only those that do. If the amount is zero, leave the line blank.
- If you had a loss for Lines b, c, d, 4, 7, 16, or 19, fill in the "Fill in if loss" oval to indicate that the figure entered is a negative one. Do not enter a minus sign or brackets within the boxes.

Line a Wages, salaries, unemployment compensation, and/or tips

Enter the amount from your federal 1040, 1040-SR, 1040-NR or 1040-NR-EZ plus any unemployment compensation received.

All unemployment compensation received in 2024 is taxable by the federal government. However, DC has enacted legislation that excludes all unemployment insurance benefits provided by the District, any other state, or the federal government, from District gross income. If any such unemployment insurance benefits are included in your D-40, Line 4 federal adjusted gross income, use Line 13 of the D-40 return to subtract all unemployment insurance benefits from District gross income.

Line b Business income or loss

If you had gross business/self-employment income from DC sources of more than \$12,000 from an unincorporated business or business activity, see the instructions for D-30, Unincorporated Franchise Tax Return, to see if you are required to file that return. If you are, do not include the income here, but report it on your D-30 return instead.

Line c Capital gain or loss

Enter the amount from your 1040, 1040-SR or 1040-NR. The maximum allowable annual capital loss claim is \$3000 (\$1500 if married or registered domestic partner filing separately).

If you have farm income or loss listed on federal form 1040 or 1040SR or 1040 NR, Schedule 1, Part 1, Line 6, include the amount in the amount entered on Line c and attach a copy of Schedule 1. If a loss, fill in the oval.

For DC tax purposes, upon disposing of an asset not fully depreciated, compute the capital gain/loss reported on your federal return for the year of disposition excluding any bonus depreciation.

Line d Rental real estate, royalties, S corporations, trusts, etc

Enter the amount from your 1040, 1040-SR or 1040-NR. If you had gross income, from DC sources, of more than \$12,000 from a unincorporated business or business activity, including rents and royalties, do not include on D-40. You are required to file a D-30 return. File a DC Form D-30, Unincorporated Franchise Tax Return if capital is a material income producing factor. An S Corporation must file a D-20, Corporation Franchise Tax Return.

Computation of DC Gross and Adjusted Gross Income

Line 4 Federal adjusted gross income

Enter the amount from 1040, 1040-SR, 1040-NR, or 1040-NR-EZ. Include your taxable portion of pension/annuity in your federal adjusted gross income.

NOTE: Any grants and stipends received by certain DC public or charter school teachers under the Housing Support for Teachers Act of 2007 are subject to both federal and DC income tax.

Additions to DC Income

Line 5 Franchise Tax

Enter any franchise tax deducted on a federal business tax return, from federal Forms 1065 or 1120S.

Line 6 Other additions from DC Schedule I

Enter the amount from Line 9 of Calculation A, Schedule I.

Line 7 Add Lines 4, 5 and 6

Add federal adjusted gross income, franchise tax deducted and additions to DC income. Fill in oval if loss.

Subtractions from DC Income

Line 8 Income received by a part-year resident during period domiciled outside DC

For each type of income reported on your federal 1040 or 1040-SR, determine the amount you received when you were domiciled in DC. Subtract that amount from your total income and enter the results on Line 8.

NOTE: Do not include any unemployment insurance benefits as a part of income received during the period domiciled outside DC on Line 8. Enter the total amount of all unemployment insurance benefits on Line 13, provided this amount is also included on Line 4 of the D-40 return.

Calculation F DC Itemized deductions for full-year DC residents		
a Total itemized deductions from Form 1040 or 1040-SR, Schedule A, Line 17, or Form 1040-NR, Schedule A, Line 8.	а	
b Total state and local tax deductions. Enter the amount from your Form 1040 or 1040-SR, Schedule A, Line 7, or Form 1040-NR, Schedule A, Line 1b.	b	
c Subtract Line b from Line a.	С	
d State and local real estate tax from Form 1040 or 1040-SR, Schedule A, Line 5b.	d	
e Other taxes from Form 1040 or 1040-SR, Schedule A, Line 6.	е	
f DC itemized deductions. Add Lines c, d, and e. If your District Adjusted Gross Income (AGI) is equal to or less than \$200,000 (\$100,000 if married filing separately) stop here and	f	
enter this amount on Line 18 of the D-40 form.		
Note: If your District AGI is greater than \$200,000 (\$100,000 if Married filing separately) continue below to determine the allowable itemized deductions		
g Enter the sum of Form 1040 or 1040-SR, Schedule A, Lines 4, 9 and 15	g	
h Subtract amount on Line g from Line f.	h	
i Enter the amount of DC adjusted gross income.	i	
j Enter \$200,000 (\$100,000 if married filing separately).	j	
k Subtract amount on Line j from Line i.	k	
I Multiply amount on Line k by 5%.	I.	
m Subtract amount on Line I from amount on Line h (if less than 0, enter 0).	m	
n Add the amounts on Lines g and m (enter the result on Line 18 of the D-40).	n	

Calculation I/Tax Rate Schedule

<i>If your taxable income from D-40, Line 19 is:</i>	Then your tax rate is:
Not over \$10,000	4% of the taxable income
Over \$10,000 but not over \$40,000 Over \$40,000 but not over \$60,000 Over \$60,000 but not over \$250,000 Over \$250,000 but not over \$500,000	\$400, plus 6% of the excess over \$10,000 \$2,200, plus 6.5% of the excess over \$40,000 \$3,500, plus 8.5% of the excess over \$60,000 \$19,650, plus 9.25% of the excess over
Over \$500,000 but not over \$1,000,000	\$250,000 \$42,775, plus 9.75% of the excess over \$500,000
Over \$1,000,000	\$91,525, plus 10.75% of the excess over \$1,000,000

Line 9 Taxable refunds, credits or offset of state and local income tax

Enter the amount from your 1040, 1040-SR or 1040-NR.

Line 10 Taxable amount of social security and tier 1 railroad retirement Enter the amount from 1040 or 1040-SR.

Line 11 Income reported and taxed this year on a DC franchise or fiduciary return (D-20, D-30 or D-41)

If the income reported on your 1040 or 1040-SR included income reported and taxed on a DC franchise or DC fiduciary return, enter that amount here. Provide the taxpayer identification number (TIN) and your share of the income reported. Refer to Instructions, page 8 regarding TINs. Include the TIN on page 2 of the Schedule S.

Line 12 DC and federal government survivor benefits

If you are an annuitant's survivor and 62 years of age or older as of December 31, 2024, enter the total survivor benefits (do not include Social Security survivor benefits).

Line 13 Unemployment Insurance Benefits

Unemployment insurance benefits provided by the District or any other state are excluded in the computation of District gross income.

Line 14 Other subtractions from DC Schedule I

Line 15 Total subtractions from DC Income Add Lines 8-14.

DC Adjusted Gross Income

Line 16 DC adjusted gross income

Subtract Line 15 from Line 7 and enter the result on Line 16.

DC Taxable Income

Line 17 Deduction type

Indicate which type of deduction (itemized or standard) you are taking by filling in the appropriate oval. You must take the same type of deduction on your DC return as you took on your federal return.

Line 18 DC deduction amount

Enter the amount from your federal return.

<u>Standard deduction</u>. Reference page 10 of the Instructions. Part-year DC residents, reference page 15.

<u>Itemized deductions.</u> Do not copy the amount from your federal return. Use Calculation D if you are a part-year DC resident, or Calculation F if you are a full-year or statutory DC resident. DC does not allow a deduction for state and local income taxes. You can deduct your entire state and local real estate taxes.

If your DC Adjusted Gross Income (AGI) is \$200,000 or less, complete Calculation F on page 17. DC income taxes paid are not deductible on your DC return. Therefore, reduce your federal itemized deductions amount by those taxes before entering the total on your DC return.

Certain DC itemized deductions of DC taxpayers with over \$200,000 of DC adjusted gross income (\$100,000 for a separate return filed by a married individual) will be limited. Reduce the DC itemized deduction amount by 5% of the DC AGI in excess of \$200,000 (\$100,000 for a separate return filed by a married individual). The itemized deductions that are not subject to the 5% limitation are medical and dental expenses, expenses incurred in the production of investment interest, and casualty or theft loss deduction.

If your DC deductions are limited, complete Calculation F on page 17.

Line 19 DC taxable income

Subtract Line 18 from Line 16. Enter the result; if a loss, fill in the oval.

Line 20 Tax

If Line 19 is \$100,000 or less, use the tax tables on pages 85-94 to determine your tax. If Line 19 is more than \$100,000, use Calculation I on page 17.

Married or registered domestic partners filing separately on the same return - Before completing Calculation J, the tax computation, on Schedule S, you must determine each person's separate federal AGI, additions to income, subtractions from income, and deductions. You must combine the separate amounts for each person before making entries on Lines 21-35 of the D-40.

DC tax, credits, and payments

The credits claimed on Lines 21 and 22 are non-refundable, which means they can reduce the taxes you owe, but they will not result in a tax refund. The credits you claim on Lines 27d or 27e, 28 and 29 are refundable credits, which means if these credits plus any tax payments are greater than your total tax due, you may receive a refund.

Line 21 Credit for child and dependent care expenses

If your status is married or registered domestic partner filing separately on the same return, you may claim the credit and divide it between spouses/ registered domestic partners any way you wish.

If you were a full-year or statutory DC resident, to figure your DC credit, multiply the amount from federal Form 2441, Line 9c by .32. Enter the result on Line 21 of the D-40. (Do not use the DC Form D-2441.)

If you were a part-year resident, see the instructions on page 16.

If you were eligible for the Child and Dependent Care Credit but did not claim it for federal purposes, complete the federal Form 2441, multiply the result by .32 and claim the DC credit for child and dependent care expenses.

Generally, married persons must file a joint return to claim the credit. If you claim the credit and your filing status is married filing separately, you are required to show you meet the special requirements listed in the IRS Form 2441 instructions.

Line 22 Non-refundable credits from DC Schedule U

This entry is the total of non-refundable amounts from DC Schedule U, Part 1a, Line 7.

Line 23 Total non-refundable credits

Add Lines 21 and 22.

Line 24 Subtract Line 23 from Line 20

Subtract Line 23 from Line 20 and enter the result on Line 24. If Line 20 is less than Line 23, enter zero.

Line 25 DC Health Care Shared Responsibility

If you, your spouse/registered domestic partner (If filing jointly or separately on the same return), and anyone you or your spouse/ registered domestic partner can claim as a dependent, had qualifying health coverage or an exemption for every month of 2024, enter zero. Otherwise complete Schedule HSR and accompanying worksheets to determine the amount of your Health Care Shared Responsibility Payment. From Schedule HSR, Part IV, Line 17.

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

DC EITC

Refer to Instructions, page 10. Filers with qualifying children must complete Lines 27a, 27b, 27c and 27d or the credit will be denied. Filers without qualifying children must complete Line 27e or the credit will be denied. Schedule N Non-Custodian Parent EITC filers must complete Schedule N and Schedule U and attach them to the D-40.

Line 27a Qualified EITC children

Refer to Instructions, page 10. If you have a qualifying child or children, enter the number of EITC children on Line 27a. Each qualifying child must have a valid social security number (SSN) or individual tax identification number (ITIN) issued by the IRS. If you have no children who qualify, you must claim the DC EITC **without** qualifying children.

Line 27b Enter your earned income amount. If you filed a 2024 federal return, enter the earned income amount reported on your federal return. If you did not file a federal return because you are below the federal filing threshold and/or lack a social security number, you may still claim the DC EITC by filing a D-40 return with an ITIN. To calculate the amount of your earned income refer to IRS Publication 596, Earned Income Credit (EIC) and the EIC Worksheet in the instructions for IRS Form 1040 and 1040-SR.

Line 27c (For taxpayers with qualifying children only). Enter the amount of federal earned income credit reported on your 2024 federal return. If you did not file a federal return because you are below the federal filing threshold and/or lacked a social security number, you may still claim the DC EITC by filing a D-40 return with an ITIN. To calculate the amount of your earned income refer to IRS Publication 596, Earned Income Credit (EIC) and the EIC Worksheet in the instructions for IRS Form 1040 and 1040-SR.

Line 27d Multiply the calculated federal EIC amount x .70 and enter result (for taxpayers with qualifying children only).

Line 27e For filers without qualifying children, use the DC Earned Income Tax Credit Worksheet For Filers Without a Qualifying Child to determine your DC EITC and enter the result.

Line 28 Property tax credit

If you filed a DC Schedule H, Homeowner and Renter Property Tax Credit, enter the amount from the appropriate Line (3 or 7). See the instructions in this booklet for assistance in completing Schedule H. If you are filing a D-40 and Schedule H by paper, attach Schedule H to your D-40.

Line 29 Refundable credits from DC Schedule U

Complete Schedule U, Part 1b. Attach Schedule U to your D-40. See Schedule N, DC Non-Custodial Parent EITC Claim, to determine if you are eligible to claim this credit. If you complete a Schedule N, attach it to your D-40.

Line 30 Total Refundable Credits

Add line 27d or 27e through Line 29.

Line 31 DC income tax withheld

Add the amount of DC income tax withheld as shown on your applicable 2024 federal Forms W-2 and 1099 that show DC tax withheld.

Line 32 2024 Estimated income tax payments and amount applied from 2023 return

Enter the total of your 2024 DC estimated income tax payments and any amount applied from your 2023 return as a carryforward. If you are filing separate returns and paid estimated income tax payments, you and your spouse/registered domestic partner must divide the payments according to which spouse/registered domestic partner paid them. You cannot arbitrarily allocate the estimated payments between yourselves.

Line 33 Tax paid with extension of time to file

If you filed Form FR-127, Extension of Time to file a DC Income Tax Return, enter the amount you paid with the FR-127.

Line 34 If this is an amended 2024 return, enter payments made with original 2024 D-40 return.

Line 35 If this is an amended 2024 return, enter refunds requested with original 2024 D-40 return.

Line 36 Total payments and refundable credits

Add Lines 30 through Line 34. Do not include Line 35.

Line 37 Tax due

Subtract Line 36 from Line 26 and enter the result on Line 37.

Line 38 Amount overpaid

Subtract Line 26 from Line 36 and enter the result on Line 38.

Line 39 Amount to be applied to your 2025 estimated tax

Line 40 Underpayment interest

Fill in the oval if Form D-2210 is attached.

D-2210 Underpayment of Estimated Income Tax By Individuals

You may use this form to calculate your underpayment interest when submitting your D-40 form. If you do, fill in the oval, attach the form to your tax return and enter the interest amount on Line 40 of the D-40. If you do not wish to calculate the interest, the Office of Tax and Revenue (OTR) will do it when your return is processed and will notify you of the amount due. You may also complete this form if you believe the interest assessed by OTR for underpayment of estimated income tax is incorrect.

Line 41 Contribution amount from Schedule U, Part II, Line 5

(Cannot exceed refund amount on Line 38) Reference Instructions, page 11.

If you wish to contribute and you are not due a refund or do not owe additional tax, please enter the total contribution amount on Line 41. Make your payment payable to the DC Treasurer and include it with your return.

Line 42 Total amount due

Add Lines 37, 40 and 41. You must pay this amount in full with your return. See page 6 for payment options under Instructions.

Line 43 Net Refund

Subtract the total of Lines 39, 40 and 41 from Line 38. Be sure to use the PO Box 96145 mail label from the back flap of the return envelope when mailing your return if requesting a refund.

If you answer yes to the question, "Will this refund go to an account outside the U.S?," you will be issued a paper check in lieu of direct deposit. See page 11 of the Instructions.

Line 44 Injured spouse allocation

Fill in the oval if either spouse is claiming injured spouse allocation, and attach Form DC-8379 (Injured Spouse Allocation). Your DC-8379 must be attached to your return at the time of filing or the offsets cannot be recoverable by OTR.

Electronic 1099-G

The Office of Tax and Revenue (OTR) offers a paperless option for receiving the Form 1099-G income tax refund statement. If you agree to receive your statement electronically, fill in the oval. We will notify you in January 2025 that your statement is available to be viewed and printed from our web portal if you are a registered user. Otherwise, you will continue to receive your paper statement unless you choose the paperless option.

	f someone can claim you,	t for Dependent or your spouse/registered d		ng jointly, as a dependent. To fir	nd out if someone can
1. Check if You were born before January 2, 1960					
Yc	ou are blind				
Sp	ouse/registered domest	t ic partner was born bef	ore January 2, 196	0	
Sp	ouse/registered domesti	ic partner is blind	Total number	of boxes checked1	
2. Is your earned inco	ome* more than \$850?				
	150 to your earned inco				
Single or maMarried/regi	shown below for your fil	ر ing status. tic. partner filing separate	elv -\$14.600	me return -\$29,200 } 3.	
	smaller of Line 2 or Lir	ne 3. If born after Janua , Line 18		t blind, stop here and 4a.	
				\$1,550 (\$1,950 if single 4b.	
c. Add Lines	s 4a and 4b. Enter the t	otal here and on Form [D-40, Line 18	4c.	
				tion received for personal	
services you perform	ed. It also includes any	taxable scholarship or	fellowship grant. G	enerally, your earned incom	
	ea on ronn D-40, Line		resenting unemploy	yment compensation receive	<i>.</i>
		-		January 2, 1960, or	
		ur spouse/registered domes	stic partner if filing join	ntly, as a dependent. Instead, u	se the worksheet above.
You were born b You are blind	pefore January 2, 1960				
	ed domestic partner wa	as born before January 2	1960		
	-		, 1900		
	ed domestic partner is b r of boxes checked				
If your filing status is	AND the number in the box above is	THEN your standard deduction is	If your filing status is	AND the number in the box above is	THEN your standard deduction is
	0	\$14,600		0	\$21,900
Single	1 2	16,550 18,500	Head of Household	1 2	23,850 25,800
	_	10,000		_	20,000
Married/registered	0	\$29,200		0	\$14,600
domestic partner	1	30,750	Married filing	1	16,150
filing jointly or filing separately on the	2 3	32,300 33,850	separately	2 3*	17,700 19,250
same return	4	35,400		4*	20,800
			* You can cla	im an additional standard de	eduction for
Qualifying widow(er)	0	29,200	your spouse o	nly if your spouse had no in	come, is not filing
130,750a federal or DC income tax return and car232,300a dependent on another person's return.		mot be claimed as			

District of Columbia Earned Income Tax Credit (EITC) Worksheet For Filers Without A Qualifying Child

This worksheet is for taxpayers who do not have a qualifying child for the Earned Income Credit. If you have a qualifying child DO NOT USE THIS WORKSHEET.

If your earned income or federal adjusted gross income (fed AGI) is greater than \$30,019



YOU CANNOT CLAIM THIS CREDIT

Section A: General Eligibility for the DC Childless Worker EITC.

If you qualified for the federal Earned Income Credit, go directly to Section B, below. If you did not qualify for the federal Earned Income Credit, answer these questions:

- 1. Were you, or your spouse/registered domestic partner if married filing jointly, or married filing separately on the same return, at least age 25, but not age 65 at the end of 2024? (born after December 31, 1959, and before January 2, 2000). If your spouse died in 2024 or if you are preparing a return for someone who died in 2024, see IRS Pub. 596 before you answer. If YES continue. **If NO, STOP, you cannot claim the EITC.**
- 2. Do you, and your spouse/registered domestic partner (if filing on the same tax return) have a social security number or individual taxpayer identification number that allows you to work, or is valid for DC EITC purposes? (See p. 10 herein and the federal tax return instruction booklet for more information). If YES, continue.
- 3. If you answer YES to any of the following questions, STOP, you are not eligible for the EITC. If you can answer NO to all the questions, go to step 4.
 - a. If you are unmarried, can you be claimed as a dependent on someone else's 2024 tax return, or are you someone else's qualifying child?
 - b. If you are married, and you are not filing with your spouse, can you be claimed as a dependent on someone else's 2024 tax return, or are you someone else's qualifying child?
 - c. On your federal return are you filing form 2555?
 - d. Is your investment income more than \$11,600? (Investment income includes: taxable interest, tax-exempt interest, ordinary dividends and capital gains more than \$0)
 - e. Did you file form 4797 with your federal return?
 - f. Did you file Schedule E with your federal return?
 - g. Did you have income from the rental of personal property not used in trade or business on your federal return?
 - h. Did you elect to report child's interest and dividends on your federal return?
 - i. Are you a qualifying child of another person for the Earned Income Credit?
- 4. If you had income or loss from a passive activity, see IRS Pub. 596 to see if you can claim the EITC.

SECTION B: Calculating Your Earned Income

(For Individuals without federal Schedule SE, Schedule C, and who were not members of the clergy or statutory employees)

If you were self-employed at any time in 2024, or are filing federal Schedule SE because you were a member of the clergy or had church employee income, or are filing federal Schedule C as a statutory employee, <u>DO</u> <u>NOT USE THIS WORKSHEET</u> to figure out your earned income. See special instructions below.

This worksheet is for taxpayers without a qualifying child only. If you claimed the federal EITC on a 1040 or a 1040-SR, DO NOT USE THIS WORKSHEET to figure out your earned income. Report the earned income amount derived from the federal worksheet used to make your federal EITC claim on your 1040 or 1040-SR.

1.	Enter the amount of your wages, salaries, tips, etc.,
	(from federal Form 1040 or 1040-SR)1.
2.	Enter any amount included on Line 1, that is a Medicaid waiver
	payment you exclude from income2.
3.	Subtract Line 2 from Line 1 and enter the result here
4.	Enter all of your nontaxable combat pay if you elect to include it in earned income
5.	Add Lines 3 and 4. This is your earned income

<u>Special instructions for Members of the Clergy, Statutory employees and those filing Schedule SE, Schedule C.</u> See IRS 1040 instruction, Worksheet B. Use the amount on line 4b as your earned income. (Ignore line 5). Clergy and Church employees take note of special instructions.

SECTION C: Figuring your DC Earned Income Credit

Note: This Earned Income Credit Worksheet is for <u>filers without a qualifying child only</u>. If you are a filer with a qualifying child, DO NOT USE THIS WORKSHEET.

If your earned income or federal adjusted gross income (fed AGI) is greater than \$30,019, STOP, you cannot claim this credit.

1.	Enter your earned income from Line 5 of the Earned Income worksheet on the previous page, or from Line 4b of Worksheet B from the IRS instructions1.	
2.	If earned income is less than \$8,261, multiply the amount by 0.0765. Otherwise enter \$632. \$632 is the maximum amount that can be claimed. This is your tentative EITC amount based on your earned income. Complete the Lines below to determine the actual EITC amount2.	
3.	Enter your federal adjusted gross income (from Form 1040 or 1040-SR)	
4.	Enter the higher of Line 1 or Line 34.	
5.	If Line 4 is less than \$22,566, enter the amount from Line 2. This is your actual EITC. If you are a part-year resident, you must prorate the credit attributable to the time of your DC residency. Enter this amount on Form D-40, Line 27e	
6.	If Line 4 is between \$22,566 and \$30,019 subtract \$22,566 from the amount on Line 4 and enter the result here6.	
7.	Multiply the amount on Line 6 by 0.0848 and enter the result here7.	
8.	Subtract Line 7 from Line 2 and enter the result here. If less than zero, enter zero. If you are a part-year resident, you must prorate the credit attributable to the time of your DC residency. This is your actual EITC. Enter this amount on Form D-40, Line 27e	

Monthly fee \$0	Per purchase \$0	ATM withdrawal \$0 in-network	Cash reload N/A		
		\$2.00 out-of-networ	k		
ATM Balanc	e Inquiry (in-netw	vork or out-of-network)	\$0		
Customer Se	Customer Service (automated or live agent) \$0 per call				
Inactivity (after 365 days with no transactions) \$2.00			\$2.00 per month		
We charge 3 other types of fees.					
No overdraft/credit feature. Your funds are eligible for FDIC insurance.					
For general information about prepaid accounts, visit <i>cfpb.gov/prepaid.</i> Find details and conditions for all fees and services inside the card package or					

call 1-877-528-6408 or visit usbankreliacard.com.

U.S. Bank ReliaCard® Fee Schedule

Program Name: District of Columbia Personal Income Tax

All fees	Amount	Details
Get cash	-	
ATM Withdrawal (in- network)	\$0	This is our fee per withdrawal. "In-network" refers to the U.S. Bank or MoneyPass [®] or Allpoint [®] ATM networks. Locations can be found at <u>usbank.com/locations</u> or <u>moneypass.com/atm-locator.html</u> or <u>allpointnetwork.com</u> .
ATM Withdrawal (out- of-network)	\$2.00	This is our fee per withdrawal. "Out-of-network" refers to all the ATMs outside of the U.S. Bank or MoneyPass or Allpoint ATM networks. You may also be charged a fee by the ATM operator even if you do not complete a transaction.
Teller Cash Withdrawal	\$0	This is our fee for when you withdraw cash off your card from a teller at a bank or credit union that accepts Visa [®] .
Using your card outsic	le the U.S	
International Transaction	3%	This is our fee which applies when you use your card for purchases at foreign merchants and for cash withdrawals from foreign ATMs and is a percentage of the transaction dollar amount, after any currency conversion. Some transactions, even if you and/or the merchant or ATM are located in the United States, are considered foreign transactions under the applicable network rules, and we do not control how these merchants, ATMs and transactions are classified for this purpose.
International ATM Withdrawal	\$2.00	This is our fee per withdrawal. You may also be charged a fee by the ATM operator even if you do not complete a transaction.
Other		
Card Replacement	\$5.00	This is our fee per replacement of a lost card mailed to you with standard delivery (up to 10 business days).
Card Replacement Expedited Delivery	\$25.00	This is our fee for expedited delivery (up to 3 business days) charged in addition to any Card Replacement fee.
Inactivity	\$2.00	This is our fee charged each month after you have not completed a transaction using your card for 365 consecutive days.

Your funds are eligible for FDIC insurance. Your funds will be held at U.S. Bank National Association, an FDIC-insured institution, and are insured up to \$250,000 by the FDIC in the event U.S. Bank fails. See <u>fdic.gov/deposit/deposits/prepaid.html</u> for details.

No overdraft/credit feature.

Contact Cardholder Services by calling **1-877-528-6408**, by mail at P.O. Box 551617, Jacksonville, FL 32255 or visit *usbankreliacard.com*.

For general information about prepaid accounts, visit <u>*cfpb.gov/prepaid*</u>. If you have a complaint about a prepaid account, call the Consumer Financial Protection Bureau at 1-855-411-2372 or visit <u>*cfpb.gov/complaint*</u>.

Divulgación Previa a la Adquisición de la Tarjeta U.S. Bank ReliaCard[®] Nombre del Programa: District of Columbia Personal Income Tax

Algunos materiales y servicios podrían estar disponibles solamente en inglés. Los enlaces incluidos en esta comunicación podrían dirigirlo a sitios web en inglés.

Cargo mensual \$0	Por compra \$0	Retiro de fondos en A \$0 dentro de la red \$2.00 fuera de la re	de efectivo	
Consulta d	e Saldo en ATM	(dentro o fuera de la red)	\$0	
	Atención al Clie lo o representante		\$0 por llamada	
Inactividad	\$2.00 por mes			
Cobramos otros 3 tipos de cargos.				
Sin prestación de sobregiro/crédito. Sus fondos son elegibles para el seguro FDIC.				
Para obtener información general sobre cuentas prepagadas, visite <i>cfpb.gov/prepaid</i> . Encuentre detalles y condiciones de todos los cargos y servicios consultando el paquete de la tarjeta, llamando al 1-877-528-6408 o visitando usbankreliacard.com .				

Todos los cargos	Monto	Detalles
Retiros de efectivo		
Retiro de Fondos en ATM (dentro de la red)	\$0	Este es nuestro cargo por cada retiro de fondos. "Dentro de la red" se refiere a las redes de ATM de U.S. Bank, MoneyPass [®] y Allpoint [®] . Puede encontrar ubicaciones en <u>usbank.com/locations</u> (en inglés), <u>moneypass.com/atm-locator.html</u> (en inglés) y <u>allpointnetwork.com</u> (en inglés).
Retiro de Fondos en ATM (fuera de la red)	\$2.00	Este es nuestro cargo por cada retiro de fondos. "Fuera de la red" se refiere a todos los ATM que se encuentran fuera de las redes de ATM de U.S. Bank, MoneyPass y Allpoint. El operador del ATM también puede cobrarle un cargo, incluso si no termina de realizar la transacción.
Retiro de Efectivo con Personal de Ventanilla	\$0	Este es nuestro cargo por realizar un retiro de efectivo desde su tarjeta con la ayuda del personal de ventanilla en un banco o cooperativa de crédito que acepte Visa [®] .
Uso de su tarjeta fuera	de los El	E. UU.
Transacción Internacional	3%	Este es el cargo que cobramos y que se aplica al uso de su tarjeta para compras en comercios extranjeros y por retiros de efectivo en ATM extranjeros y es un porcentaje del monto en dólares de la transacción después de cualquier conversión de moneda. Algunas transacciones, aunque usted y/o el comercio o ATM estén ubicados en los Estados Unidos, se consideran transacciones en el extranjero conforme a las reglas correspondientes de la red, y nosotros no tenemos control sobre cómo se clasifican estos comercios, ATM y transacciones para este fin.
Retiro de Fondos en ATM Internacional	\$2.00	Este es nuestro cargo por cada retiro de fondos. El operador del ATM también puede cobrarle un cargo, incluso si no termina de realizar la transacción.
Otros	-	
Reemplazo de Tarjeta	\$5.00	Este es nuestro cargo por reemplazo de una tarjeta extraviada con servicio de entrega estándar (hasta 10 días hábiles).
Reemplazo de Tarjeta con Entrega Expresa	\$25.00	Este es nuestro cargo por entrega expresa (hasta 3 días hábiles), adicional a cualquier cargo por Reemplazo de Tarjeta.
Inactividad	\$2.00	Este es nuestro cargo por mes si no ha realizado una transacción con su tarjeta durante 365 días consecutivos.

Si bien esta comunicación de U.S. Bank se ofrece en español, las futuras comunicaciones de U.S. Bank y los documentos relacionados con sus acuerdos contractuales, divulgaciones, notificaciones y estados de cuenta, así como los servicios en Internet y de la banca móvil, podrían estar disponibles solamente en inglés. Usted debe poder leer y comprender estos documentos o tener asistencia en su traducción para poder entender y utilizar este producto o servicio. Los documentos en inglés están disponibles a petición suya.

Sus fondos son elegibles para el seguro FDIC. Sus fondos se conservarán en U.S. Bank National Association, una institución asegurada por la FDIC, y están asegurados por la FDIC hasta \$250,000 en caso de que U.S. Bank quiebre. Consulte <u>fdic.gov/deposit/deposits/prepaid.html</u> (en inglés) para obtener detalles.

Sin prestación de sobregiro/crédito.

Comuníquese con Servicios para Titulares de Tarjetas, llamando al **1-877-528-6408**, por correo a: Cardholder Services P.O. Box 551617, Jacksonville, FL 32255 o visite <u>usbankreliacard.com</u> (en inglés).

Para obtener información general sobre cuentas prepagadas, visite <u>*cfpb.gov/prepaid*</u> (en inglés). Si tiene alguna queja sobre una cuenta prepagada, llame a la Oficina para la Protección Financiera del Consumidor (Consumer Financial Protection Bureau) al 1-855-411-2372, o visite <u>*cfpb.gov/complaint*</u> (en inglés).

Chinese Traditional - 如果您因無障礙訪問需求而需要本文檔用其他語種以數位方式朗讀,請撥打 卡片背面號碼聯絡持卡人服務部,以便使用語言專綫。

Korean - 다른 언어로 접근성을 높이기 위해 이 문서를 디지털 방식으로 읽어야 하는 경우, 뒷면에 있는 번호로 카드소지자 서비스에 문의하여 번역 서비스를 이용하시기 바랍니다.

U.S. Bank 全美銀行 ReliaCard[®] 領卡前披露事項

計劃名稱: District of Columbia Personal Income Tax(哥倫比亞特區個人所得稅)

某些資料與服務可能僅提供英文版本。本通訊中包含的連結可能會將您引導至英 語網站。



U.S. Bank 全美銀行 ReliaCard® 費用明細表

計劃名稱: District of Columbia Personal Income Tax (哥倫比亞特區個人所得稅)

所有費用	金額	詳細資訊
提領現金		
ATM 提款(網內)	\$0	這是我們按次收取的提款費用。「網內」是指 U.S. Bank 全 美銀行或 MoneyPass [®] 或 Allpoint [®] ATM 網絡。ATM 位置請 參閱 <u>usbank.com/locations</u> (英文)或 <u>moneypass.com/atm-locator.html</u> (英文)或 <u>allpointnetwork.com</u> (英文)。
ATM 提款(網外)	\$2.00	這是我們按次收取的提款費用。「網外」是指 U.S. Bank 全美銀行或 MoneyPass 或 Allpoint ATM 網絡以外的所有 ATM。即使您未完成交易,ATM 營運商仍可能向您收取費 用。
臨櫃提領現金	\$0	這是您在接受 Visa [®] 的銀行或信用合作社的櫃檯,使用您的 卡提領現金時,我們會收取的費用。
在美國境外使用您的卡		
國際交易	3%	這是您向境外商家使用卡片購物,或使用卡片在境外 ATM 提領現金時,我們會向您收取的費用;這是經匯率換算後依 照美金交易金額計算的百分比。即使您和 / 或商家或 ATM 位於美國,部分交易仍會根據適用的網絡規則,以境外交易 處理;且我們不會因此目的而控管這些商家、ATM 及交易的 分類方式。
國際 ATM 提款	\$2.00	這是我們按次收取的提款費用。即使您未完成交易,ATM 營 運商仍可能向您收取費用。
國際 ATM 餘額查詢	\$0	這是我們按次收取的查詢費用。ATM 營運商可能也會向您收 取費用。
其他		
换卡	\$5.00	這是我們對遺失卡片按次收取的換卡費用,卡片會以標準遞送方式郵寄給您(最多10個工作日)。
換卡急件遞送方式	\$25.00	這是我們在任何換卡費用以外加收的急件遞送費用(最多3) 個工作日)。

閒置 \$2.00	這是您連續 365 天未用卡完成任何交易後,我們每月會收取 的費用。
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雖然這份通訊文件是以中文提供,但後續與您的契約、披露、通知與對帳單、網路與行動銀行 服務等相關的 U.S. Bank 全美銀行通訊與文件等,可能只以英文提供。您必須能夠閱讀和理解 這些文件,或取得協助以翻譯這些文件,才能瞭解和使用此產品或服務。可應要求提供英文文件。

您的資金符合 FDIC 保險資格。您的資金會由 FDIC 承保之 U.S. Bank National Association 全美銀行全國聯合會持有,若 U.S. Bank 全美銀行失去支付能力,FDIC 會承兌您的資金,最高為 \$250,000。詳細資訊請參閱 *fdic.gov/deposit/deposits/prepaid.html*(英文)。

無透支/信貸功能。

如需聯絡 Cardholder Services(持卡人服務部),請致電 1-877-528-6408、寄信至 P.O. Box 551617, Jacksonville, FL 32255,或造訪 <u>usbankreliacard.com</u>(英文)。

如需瞭解預付帳戶的一般資訊,請造訪 <u>cfpb.gov/prepaid</u>(英文)。如果您想就預付帳戶事宜 提出投訴,請致電 Consumer Financial Protection Bureau(消費者金融保護局),服務電話: 1-855-411-2372,或造訪 <u>cfpb.gov/complaint</u>(英文)。

CR-54901943 - Chínese

U.S. Bank ReliaCard[®] 수령 전 공시 프로그램명: District of Columbia Personal Income Tax

일부 자료와 서비스는 영어로만 제공될 수 있습니다. 본 커뮤니케이션에 포함된 링크는 영어 웹사이트로 연결될 수 있습니다.

월 수수료	구매 건당	ATM 인출	현금 충전				
\$0	\$0	\$0 네트워크 내	해당				
		\$2.00 네트워크 외	없음				
ATM 잔액 걸	조회(네트워크 내	또는 네트워크 외)	\$0				
고객 서비스	.(자동 음성 서비.	스 또는 상담원)	\$0 통화당				
휴면 상태(거	래 없이 365 일 7	경과 후)	\$2.00 매월				
3가지 유형의	의 기타 수수료:	가 부과됩니다.					
	용 기능은 없습니 은 FDIC 보험으로						
선불 계좌에 대한 일반 정보를 원하시면 <i>cfpb.gov/prepaid</i> 에서 확인하십시오. 모든 수수료와 서비스에 대한 상세내역과 조건은 본 카드 패키지에서 찾아보거나,							

1-877-528-6408번으로 전화하거나 usbankreliacard.com에서 확인하십시오.

U.S. Bank ReliaCard® 수수료 안내

프로그램명: District of Columbia Personal Income Tax

모든 수수료	금액	내역
출금	-	
ATM 인출(네트워크 내)	\$0	이 수수료는 인출 건당 수수료입니다. '네트워크 내'라 함은
		U.S. Bank, MoneyPass [®] 또는 Allpoint [®] ATM 네트워크를
		뜻합니다. 기기의 위치는 <u>usbank.com/locations</u> (영어) 또는
		<u>moneypass.com/atm-locator.html(</u> 영어) 또는
		<u>allpointnetwork.com(</u> 영어)에서 확인하실 수 있습니다.
ATM 인출(네트워크 외)	\$2.00	이 수수료는 인출 건당 수수료입니다. "네트워크 외"란
		U.S. Bank, MoneyPass 또는 Allpoint 자동화기기 네트워크
		외에 존재하는 기타 모든 ATM기기를 뜻합니다. 귀하가
		거래를 완료하지 않은 경우에도 ATM 운영자가 수수료를
		부과할 수 있습니다.
창구 현금 인출	\$0	이 수수료는 귀하가 은행이나 Visa [®] 를 취급하는 신용
		조합의 창구에서 카드로 현금을 인출할 때 부과되는
		수수료입니다.
미국 외에서의 카드 사용	•	
해외 거래	3%	이 수수료는 귀하가 해외 가맹점에서 카드로 구매하거나
		해외 ATM을 사용하여 현금을 인출한 경우에 적용되며,
		환전 후 달러 기준 거래 금액의 백분율입니다. 일부 거래는
		귀하 및/또는 가맹점 또는 ATM이 미국에 위치하고 있어도
		해당 네트워크 규정에 따라 해외 거래로 간주되며, 당사는
		해당 가맹점, ATM 및 거래가 어떻게 이러한 목적으로
		분류되는지를 통제하지 않습니다.
해외 ATM 인출	\$2.00	이 수수료는 인출 건당 수수료입니다. 귀하가 거래를
		완료하지 않은 경우에도 ATM 운영자가 수수료를 부과할 수
		있습니다.
해외 ATM 잔액조회	\$0	이 수수료는 조회 건당 수수료입니다. 또한, ATM 운영자가

		수수료를 부과할 수 있습니다.
기타		
카드 재발급	\$5.00	이 수수료는 카드 분실 시 재발급 카드를 표준 배송(최대
		10영업일 소요)으로 우송할 때 부과되는 카드 교체 건당
		수수료입니다.
카드 재발급 긴급 배송	\$25.00	이 수수료는 카드 교체 수수료 외에 별도로 부과되는 긴급
		배송(최대 3영업일 소요) 수수료입니다.
휴면 계좌	\$2.00	이 수수료는 365일 연속으로 카드 사용 거래 실적이 없는
		경우 매월 부과되는 수수료입니다.

본 공지는 한국어로 제공되지만, 이후의 U.S. Bank 공지와 계약 동의서, 고지, 알림 및 입출금 내역서와 관련된 문서와 인터넷, 모바일 뱅킹 서비스는 영어로만 이용 가능할 수 있습니다. 귀하가 이런 문서를 읽고 이해할 수 있어야 하거나 다른 사람의 도움을 받아 이들 문서를 번역할 수 있어야만 본 상품이나 서비스를 이해하고 이용하실 수 있습니다. 영어 문서는 요청하시면 제공해 드릴 수 있습니다.

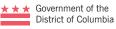
귀하의 자금은 FDIC 보험으로 보호받습니다. 귀하의 자금은 FDIC 보험 가입 기관인 U.S. Bank National Association에 예치되며, U.S. Bank가 파산할 경우, FDIC가 최대 \$250,000까지 보장합니다. 더 자세한 내용은 *fdic.gov/deposit/deposits/prepaid.html*(영어)을 확인해 주십시오.

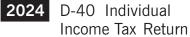
당좌차월/신용거래 기능 없음

카드소지자 서비스는 **1-877-528-6408**으로 전화하시거나 우체국 사서함 551617, Jacksonville, FL 32255로 우편을 통해, 또는 <u>usbankreliacard.com</u>(영어)에 방문하여 문의하십시오.

선불 계좌에 대한 일반 정보를 원하시면 <u>cfpb.gov/prepaid</u>(영어)를 방문해 주십시오. 선불 계좌에 대하여 불만 사항이 있으신 경우, 소비자 금융보호국(Consumer Financial Protection Bureau)에 1-855-411-2372으로 전화하시거나 <u>cfpb.gov/complaint(</u>영어)를 방문하십시오.

CR-54901943 - Korean







	ersonal information ur telephone number				Fill	in 🤇) <i>if:</i> Fili	ng an	amend	ed retu	I rn . See	e instruc	ctions.		dor ID	only #0000
Yo	ur taxpayer identification number (TIN)	and Date of I	Birth (MN	/IDDYYY	'Y) Sp	ouse's/	registerec	l domes	stic parti	ner's TII	N and	d Date	of Birth	(MMDD	YYYY)	
L																_
Yc	ur first name	1 1 1	M.I.	Last	name									/	Fill in if	Deceased
															C	
Sp	ouse's/registered domestic partner's first	name	M.I.	Last	name									/	Fill in if	Deceased
Нс	me address (number, street and suite/apa	artment number	if applica	able)												
Cit	y						9	State	Zi	p Code	+4					
Ema	il Address															
		f household <i>E</i> ing widow(er)			·									tion on S	Schedule	S.
2	Fill in if you are: OPart-ye	ar resident in	DC from	1	(MMDD)	ΎΥΥ)	to		(MMDI				instruct			
	Fill in if you are: Part-ye Did you have qualifying health care If no, or if claiming an exemption,	e coverage for	all mem	bers of	your shared	respo	to		(MMDI	DYYYY)		See i				
	Did you have qualifying health care	e coverage for complete Sche	all mem edule HS	bers of SR (see	your shared instructions	respo ;).	to nsibility	family	(MMDI for the	DYYYY) entire y	year?	See i. Yes 🤇	instruct	tions. No 🤇		
3	Did you have qualifying health care If no, or if claiming an exemption, • Complete your fe	e coverage for complete Sche	all mem edule HS	bers of SR (see	your shared instructions	respo s). epend	to nsibility lents' i	family nforn	(MMDI for the nation	DYYYY) entire y on D	year?) C Sch	See i. Yes C	instruct	tions. No 🤇		
3 Inc	Did you have qualifying health care If no, or if claiming an exemption, Complete your fe come Information	e coverage for complete Sche ederal return	all mem. edule HS n first	bers of SR (see – Ent	your shared instructions er your de	respo ;). epenc _{Rour}	to nsibility lents' i	family nforn	(MMDI for the nation	DYYYY) entire y on D	year?) C Sch	See i. Yes C	instruct	iions. No	>	
3 Inc	Did you have qualifying health care If no, or if claiming an exemption, Complete your fe come Information Wages, salaries, unemployment see instructions.	e coverage for complete Sche ederal return	all mem. edule HS n first	bers of SR (see – Ento or tips,	your shared instructions er your de	respons). epence Rour	to nsibility lents' i	family nforn	(MMDI for the nation	DYYYY) entire y on D	year?) C Sch	See i. Yes C	instruct	ions. No C		
3 Inc a b	Did you have qualifying health care If no, or if claiming an exemption, Complete your fe come Information Wages, salaries, unemployment see instructions. Business income or loss, see inst	e coverage for complete Sche ederal return	all mem. edule HS n first	bers of SR (see – Ento or tips, Fill in	your shared instructions er your de	response). epend Rour a \$ b \$	to nsibility lents' i	family nforn	(MMDI for the nation	DYYYY) entire y on D	year?) C Sch	See i. Yes C	instruct	ions. No C		
3 Inc a b	Did you have qualifying health care If no, or if claiming an exemption, Complete your fe come Information Wages, salaries, unemployment see instructions.	e coverage for complete Sche ederal return	all mem. edule HS n first	bers of SR (see – Ento or tips, Fill in	your shared instructions er your de , if loss O	response). epend Rour a \$ b \$ c \$ c \$	to nsibility lents' i	family nforn	(MMDI for the nation	DYYYY) entire y on D	year?) C Sch	See i. Yes C	instruct	ions. No C 0 0		
	Did you have qualifying health care If no, or if claiming an exemption, Complete your fe come Information Wages, salaries, unemployment see instructions. Business income or loss, see inst	e coverage for a complete Sche ederal return compensatio	all mem. edule HS n first = on and/o	bers of SR (see – Ento or tips, Fill in Fill in	your shared instructions er your de	response). epend Rour a \$ b \$ c \$ c \$	to nsibility lents' i	family nforn	(MMDI for the nation	DYYYY) entire y on D	year?) C Sch	See i. Yes C	instruct	ions. No C 0 0		

D-40 PAGE 2 Enter your last name. Enter your TIN 2	
Additions 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. Fill in it	f loss O 7 \$.00
Subtractions from DC Income	
8 Part year residents, enter income received during period of nonresidence, see instructions.	8 \$
9 Taxable refunds, credits or offsets of state and local income tax.	9 \$
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 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. Fill in i	if loss) 16 \$.00
17 Deduction type. Take the same type as you took on your federal return. Fill in which type: Standar	rd or Itemized See instructions for amount to enter on Line 17.
18 DC deduction amount.	18\$ 00
19 DC taxable income. Subtract Line 18 from Line 16.	n 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 instructions.	20\$.00
Fill inif filing separately on same return. Complete Calculation J on Schedule S. 21 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\$
23 Total non-refundable credits. Add Line 21 and Line 22.	23 \$
24 Subtract Line 23 from Line 20. If less than zero, enter zero.	24\$
25 DC Health Care Shared Responsibility See instructions. If fully covered or fully exempt, enter ze	ro. 25\$.00
26 Total tax and DC Health Care Shared Responsibility. Add Line 24 and Line 25.	26\$
27 <u>DC Earned Income Tax Credit</u> * Do you choose to receive your DC EITC refund in 12 monthly paym instead of one total payment? <u>If so, see instructions for eligib</u>	

27b 27d

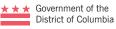
27e

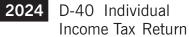
27a Enter the number of qualified EITC child	dren.	27b Enter	r earned incor	ne amount
27c For filers with qualifying children. Enter	calculated >	\$.00 X .70	Enter result >
27e For filers without qualifying children. se			tions.	Enter result >

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

* 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 <u>dhs@dc.gov</u>.) 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.

	D-	40 PAGE 3		
	Ent	ter your last name.		
	Ent	ier your TIN	INII NAIII NAINI IINNA IINII NAIII NAIII NAIII NAIII NAII - 0 0 1 3 0 0 0 0	
	29	Refundable credits from DC Schedule U, Part 1b, Line 3. Attach Schedule U.	29 \$	00
	30	Total refundable 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	2024 estimated income tax payments and amount applied from 2023 return.	32 \$	00
	33	Tax paid with Form FR-127 Extension of Time to File.	33 \$	00
	34	If this is an amended 2024 return, enter payments made with original 2024 D-40 return.	34 \$	00
	35	If this is an amended 2024 return, enter refunds requested with original 2024 D-40 return.	35 \$	00
	36	Total payments and refundable credits. Add Line 30 through Line 34. (Do not include Line 35).	36 \$	00
	37	Tax Due. Subtract Line 36 from Line 26.	37 \$	00
nts	38	Amount overpaid. Subtract Line 26 from Line 36.	38 \$	00
yme	39	Amount to be applied to your 2025 estimated tax.	39 \$	00
nd pa	40	Underpayment Interest. Fill in the oval and attach Form D-2210.	40 \$	00
credit and payments	41	Contribution amount from Schedule U, Part II, Line 5. (Cannot exceed amount on Line 38)	41 \$	00
, cre	42	Total Amount Due. Add Lines 37, 40 and 41.	42 \$	00
DC tax,	43	Net Refund.* Subtract total of Lines 39, 40 and 41 from Line 38.	43 \$	00
ğ		Will this refund go to an account outside the U.S.? Yes No See instructions.		
	44	Fill in if either spouse is claiming injured spouse protection. You must attach Form DC-83	79.	
	Ref	und Options: For information on the tax refund card and program limitations, see instructions or visit ou	ır website <u>MyTax.DC.gov</u> .	
	Mar	rk one refund choice: Direct deposit or Reliacard (See instructions) or Pa	aper check	
	Dire	ect Deposit. To have your refund deposited to your checking or savings account, fill in oval and enter bank ro	uting and account numbers. See instructions.	
		Routing Number Account Number		
	Fill	in \bigcirc if you agree to receive your 1099-G Income Tax refund statement electronically (see inst	ructions).	
	Third	l party designee To authorize another person to discuss this return with OTR, fill in here 🛛 and enter the name and ph	one number of that person. See instructions.	
	Desi	gnee's name Phone number		
	0	ature 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 p signature Date Preparer's signature	reparer is based on information available to the preparer. Date	
	Spous	e's/registered domestic partner's signature if filing jointly or separately on same return Date Preparer's Tax Identification Number	(PTIN) PTIN telephone number	







	ersonal information our telephone number				Fill ii	יז 🔿 i	: Filing a	an amen	ded ret	urn . Se	e instructi	ons.		l use on r ID#0	
Yo	our taxpayer identification number (TIN)	and Date of Birth	(MMDD	YYYY)	Spo	use's/regi	stered dor	nestic pa	rtner's T	IN an	d Date o	f Birth (MMDDYY	YY)	
L															
Yo	our first name		M.I. L	ast name	2				_				Fill	in if Dec	eased
L			_											\bigcirc	
Sp	oouse's/registered domestic partner's first na	ame l	M.I. L	ast name	;								Fill	in if Dec	eased
Ļ														\bigcirc	
HO	ome address (number, street and suite/apart	tment number if ap	plicable)												
Cit	ly				_		State		Zip Cod	e +4			-		
ma	ail Address														
													_		
	C Qualifyin;	household <i>Enter</i> ng widow(er) with r resident in DC <i>t</i>	i depen								dent inf			edule S.	
2				(N			10				000				
	Did you have qualifying health care of final field to a second to			s of your		esponsik			DYYYY e entire				Vo 🔵		
		omplete Schedule	e HSR (s of your see instr	shared r ructions).	esponsik	ility fam	ily for th	e entire	year?	Yes 🦳		Vo 🔵		
3	If no, or if claiming an exemption, co	omplete Schedule	e HSR (s of your see instr	shared r ructions).	esponsik Denden	ility fam ts' info	ily for th rmatio	e entire n on	year?	Yes hedule	e S •	Vo 🔵		
3 Inc	If no, or if claiming an exemption, co • Complete your fectors • Complete your fectors • Come Information	omplete Schedule deral return fil	e HSR (: rst – E	s of your see instr inter yo	r shared r ructions). <mark>our dep</mark>	esponsik Denden	ility fam ts' info	ily for th rmatio	e entire n on	year?	Yes hedule	e S ● blank;			
3 Inc	If no, or if claiming an exemption, co	omplete Schedule deral return fil	e HSR (: rst – E	s of your see instr inter yo	shared r ructions). our dep	esponsik Denden	ility fam ts' info	ily for th rmatio	e entire n on	year?	Yes hedule	e S • ^{blank;}			
3 Inc	If no, or if claiming an exemption, co Complete your fector Come Information Wages, salaries, unemployment of	omplete Schedule deral return fin compensation a	e HSR (s rst – E nd/or ti	s of your see instr inter yo	shared r ructions). our dep	esponsik Denden	ility fam ts' info	ily for th rmatio	e entire n on	year?	Yes hedule	e S • ^{blank;}			
3 Inc a b	If no, or if claiming an exemption, co Complete your fee come Information Wages, salaries, unemployment of see instructions.	omplete Schedule deral return fin compensation a	e HSR (: rst − E nd/or ti Fil	s of your see instr Inter yo	s shared r ructions). our dep a s b	esponsik Denden	ility fam ts' info	ily for th rmatio	e entire n on	year?	Yes hedule	e S • ^{blank;}			
2 3 <u>Inc</u> a b c d	If no, or if claiming an exemption, co Complete your fee come Information Wages, salaries, unemployment of see instructions. Business income or loss, see instru-	omplete Schedule deral return fin compensation a uctions.	e HSR (: rst – E nd/or ti Fil	s of your see instr inter yo ips, Il in if loss	shared r ructions). our dep a s b b s C	esponsik Denden	ility fam ts' info	ily for th rmatio	e entire n on	year?	Yes hedule	e S • ^{blank;}			

Ent	40 PAGE 2 er your last name.		•
Add	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	stractions 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	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.	16 \$.00
17	Deduction type. Take the same type as you took on your federal return. Fill in which type: Standard Or	Itemized	17
10		See instructions for amount to enter on Li	ne 17. 00
18	DC deduction amount.		
19	DC taxable income. Subtract Line 18 from Line 16.	19 \$.00
20	Tax. If Line 19 is \$100,000 or less, use tax tables to find the tax, if more, use Calculation I instructions. Fill in	20\$.00
21	Credit for child and dependent care expenses \$.00 X .32 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 * Do you choose to receive your DC EITC refund in 12 monthly payments instead of one total payment? O If so, see instructions for eligibility.		
27a	a Enter the number of qualified EITC children. 27b Enter earned income amount	27b \$	00

27d

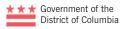
27e

27a Enter the number of qualified EITC	Cchildren.	27b Enter	earned income amount
27c For filers with qualifying children.	Enter calculated > federal EIC amount >	\$.00 X .70 Enter result >
27e For filers without qualifying childre	en. See instructions for	special calculat	tions. Enter result >

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

* 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 <u>dhs@dc.gov</u>.) 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.

	D-	40 PAGE 3		
	Ent	ter your last name.		
	Ent	ier your TIN	INII NAIII NAINI IINNA IINII NAIII NAIII NAIII NAIII NAII - 0 0 1 3 0 0 0 0	
	29	Refundable credits from DC Schedule U, Part 1b, Line 3. Attach Schedule U.	29 \$	00
	30	Total refundable credits. Add Line 27d or 27e through Line 29.	30 \$	00
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	33	Tax paid with Form FR-127 Extension of Time to File.	33 \$	00
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	36	Total payments and refundable credits. Add Line 30 through Line 34. (Do not include Line 35).	36 \$	00
	37	Tax Due. Subtract Line 36 from Line 26.	37 \$	00
nts	38	Amount overpaid. Subtract Line 26 from Line 36.	38 \$	00
yme	39	Amount to be applied to your 2025 estimated tax.	39 \$	00
nd pa	40	Underpayment Interest. Fill in the oval and attach Form D-2210.	40 \$	00
credit and payments	41	Contribution amount from Schedule U, Part II, Line 5. (Cannot exceed amount on Line 38)	41 \$	00
, cre	42	Total Amount Due. Add Lines 37, 40 and 41.	42 \$	00
DC tax,	43	Net Refund.* Subtract total of Lines 39, 40 and 41 from Line 38.	43 \$	00
ğ		Will this refund go to an account outside the U.S.? Yes No See instructions.		
	44	Fill in if either spouse is claiming injured spouse protection. You must attach Form DC-83	79.	
	Ref	und Options: For information on the tax refund card and program limitations, see instructions or visit ou	ır website <u>MyTax.DC.gov</u> .	
	Mar	rk one refund choice: Direct deposit or Reliacard (See instructions) or Pa	aper check	
	Dire	ect Deposit. To have your refund deposited to your checking or savings account, fill in oval and enter bank ro	uting and account numbers. See instructions.	
		Routing Number Account Number		
	Fill	in \bigcirc if you agree to receive your 1099-G Income Tax refund statement electronically (see inst	ructions).	
	Third	l party designee To authorize another person to discuss this return with OTR, fill in here 🛛 and enter the name and ph	one number of that person. See instructions.	
	Desi	gnee's name Phone number		
	0	ature 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 p signature Date Preparer's signature	reparer is based on information available to the preparer. Date	
	Spous	e's/registered domestic partner's signature if filing jointly or separately on same return Date Preparer's Tax Identification Number	(PTIN) PTIN telephone number	



2024

SCHEDULE S Supplemental Information and Dependents

Unless instructed otherwise -

If you fill in <u>any part</u> of this schedule, attach it to your D-40. Print in CAPITAL letters using black ink.



OFFICIAL USE ONLY Vendor ID#0000

Enter your last name			Enter your TIN	
Dependents If you have more than 8 dependents, list them on an attachment.				
First name		M.I.	Last Name	
Taxpayer identification number	Relationship		Date of Birth (MMDDYYYY)	
	Relationship			
First name		M.I.	Last Name	
Taxpayer identification number	Relationship		Date of Birth (MMDDYYYY)	
First name		M.I.	Last Name	
Taxpayer identification number	Relationship		Date of Birth (MMDDYYY)	
First name		M.I.	Last Name	
Taxpayer identification number	Relationship		Date of Birth (MMDDYYYY)	
First name		M.I.	Last Name	
Taxpayer identification number	Relationship		Date of Birth (MMDDYYY)	
First name		M.I.	Last Name	
Taxpayer identification number	Relationship		Date of Birth (MMDDYYYY)	
First name		M.I.	Last Name	
Taxpayer identification number	Relationship		Date of Birth (MMDDYYY)	
	Relationship			
First name		M.I.	Last Name	
Taxpayer identification number	Relationship		Date of Birth (MMDDYYYY)	
		· · · ·		
	ring non-dependent person		Date of Birth of qualifying non-dependent person (MMDDYYYY)	
or qualifying widow(er)				
Do not enter your information First name of qualifying non-dependent person		M.I.	Last Name	
This name of qualitying non-dependent person		101.1.		

SCHEDULE S PAGE 2

Last name and TIN



Calculation G-1 Computation of Standard Deduction	Calculation G-1 must be completed and submitted with the ret	urn except for dependent filers
* If you were born before January 2, 1960, you are considered to be age 65 at the en	d of 2024	

a Basic standard deduction amount. See instructions.	а		.00
b Enter 1 if you are age 65 or over *	b		
c Enter 1 if you are blind	С		
d Enter 1 if you are married or are a registered domestic partner filing jointly or filing separately on same return and your spouse or registered domestic partner is 65 or over *	d		
e Enter 1 if you are married or are a registered domestic partner filing jointly or filing separately on same return and your spouse or registered domestic partner is blind	е		
f Total number of additions to standard deductions. Add Lines b through e.	f		
g Additional standard deduction amount. Multiply \$1,550 (\$1,950 if single or head of household) by the number on Line f. See instructions.	g	\$.00
h Total standard deduction. Add Lines a and g, enter here and on D-40, Line 18.	h	\$.00
i Total number of dependents	i		

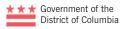
Calculation J Tax computation for married or registered domestic partners filing separately on the same DC return.

Enter separate amounts in each column. Combine amounts on Line i.	You Your spouse/registered domestic partner
a Federal adjusted gross income (AGI). Fill in if loss 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.	a \$.00 • \$.00
b Total additions to federal adjusted gross income. Enter each person's portion of additions entered on D-40, Lines 5 and 6.	b \$.00 \$.00
C Add Lines a and b. Fill in if loss	c \$.00 • \$.00
d Total subtractions from federal adjusted gross income. Enter each person's portion of subtractions entered on D-40, Line 15.	d \$.00 \$.00 .00 .00
e DC adjusted gross income. Subtract Line d from Line c. Fill in if loss	e \$.00 ● \$.00
f Deduction amount. Enter each person's portion of the amount entered on D-40, Line 18. (You may allocate this amount as you wish.)	f \$.00 \$.00
g Taxable income. Subtract Line f from Line e. Fill in if loss	g \$.00 • \$.00
h Tax. If Line g is \$100,000 or less, use tax tables. If more than \$100,000, use Calculation i in instructions.	h \$.00 \$.00
i Add the amounts on Line h, enter here and on D-40, Line 20.	i \$00 Total tax
List TINs associated with Income reported and taxed on Franchise an	nd Fiduciary Returns for the amount listed on D-40, Line 11.
a b	c
d e e	f f

i

g

h



2024

SCHEDULE S Supplemental Information and Dependents

Unless instructed otherwise -

If you fill in <u>any part</u> of this schedule, attach it to your D-40. Print in CAPITAL letters using black ink.



OFFICIAL USE ONLY Vendor ID#0000

Enter your last name			Enter your TIN	
Dependents If you have more than 8 dependents, list them on an attachment.				
First name		M.I.	Last Name	
Taxpayer identification number	Relationship		Date of Birth (MMDDYYYY)	
	Relationship			
First name		M.I.	Last Name	
Taxpayer identification number	Relationship		Date of Birth (MMDDYYYY)	
First name		M.I.	Last Name	
Taxpayer identification number	Relationship		Date of Birth (MMDDYYY)	
First name		M.I.	Last Name	
Taxpayer identification number	Relationship		Date of Birth (MMDDYYYY)	
First name		M.I.	Last Name	
Taxpayer identification number	Relationship		Date of Birth (MMDDYYY)	
First name		M.I.	Last Name	
Taxpayer identification number	Relationship		Date of Birth (MMDDYYYY)	
First name		M.I.	Last Name	
Taxpayer identification number	Relationship		Date of Birth (MMDDYYY)	
	Relationship			
First name		M.I.	Last Name	
Taxpayer identification number	Relationship		Date of Birth (MMDDYYYY)	
		· · · ·		
	ring non-dependent person		Date of Birth of qualifying non-dependent person (MMDDYYYY)	
or qualifying widow(er)				
Do not enter your information First name of qualifying non-dependent person		M.I.	Last Name	
This name of qualitying non-dependent person		101.1.		

SCHEDULE S PAGE 2

Last name and TIN



Calculation G-1 Computation of Standard Deduction	Calculation G-1 must be completed and submitted with the ret	urn except for dependent filers
* If you were born before January 2, 1960, you are considered to be age 65 at the en	d of 2024	

a Basic standard deduction amount. See instructions.	а		.00
b Enter 1 if you are age 65 or over *	b		
c Enter 1 if you are blind	С		
d Enter 1 if you are married or are a registered domestic partner filing jointly or filing separately on same return and your spouse or registered domestic partner is 65 or over *	d		
e Enter 1 if you are married or are a registered domestic partner filing jointly or filing separately on same return and your spouse or registered domestic partner is blind	е		
f Total number of additions to standard deductions. Add Lines b through e.	f		
g Additional standard deduction amount. Multiply \$1,550 (\$1,950 if single or head of household) by the number on Line f. See instructions.	g	\$.00
h Total standard deduction. Add Lines a and g, enter here and on D-40, Line 18.	h	\$.00
i Total number of dependents	i		

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 i.	You Your spouse/registered domestic partner
a Federal adjusted gross income (AGI). Fill in if loss 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.	a \$.00 • \$.00
b Total additions to federal adjusted gross income. Enter each person's portion of additions entered on D-40, Lines 5 and 6.	b \$.00 \$.00
C Add Lines a and b. Fill in if loss	c \$.00 • \$.00
d Total subtractions from federal adjusted gross income. Enter each person's portion of subtractions entered on D-40, Line 15.	d \$.00 \$.00 .00 .00
e DC adjusted gross income. Subtract Line d from Line c. Fill in if loss	e \$.00 ● \$.00
f Deduction amount. Enter each person's portion of the amount entered on D-40, Line 18. (You may allocate this amount as you wish.)	f \$.00 \$.00
g Taxable income. Subtract Line f from Line e. Fill in if loss	g \$.00 • \$.00
h Tax. If Line g is \$100,000 or less, use tax tables. If more than \$100,000, use Calculation i in instructions.	h \$.00 \$.00
i Add the amounts on Line h, enter here and on D-40, Line 20.	i \$00 Total tax
List TINs associated with Income reported and taxed on Franchise an	nd Fiduciary Returns for the amount listed on D-40, Line 11.
a b	c
d e e	f f

i

g

h

SCHEDULE H Homeowner and Renter Property Tax Credit Important: Read eligibility requirements before completing.
Print in CAPITAL letters using black ink. OFFICIAL USE ONLY Vendor ID#0000
Your daytime telephone number Your taxpayer identification number (TIN) and Date of Birth (MMDDYYYY) Spouse's/registered domestic partner's TIN and Date of Birth (MMDDYYYY)
Your first name M.I. Last name
Spouse's/registered domestic partner's first name M.I. Last name
Mailing address (number, street and suite/apartment number if applicable)
City State Zip Code +4
Email Address
Address of DC property (number, street and suite/apartment number if applicable) 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 Condominium Cooperative
 Complete Section A or Section B, whichever applies. Do not claim this credit for an exempt property owned by a government, a house of worship or a non-profit organization.
Section A Credit claim based on rent paid Round cents to nearest dollar. 1 Federal adjusted gross income of the tax filing unit (see instructions). If less than zero, enter zero. 1 \$ 1 \$ 0 00
2 Rent paid by you on the property in 2024 \$.00 x.20 = 2 \$.00
3 Property tax credit. Use the "Worksheet to Compute Your Property Tax Credit." 3 \$
4 Landlord's name
Landlord's address (number, street and suite/apartment number if applicable) Apartment number
Landlord's telephone number
City State Zip Code +4
Section B Credit claim based on real property tax owed Round cents to nearest dollar.
5 Federal adjusted gross income of the tax filing unit (see instructions). <i>If less than zero, enter zero.</i> 5 \$.00 6 DC real property tax bill for tax year 2024. <i>Do not include special assessments, interest,</i> 6 \$.00
7 Property tax credit Use the "Worksheet to Compute Your Property Tax Credit." 7\$ 00
8 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



For STANDALONE FILERS only, please complete th <u>Refund Options</u> : For information on the tax			•	
Mark one refund choice: Oirect de	posit or 🛛 Relia	Card (See instructions)	pr Paper check	
Direct Deposit. To have your refund deposited to	your 🔵 checking or 🤇	savings account, fill in oval	and enter bank routing and ac	ccount numbers. See instructions
Routing Number	Account N	Number		
Under penalty of law, I declare that I have examined this retur	n and, to the best of my know	ledge, it is correct. Declaration of pa	id 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 separa on same return.	tely Date	Preparer's Tax Identification N	lumber (PTIN) Preparer's te	lephone number
FOR STANDALONE FILERS ONL	Y - WORKSHEE	T TO DETERMINE I	FEDERAL ADJUST	ED GROSS INCOME
This Worksheet is for use by sta	ndalone filers only. If y	ou are filing a D-40 Returr	n, do not complete this wo	rksheet.
		<u>COLUMN A (YOU)</u>	COLUMN B (SPO	USE/DOMESTIC PARTNER)
1 Wages salaries tips etc.	1 ¢		¢	

				<u>0020mm//(100/</u>	0020111	B (of cool, Bomeono Part	
	1	Wages, salaries, tips, etc.	1 \$		\$		
МΕ	2	Taxable interest	2				
INCOME	3	Ordinary Dividends	3				
≤	4	Taxable refunds, credits, or offsets of state and local income taxes	4				
	5	Alimony received (only if divorce or separation agreement on or before 12/31/18)	5				
	6	Business Income Fill in if minus O	6		Fill in if minus 🔵		
	7	Capital gains Fill in if minus 🔵	7		Fill in if minus 🔵		
	8	Other gains Fill in if minus O	8		Fill in if minus 🔵		
	9	IRA distributions: Taxable amount	9				
	10	Pensions and annuities: Taxable amount	10				
	11	Rental real estate, royalties, partnerships, S-Corp., trusts, etc. Fill in if minus 🥥	11		Fill in if minus 🔵		
	12	Farm income Fill in if minus O	12		Fill in if minus 🔵		
	13	Unemployment compensation	13				
	14	Social security benefits: Taxable amount	14				
	15	Other taxable income. Attach separate sheet(s) Fill in if minus	15		Fill in if minus 🔵		
	16	Add Lines 1 through 15 in each column. Fill in if minus	16		Fill in if minus 🔵		
	17	Educator expenses	17				
	18	Certain business expenses of reservists, performing artists, and fee-basis government officials	18				
TS	19	Health savings account deduction	19				
ADJUSTMENTS	20	Moving expenses for members of the armed forces. Attach fed. Form $\ensuremath{3903}$	20				
JST	21	Deductible part of self-employment tax	21				
\DJL	22	Self-employed SEP, SIMPLE, and qualified plans	22				
4	23	Self-employed health insurance deduction	23				
	24	Penalty on early withdrawal of savings	24				
	25	Alimony paid (only if divorce or separation agreement on or before 12/31/18)	25				
	26	IRA deduction	26				
	27	Student loan interest deduction	27				
	28	Tuition and fees per federal Form 8917	28				
	29	Add Lines 17 through 28 in each column	29				
	30	Subtract Line 29 from Line 16 Fill in if minus 🔾	30		Fill in if minus		
	31	Total federal adjusted gross income. Add amounts entered on Line 30 and enter total here on Line 31 and on Section A, Line 1 or Section B,			31 \$		

WORKSHEET TO COMPUTE YOUR PROPERTY TAX CREDIT

This credit may not be claimed if you live in a property owned by a government, a house of worship or a nonprofit organization.

The credit equals a percentage of the property taxes paid or accrued, *or* the portion of the rent paid that is equivalent to property taxes (20% of rent paid) *in* excess of the applicable percentage of the total federal adjusted gross income. The maximum credit amount is \$1375.

If you are under age 70 and the	
Federal AGI of your tax filing unit is:	Percentage -
\$0 - \$24,999	The amount of property tax that exceeds 3.0% of the adjusted gross income
\$25,000 - \$51,999	The amount of property tax that exceeds 4.0% of the adjusted gross income
\$52,000 - \$63,900	The amount of property tax that exceeds 5.0% of the adjusted gross income
If you are age 70 or older and the	
Federal AGI of your tax filing unit is:	Percentage -
\$0 - \$87,100	The amount of property tax that exceeds 3.0% of the adjusted gross income of the tax filing unit

1. Enter federal AGI (Line 1, Section A, Schedule H or Line 5, Section B, Schedule H).	1
2. Enter real property tax bill for 2024 or 20% of rent paid in 2024. (Do not include special assessments, interest, penalties and service charges).	2
3. Multiply Line 1 by the applicable percentage (.03), (.04) or (.05).	3
4. Balance (Subtract Line 3 from Line 2).	4
5. Property Tax Credit Limit.	5. \$1,375.00
6. Enter the smaller of Line 4 or Line 5 here on Line 6 and on Line 3 of Schedule H, Section A for credit based on rent paid, or Line 7 of Schedule H, Section B for credit based on real property tax owed. Round to the	6

nearest whole dollar.

Instructions for Schedule H

Homeowner and Renter Property Tax Credit

Home Defined

The term "home" refers to houses, apartments, rooming houses, condominiums, and cooperatives.

Eligibility

You must meet the following requirements to claim this credit:

- You were a District of Columbia (DC) resident from Jan 1. through Dec. 31, 2024;
- Your residence is not part of a public housing dwelling;
- You rented or owned and lived in a home, apartment, rooming house, or condominium in DC during all of 2024;
- Your 2024 federal adjusted gross income (AGI), was \$63,900 or less (\$87,100 or less if you are age 70 or older);
- You did not rent from a landlord whose property was either exempt from real property taxes or who paid a percentage of rental income to DC instead of paying a real estate tax;
- You must not be claimed as a dependent on someone else's federal, state, or DC income tax return unless you reached age 65 on or before December 31, 2024.

Additional Information:

- A Homeowner and Renter Property Tax Credit cannot be claimed on behalf of a taxpayer who died on or before December 31, 2024.
- Only one claimant per "tax filing unit" can claim the property tax credit.
- An individual who is claimed as a dependent on someone else's individual income tax return is only eligible to file the claim for their tax filing unit if they are 65 years of age or older.

Tax Filing Unit Defined

A tax filing unit is defined as an individual or married couple that would — if their income is above the federal filing threshold — file an individual income tax return. A married couple/ registered domestic partners residing in the same household are part of the same tax filing unit whether filing jointly, separately on the same return, or separately on separate returns.

D-40 Filers

If you are required to file a DC individual income tax return (D-40), attach Schedule H to your D-40 return. Use the federal adjusted gross income amount from Line 4 of your D-40 (and the AGI of your spouse/registered domestic partner if filing separately on separate returns). You have three years from the due date to claim the credit. If you have already submitted your tax return for a previous year without the Schedule H form, you may file an amended return to include Schedule H.

Standalone Filers

If you are not required to file a DC individual income tax return because you are below the income tax filing threshold, you can file Schedule H as a standalone return. You may use the "Worksheet To Determine Federal Adjusted Gross Income" on page 2 of Schedule H to calculate the total federal adjusted gross income for yourself, and, if applicable, your spouse or registered domestic partner.

You can now electronically file the standalone Schedule H by accessing the <u>MyTax.DC.gov</u> web portal. For more information, visit MyTax.DC.gov or call e-Services at (202) 759-1946.

When is Schedule H due?

The Schedule H is due by April 15, 2025. You have three years from the due date to claim the credit.

Where to Mail Schedule H

If you are required to file a DC income tax return, attach Schedule H to your DC income tax return. Send it to:

> Office of Tax and Revenue PO Box 96145 Washington, DC 20090-6145

If you file Schedule H by mail as a standalone return, send it to:

Office of Tax and Revenue 1101 4th Street, SW, FL 4 Washington, DC 20024

Do I Use Section A or Section B?

If you **rent** your home, apartment, rooming house, condominium, or cooperative, use Section A.

If you ${\bf own}$ your home, apartment, rooming house, condominium or cooperative, use Section B.

Section A—Credit claim based on rent paid

Line 1 Total federal AGI of the tax filing unit

If you filed a D-40, enter the amount that you and, if applicable, your spouse or registered domestic partner reported on Line 4 of your D-40. If you are a standalone filer, you must compute your federal adjusted gross income (AGI) and enter that amount on Line 1 of Schedule H. For assistance in computing your federal adjusted gross income you can complete the "Worksheet To Determine Federal Adjusted Gross Income."

If the sum of your federal AGI is more than \$63,900, (\$87,100 if you are age 70 or older) you are not eligible to claim the property tax credit.

If you are a standalone filer it is important that you list the name, taxpayer identification number, and date of birth on page 1 of Schedule H of the person whose income is included in the total federal AGI of your tax filing unit.

Line 2 Rent paid on the property in 2024

Enter the total rent you paid for the property during the year and multiply it by .20. If you sublet part of your home to another person, the rent that you received is gross income and must be reported on your D-40, or D-30 if gross rental income is greater than \$12,000.

Note: If you rent more than one home in the District in the same calendar year, reng you paid during the year is determined by dividing the rent paid pursuant to the last rental agreement in force during the year by the number of months during the year for which this rent was paid and then multiplying the result by 12. Enter this number for "Rent paid by you on the property in 2024." Multiply the rent entered by .20.

Line 3 Property tax credit

Using the amounts entered in Lines 1 and 3, calculate your property tax credit amount using the "Worksheet to Compute Your Property Tax Credit."

Section B—Credit claim based on real property tax paid or accrued

Line 5 Total federal AGI of the tax filing unit

If you filed a D-40, enter the amount that you and, if applicable, your spouse or registered domestic partner reported on Line 4 of your D-40. If you are a standalone filer, you must computer your federal adjusted gross income (AGI) and enter that amount on Line 5 of Schedule H. For assistance in computing your federal adjusted gross income you may complete the "Worksheet To Determine Federal Adjusted Gross Income."

If the sum of your federal AGI is more than \$63,900, (\$87, 100 if you are age 70 or older) you are not eligible to claim the property tax credit.

If you are a standalone filer, it is important that you list the name, taxpayer identification number, and date of birth on Page 1 of the person whose income is included in the total federal AGI of your tax filing unit.

Line 6 DC real property tax bill for tax year 2024

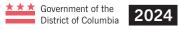
Refer to your real property tax bill. Enter the amount of DC real property tax for tax year 2024 as reflected on the District real estate tax bill ordinarily sent out in September each year. The credit is based upon the amount of real property taxes owed, whether paid or unpaid. Do not include interest, penalities, special assessments or service charges, and do not include taxes paid for earlier tax periods.

If a home is an integral part of a larger unit such as a multi-purpose building or a multi-dwelling building, property taxes accrued shall be that percentage of the total property taxes accrued as the value of the home bears to the total value of the property.

REMINDER: If you rent out part of your residence to another person, the rent you receive is gross income and needs to be reported on your federal and DC tax returns. If gross rental income is greater than \$12,000, you will need to file a DC Form D-30.

Line 7 Property tax credit

Using the amounts entered on Lines 8 and 9, calculate your property tax credit amount using the "Worksheet to Compute Your Property Tax Credit."



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).

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Enter your last name	Taxpayer Identification Number (TIN)
Part I Credits a. Non-refundable Credits 1 Enter state income tax credit. List additional states on a separate sheet, attach it to th (Enter total of all state tax credits on Line 2 below.)	is Schedule.
State (a) \$ 00 (b) \$ \$ 00 \$ \$ 00 \$ \$ 00 \$	- 00 - 00
2 Total of Line 1 state tax credits and any additional tax credits from the attachm	ents. 2 \$ 00
3 Enter alternative fuel credits, see instructions. 3(a) Alternative fuel infrastructure - private residence. 2(b) Alternative fuel infrastructure - private residence.	00
3(b) Alternative fuel infrastructure - public use. # of stations	.00
3(c) Alternative fuel vehicle conversion. # of vehicles	
4 Total of Line 3 alternative fuel credits. Add Lines 3(a) - 3(c) only and enter here	
5 DC Low-Income Housing Tax Credit. See DC LIHTC instructions on MyTax.DC.	<u>.gov</u> . 5 \$
6 DHCD Rental Accommodations Division Housing Provider Credit. See instruc	ctions. 6 \$ 00
7 Total your non-refundable credits, enter here and on Form D-40, Line 22.	7 \$00
b. Refundable Credits	
1 DC Non-custodial parent EITC. See Schedule N.	1 \$.00
2 Keep Child Care Affordable Tax Credit. See Schedule ELC.	2 \$ 00
3 Total your refundable credits, enter here and on Form D-40, Line 29.	3 \$ 00
Part II Contributions (The minimum contribution is \$1.00.)	
1 DC Statehood Delegation Fund.	1 \$ 00
2 Taxpayer Support for Afterschool Programs for At-Risk Students.	2 \$ 00
3 Anacostia River Cleanup and Protection Fund.	3 \$ 00
4 RESERVED	4 \$ 00
5 Total your contributions, enter here and on Form D-40, Line 41.	5 \$ 00

If you are not due a refund and do not owe tax, you may still make contributions. Total your contributions and enter on Form D-40, Line 41 If you owe tax, make the payment plus any contributions, payable to the DC Treasurer and mail it with your return.

Attach this schedule to your D-40 Return.



2024 D-8609 District of Columbia Low-Income Housing Tax Credit Allocation and Certification



	This Section to be completed by DHCD
Part IA. Credit 1. Building Address	
2a. Building Owner Name b. Building Owner Address	
3. Building Owner TIN	
4. Federal Building Identification Number	DC-
5. Maximum Allowable DC LIHTC Amount*	
6. Date of Allocation	
7. Date Building Placed in Service	
 Fill in	e first year after the building is placed in service was

Signature of Authorized DHCD Official

*The amount for each year of the 10-year credit period

Part IB. Owner Certification

Under penalties of perjury, I declare that: (1) the above building continues to qualify as a part of a qualified low-income housing development and meets the requirements of Internal Revenue Code Section 42(g) and DC Code §47-4801 and (2) the qualified basis of the building (check one) ____has ___has not decreased for this tax year. I have examined this form, and to the best of my knowledge and belief, it is true, correct and complete.

Signature

Taxpayer ID Number

Date

Ownership Entity

Date

Name (please type or print)

Revised 06/2024

The federal Low-Income Housing Tax Credit (LIHTC) was established by the Tax Reform Act of 1986 and is a dollar-fordollar tax credit for federal taxpayers who invest in the construction and rehabilitation of housing for low and moderateincome individuals and families in the United States.

Pursuant to the District of Columbia Low-Income Housing Tax Credit Clarification Amendment Act of 2020, (D.C. Law 23-149, § 7201), and the District of Columbia Low-Income Housing Tax Credit Amendment Act of 2024 (D.C. Law 25-550 §2161) the District of Columbia has established a low-income housing tax credit for eligible projects located in the District of Columbia. An "eligible project" means a rental housing development in the District that includes more than 5 housing units; and units that will be affordable to tenants at an income level no greater than 80% of the median famiy income in the Washington Metropolitan Statistical Area.

The District of Columbia low-income housing tax credit (DC LIHTC) can be taken against income tax, franchise tax, and insurance premium tax. The credit can be claimed equally for 10 years or 120 months and subtracted from the amount of DIstrict tax otherwise due for each taxable period. The tax cannot be taken against any tax that is dedicated in whole or in part to the Healthy DC and Health Care Expansion Fund established by by DC Code §31-3514.02.

The credit is not refundable, but any amount of the credit that exceeds the tax due for a taxable year can be carried forward to any of the 10 remaining subsequent taxable years. The owner of an eligible project that qualifies for the DC LIHTC must obtain an eligibility statement issued by the Department of Housing and Community Development (DHCD) with respect to the project and submit an executed Form D-8609, District of Columbia Low-Income Housing Tax Credit Allocation and Certification.

All or any portion of District low-income tax credits may be transferred, sold, assigned, or allocated to parties who are eligible pursuant to Chapter 48 of Title 47 of the District of Columbia Official Code. There is no limit on the total number of allocations of all or part of the total credit authorized. Collectively, all transfers, sales, assignments, and allocations are subject to the maximum credit allowable to a particular qualified project.

A tax credit earned or purchased by, or transferred or assigned to, a partnership, limited liability company, S corporation, or other pass-through entity may be allocated to the partners, members, or shareholders in accordance with the provisions of any agreement among the partners, members, or shareholders and without regard to the ownership interest of the partners, members, or shareholders in the project. A partner, member, or shareholder to whom a tax credit is allocated may further allocate all or part of the allocated credit or may transfer, sell, or assign the allocated credit. Collectively all transfers, sales, assignments, and allocations are subject to the maximum credit allowable to a particular qualified project. An owner, transferee, purchaser, assignee, or taxpayer to whom a credit is allocated desiring to make a transfer, sale assignment or allocation to another transferee, purchaser, assignee or taxpayer, must submit appropriate information to the Office of Tax and Revenue (OTR) and report the amount of DC LIHTC transferred, sold, assigned, or allocated, and the recipient of the credit. Follow the steps described in the Instructions for Low-Income Housing Tax Credit (LIHTC) Allocation and Certification booklet on <u>MyTax.DC.gov</u>.

The District low-income housing tax credit can be recaptured if the owner fails to submit a copy of the eligibility statement issued by the Department with respect to the eligible project at the time of filing the return, or, if under IRC §42, a portion of any federal low-income tax credits taken on a low-income qualified project is required to be recaptured. If a recapture is required, any statement submitted to OTR as required by DC Code §47-4806(b) must include the proportion of the credit required to be captured, the identity of each transferee subject to recapture, and the amount of credit previously transferred, sold, assigned, or allocated to such transferee, purchaser, assignee, or taxpayer to whom a credit is allocated.

Except for unused credits carried forward and for credits claimed under regulations promulgated by the Department consistent with the special rule set forth in IRC §42, an eligible District of Columbia project is not eligible for any District tax credits for more than 11 taxable years.

Sign-Up for MyTax.DC.gov

<u>MyTax.DC.gov</u> is the web portal where you can view your available DC LIHTC amount and report credit transfers, sales, assignments and allocations to other credit recipients. All credit owners, transferors and recipients must complete a onetime registration to sign up for an online account. Credit transferors must report any credit transfers, sales, assignments and allocations on their MyTax.DC account before the credit recipients can view their portion of available DC LIHTC credit. For further information on how to view your DC LIHTC information and report transactions, please see Instructions for DC Low-Income Housing Tax Credit Allocation and Certification.

Claiming the Credit

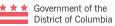
The building owners of an eligible project must complete Form D-8609, District of Columbia Low-Income Housing Tax Credit Allocation and Certification, and have it signed by an authorized official from the District of Columbia Department of Housing and Community Development (DHCD). Provide the following documents to OTR by email OTRLIHTCTeam@dc.gov:

- ➤ A copy of the executed D-8609,
- > A copy of your eligibility letter issued by DHCD, and
- A copy of your federal Form 8609A, Annual Statement for Low-Income Housing Credit.

A District tax return must be filed with the credit amount on the appropriate line of the return or schedule to receive the credit. The lines to claim this credit are:

D-40 Schedule U Line 5 D-41 Line 16a D-20 Schedule UB Line 8 D-30 Schedule UB Line 19

This is a non-refundable credit. The total amount of the credit being claimed should not exceed the amount of tax due.



2024 SCHEDULE I Additions to and Subtractions from

to and Subtractions from Federal Adjusted Gross Income



Important: Print in CAPITAL letters using black ink. Attach to your D-40.

Las	t name Taxpayer Identification Number (TIN)					al us or IE		ily)000)	
Calculation A Additions to federal adjusted gross income. Fill in only those that apply.			0	Dolla	ars c	only,	do r	not ei	nter	cents
1	Part-year DC resident – enter the portion of adjustments (from Federal Form 1040, 1040-SR or 1040-NR) that relate to the time you <u>resided outside</u> DC. <i>For</i> Lines 2 – 7 below include only the amounts related to the time you <u>resided in</u> DC.	1								.00
2	Income distributions eligible for income averaging on your federal tax return (from federal Form 4972).	2								.00
3	100% federal bonus depreciation and/or extra IRC §179 expenses claimed on fed. return.	3								.00
4	Any part of a discrimination award subject to income averaging.	4								.00
5	Deductions for S Corporations from Schedule K-I, Form 1120-S.	5								.00
6	Pass-through losses from DC unincorporated businesses that exceed the \$12,000 threshold (reported as a loss on federal 1040 or 1040-SR return).	6								.00
7	Other. See instructions on other side.	7								.00
8	Capital gains deferred on federal return due to investment in Qualified Opportunity Fund	8								.00
9	Total additions. Add entries on Lines 1-8. Enter the total here and on D-40, Line 6.	9								.00
Cal	culation B Subtractions from federal adjusted gross income. Fill in only those that apply.									
1	Taxable interest and dividends from US Treasury bonds and other obligations. See instructions	1		_						.00
2	Disability income exclusion from DC Form D-2440, Line 10. See instructions on other side.	2	\$.00
3	Interest and dividend income of a child from Federal Form 8814.*	3								.00
4	Awards, other than front and back pay, received due to unlawful employment discrimination.	4								.00
5	Excess of DC allowable depreciation over federal allowable depreciation. See instructions.	5								.00
6	Amount paid (or carried over) to DC College Savings plan in 2024 (maximum \$4,000 per person, \$8,000 for joint filers if each is an account owner). <i>Part-year residents see instructions.</i>	6								.00
7a	Exclusion of up to \$10,000 for DC residents (certified by the Social Security Adm. as disabled) with adjusted annual household income of less than \$100,000. See instructions.	7a								.00
7b	Annual household adjusted gross income. 7b \$.00									
8	Expenditures by DC teachers for necessary classroom teaching materials, \$500 annual limit per person. See <i>instructions on other side</i> .	8								.00
9	Expenditures by DC teachers for certain tuition and fees, \$1500 annual limit per person. See instructions on other side.	9								.00
10	Loan repayment awards received by health-care professionals from DC government. See instructions on other side.	10								.00
11	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.	11								.00
12	DC Poverty Lawyer Loan Assistance. See instructions on other side.	12								.00
13	Other. See instructions on other side.	13								.00
14	Military Spouse Residency Relief Act. See instructions on other side.	14	\$.00
15	Capital gains deferred due to DC approved investment in DC Qualified Opportunity Fund	15	\$					\square		00
16	Total subtractions. Add entries on Lines 1–7a and 8-15. Enter the total here and on D-40, Line 14.	16								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.

SCHEDULE I Additions to and Subtractions from Federal Adjusted Gross Income

Calculation A Instructions

Additions to federal adjusted gross income (AGI)

Line 6 Pass-through losses from DC unincorporated businesses that exceed the \$12,000 threshold (reported as a loss on federal 1040 or 1040-SR return).

Line 7 Other is for those items not subject to federal tax but subject to DC tax. Please attach a list.

Line 8 If you reported deferred capital gains on your federal return due to an investment in a Qualified Opportunity Fund, you must add back the amount of the deferment here.

Calculation B Instructions

Subtractions from federal adjusted gross income

Line 1 Interest and dividend income on obligations or securities of the United States, or its agencies or instrumentalities, to the extent that this income is included in federal gross income. Attach a detailed statement including an explanation of the amount of exempt interest and/or dividends and the name of the payor(s).

Line 2 Disability income exclusion from DC Form D-2440. Enter the amount from Form D-2440, Line 10. Attach a completed D-2440. If disability payments were included in your federal gross income, you may be able to claim an exclusion for them on your DC return.

Line 5 Excess of DC allowable depreciation over federal allowable depreciation. If you claimed the federal bonus depreciation (100%) on your federal return, the DC basis for the depreciated property will be more than the federal basis. Use this line to subtract the excess depreciation from the federal AGI to show the proper DC depreciation allowable.

Line 6 DC College Savings Plan payments. Enter the amount contributed to a qualified DC "529" College Savings Plan. You may deduct up to \$4,000 annually for contributions you made to all qualified college savings accounts of which you are the owner. If you are married and file a joint or combined separate return, each spouse/registered domestic partner may deduct up to \$4,000 for contributions made to all accounts for which that spouse/registered domestic partner is the sole owner. A rollover distribution is not a contribution for purposes of this deduction. Contributions made to one or more accounts in excess of the allowable \$4,000 (\$8,000 for eligible joint filers) annual deduction may be carried forward as a deduction (subject to the annual limitation) for up to five years. If you were a part-year DC resident during the tax year, you may deduct only the amount contributed when you resided in DC.

Line 7a and 7b Exclusions for DC residents. Income not to exceed \$10,000 is excludable in computing DC gross income for persons determined by the Social Security Administration to be totally and permanently disabled and who are receiving: Supplemental Security Income or Social Security Disability; or railroad retirement disability benefits; or federal or DC government disability benefits; and whose annual household adjusted gross income is less than \$100,000.

Household income includes income received by all household members in the year, even income excluded from federal adjusted gross income.

Adjusted gross income is that of all persons residing in a household, excluding the adjusted gross income of any person who is a tenant under a written lease for fair market value.

Lines 8 and 9 Expenditures by DC teachers. An individual who:

- 1) has been approved by the DC public schools; and
- has been a classroom teacher in a DC public school or public charter school for this entire tax year or the entire prior tax year may deduct:

- the amount the teacher paid during the year for basic and necessary classroom teaching materials and supplies – up to \$500 per person whether filing individually or jointly.
- the tuition and fees paid during the year for postgraduate education, professional development, or state licensing examination and testing for improving teaching credentials or maintaining professional certification – up to \$1,500 per person whether filing individually or jointly.

Interaction between DC deductions and similar federal deductions.

To prevent a "double deduction" situation – if a DC classroom teacher claims a deduction on their federal return for personal expenses, the federal tax deduction claimed **reduces** the amount that may be claimed for those same expenses on the DC return. *For example:* a DC classroom teacher who claims \$1,500 or more for tuition and fees on the federal return (Form 1040 or 1040-SR) **may not** take any deduction for these same expenses on the DC return.

Line 10 Loan repayment awards. "Loan repayment awards" of up to \$120,000 paid over four years by DC to healthcare professionals to reduce their medical education debt are not taxed by DC. (This program is administered by the DC Department of Health.)

Line 11 Healthcare insurance premiums. Any healthcare insurance premium paid by an employer for an employee's domestic partner registered with the Vital Records Division of the DC Department of Health (see DC Code §32-701 (3) and 702) or an employee's spouse is deductible, unless on your federal return the employee's registered domestic partner or spouse is considered a dependent pursuant to IRC §152 and a deduction from income was taken for the premium on the employee's federal tax return.

Line 12 DC Poverty Lawyer Loan Assistance. Attach a copy of your Form 1099C (Cancellation of Debt) issued by the DC Office of the Attorney General (OAG). Lawyers eligible for this award are those whose legal practice has been certified by the DC OAG as serving the public interest.

Line 13 Other. Other items not subject to DC tax subtracted from federal adjusted gross income include: rebates/grants received from the Private Security Camera Systems Program, the Home Composting Incentive Program, the Safe at Home Grant Program, and certain other grants excluded from District gross income. See D-40 instruction booklet page 7 and DC Code § 47-1803.02(a)(2).

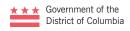
Line 14 Military Spouse Residency Relief Act If you have determined that you are required to file a District of Columbia tax return and you are in one of the U.S. military services, one of the following may apply:

(1) If a servicemember's legal residence for taxes is not in DC but the service member and spouse reside in DC due to military orders, the military compensation and the non-military spouse's compensation should be deducted on Schedule I, Line 14. If this applies to you, a copy of the Department of Defense form providing the service member's legal residence for taxes and a copy of the nonmilitary spouse's legal residence for taxes should be kept with your tax records in case it is subsequently needed.

(2) If a servicemember's legal residence for taxes is in DC and the service member and spouse reside in DC in compliance with the servicemember's military orders, they will file Form D-40 and will report all their income in DC, as either married filing jointly or married filing separately.

Line 15 DC Opportunity Fund Investment

If you have deferred capital gains due to an investment in a DC approved Qualified Opportunity Fund, subtract the amount of deferment here, provided this amount is also included in Calcula-tion A, Line 8 of Schedule I.



2024 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#0000
	of non-custodial parent M.I. Last na umber, street and suite/apartment number if applicable)	me
City		State Zip Code + 4
City		
Taxpayer Io	dentification Number (TIN) Date of birth (MMDDYYY)	()
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.
	ustodial Parent EITC Eligibility – Please complete this checklist t laim the DC Non-Custodial Parent EITC only if you can answer "	
\$49,08 \$55,76	Federal Adjusted Gross Income for 2024 less than: 4 (\$56,004 married filing jointly) with one qualifying child 8 (\$62,688 married filing jointly) with two qualifying children 9 (\$66,819 married filing jointly) with three or more qualifying c	YES NO
2 Were yo	ou a DC resident taxpayer during the year?	
3 Were yo	bu between the ages of 18 and 30 as of December 31, 2024?	
4 Are you	a parent of a minor child(ren) with whom you do not reside?	
-	under a court order requiring you to make child support paymen	
	e child support payment order in effect for at least 183 days in 2	
-	make child support payment(s) through a government sponsored	
-	pay all of the court ordered child support due for 2024 by Decen	
If you ansv	vered "Yes" to the above questions, you may claim the DC Non-C	Custodial Parent EITC.

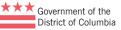
Complete Schedule N and attach it, and Schedule U, to your D-40.

2024 SCHEDULE N PAGE 2

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

Last name and TIN	
Qualifying Child Information	
First Name	M.I. Last Name
1. Child's name, #1	
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.
#1 #	#2 #3
TIN	
#1	#2 #3
3. Child's date of birth	
First Name 4. Custodian's name	M.I. Last Name
4. Custoular's hame	
Number, street and suite/apartment number	
5. Custodian's address	
City	State Zip Code + 4
6. Custodian's TIN	
7. Location of the #1	#3
support payments for: #2	
8. Case or Docket number for: 9. Nar	me of government agency to which you make payments for:
#1 #1	
#2 #2	
#3 #3	
10. Address of #1	
the government "1 agency for: #2	
π2	
#3	
11. Amount of #1 \$.00 per month	#3 \$.00 per month
court ordered #1 \$.00 per month	
12. Date payments were #1 (MMDDYYYY) #2 ordered to start	2 (MMDDYYYY) #3 (MMDDYYYY)
#1	#2 #3
13. Total payments made during 2024 \$ 00	\$.00 \$.00

14. Computation: Using the amount on Line 4 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 .70 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, see part-year resident instructions in the D-40 booklet on prorating the credit to be claimed.





Schedule ELC Keep Child Care Affordable Tax Credit



▶ Complete and attach to Form D-40 only if you have an eligible child.

Name shown on return			JSE ONLY VENDOR ID# UUUU Taxpayer Identification Number (TIN)					
Your first name	M.I Last name							
Before you begin: ∞See instructions on the back of this for	orm to make sure that 1) you can take	the Keep Child Care Affordable Tax Cred	it and 2) you have an eligible child.					
the time we process your return, we	∞ Be sure the child's name on Line 2 and the tax identification number (TIN) on Line 3 match with the eligible child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your ELC if the name or TIN do not match the social security card. Call the Social Security Administration at 1-800-772-1213							
Eligible Child Information	Child 1	Child 2	Child 3					
1a Is this child a recipient of the District's subsidized child care program?	Yes. STOP, your child is not eligible for this credit. No. Go to Line 1b.	Yes. STOP, your child is not eligible for this credit. No. Go to Line 1b.	Yes. STOP, your child is not eligible for this credit. No. Go to Line 1b.					
1b Was the child under age 4	Yes. Go to Line 2.	Yes. Go to Line 2.	Yes. Go to Line 2.					
as of 09/30/2024?	No. STOP, your child is not eligible for this credit.	No. STOP, your child is not eligible for this credit.	No. STOP, your child is not eligible for this credit.					
2 Child's name	First name	First name	First name					
	Last name	Last name	Last name					
3 Child's taxpayer identification number								
4 Child's Date of Birth	(MMDDYYYY)	(MMDDYYYY)	(MMDDYYYY)					
5 Child's relationship to you								
6 Name of Child Development Facility								
7a Child Development Facility License Number								
7b Is the child development facility operated by the federal	Yes.	Yes.	Yes.					
government or by a private provider on federal property?	No.	No.	No.					
8 Child Development Facility taxpayer identification number								
9 For payment purposes, was the child under age 3 as of 9/30/2024?	Yes. Include payments made for care from 01/01/2024 through 12/31/2024	Yes. Include payments made for care from 01/01/2024 through 12/31/2024	Yes. Include payments made for care from 01/01/2024 through 12/31/2024					
	No. Include payments made for care from 01/01/2024 through 8/31/2024	No. Include payments made for care from 01/01/2024 through 8/31/2024	No. Include payments made for care from 01/01/2024 through 8/31/2024					
10 Amount paid. See instructions	\$.00	\$	\$00					
11 The maximum credit you can receive for each eligible child is \$1,160	\$ 1 1 6 0.00	\$ 1 1 6 0.00	\$ 1 1 6 0.00					
12 Enter the lesser of Line 10 or Line 11 for each eligible child here and on Schedule II. Part 1b. Line 2	\$.00	\$.00	\$.00					

Instructions for Keep Child Care Affordable Tax Credit (Schedule ELC)

You are not eligible to receive this credit if:

1. You do not claim the eligible child as a dependent on your federal or District income tax return for the relevant taxable year;

2. A person other than you claimed the eligible child as a dependent on their federal and District income tax returns for the taxable year;

3. The child was eligible for and received subsidized child care services pursuant to Chapter 4, Title 4 of the D.C. Code, during the taxable year;

4. A person other than the taxpayer received a credit under DC Code 47-1806.15 for the same taxable year for the same eligible child;

5. The payments for child care services for which you seek a tax credit were paid to an entity not licensed by the District to operate a child development facility (unless operated by the federal government or by a private provider on federal property); or

6. Your District taxable income for the taxable year exceeds the amounts for taxable year 2024:

- a. Single and head of household: \$174,300;
- b. Married/Registered Domestic Partners Filing Jointly: \$174,300;
- c. Married/Registered Domestic Partners Filing Separately on the same return: \$174,300;
- d. Married/Registered Domestic Partners Filing Separately: \$87,100

Definitions

1. "Eligible child" means a dependent who is claimed by a taxpayer and who has not reached the age of 4 years by September 30th of the taxable year.

2. "Eligible child care expenses" means payments made by a taxpayer to a licensed child development facility for child care services of an eligible child during the taxable year. It does not include any payments for child care services provided after August 31st of the taxable year of an eligible child who meets the age requirements for enrollment for Pre-K.

3. "Child development facility" means a center, home, or other structure that provides care and other services, supervision, and guidance for children, infants, and toddlers on a regular basis. It must be licensed to operate as a childcare development facility in the District unless operated by the federal government or by a private provider on federal property. "Child development facility" does not include a public or private elementary or secondary school engaged in legally required educational and related functions or a pre-kindergarten education program licensed pursuant to the Pre-K Act of 2008.

4. Taxpayer Identification Number (TIN) means a valid federal employer identification number (FEIN), an individual taxpayer identification number (ITIN) issued by the IRS; or a valid social security number issued by the Social Security Administration.

Eligible Expenses

1. Eligible expenses are limited to the amounts paid to a licensed child development facility for child care services of the eligible child.

2. Child support payments are not qualified expenses, even if intended to be used to pay for child care services.

3. Child care expenses that are paid for upfront by a taxpayer but then reimbursed by a state social service agency are not eligible expenses.

4. Expenses do not include food, lodging, clothing or entertainment, even if provided for eligible child.

Line by Line Instructions for Child 1, 2 and 3:

Line 1a: Is the eligible child a recipient of the District's subsidized child care program? If yes, your child does not qualify for the credit. If no, continue to Line 1b.

Line 1b: The child must be under the age of 4 as of 9/30/23. If under age 4, continue to Line 2. If age 4 or over, your child does not qualify for this credit.

Line 2: Enter your eligible child's first and last name.

Line 3: Enter your eligible child's tax identification number. Ensure the name and tax identification number entered match the eligible child's social security card.

Line 4: Enter your eligible child's date of birth in MMDDYYYY format.

Line 5: Enter the eligible child's relationship to you. For example: son, daughter, grandchild, niece, nephew, eligible foster child.

Line 6: Enter the name of the Child Development Facility.

Line 7a: Enter the Child Development Facility License Number.

Line 7b: Check the applicable box.

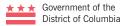
Line 8: Enter the TIN of the Child Development Facility.

Line 9: Enter the date range of the payments made during the taxable year. This date cannot be a date after August 31st of the taxable year if eligible child meets age requirements for enrollment in Pre-K according to DC Code § 38-273.02(a). For more information visit <u>dcps.dc.gov/ece</u>.

Line 10: Enter the total amount actually paid in 2024 but do not include any payments for child care services provided after August 31, 2024 of the taxable year if your eligible child meets the age requirements for enrollment in Pre-K according to DC Code § 38-273.02(a).

Line 11: The maximum credit amount that can be claimed per child is \$1,160.

Line 12: Enter the lesser of Line 10 or Line 11 and enter here and on Schedule U, Part 1B, Line 2.



2024 SCHEDULE HSR DC Health Care Shared Responsibility



Imnortant	Print in CAPITAL letters	susing black ink	File with	VOUR D-40
important.	FILL III CAFITAL IELLEIS	b using black link.		your D-40

OFFICIAL USE ONLY Vendor ID#0000

Personal information Your daytime telephone number			
Your taxpayer identification number (TIN)	nd Date of Birth (MMDDYYYY)	Spouse's/registered domestic partner's TIN	and Date of Birth (MMDDYYYY)
Your first name	M.I. Last name		
Spouse's/registered domestic partner's first nam	e M.I. Last name		
Mailing address (number, street and suite/apartr	nent number if applicable)		
City		State Zip Code +4	

PART I Do you have qualifying health coverage?

- Did you and, if applicable, all members of your health care shared responsibility family have qualifying health coverage for every month in **2024**?
 - Yes. STOP. You do not owe a health care shared responsibility payment and do not need to complete a Schedule HSR. (Enter zero on Line 25 of your D-40)
 - No. If you answered No, complete Part II.

PART II Do you have an exemption?

- 2 Can someone else claim you as a dependent on their federal income tax return for 2024?
 - Yes. Proceed to Part IV. See instructions.
 - O No.

1

- 3 Was your federal adjusted gross income below the applicable filing threshold for your filing status for 2024? See instructions. Yes. Proceed to Part IV. See instructions.
 - ONO.
- Was your federal adjusted gross income reported on your D-40, Line 4 for 2024 equal to or less than \$33,433.20?
 Yes. Proceed to Part IV. See instructions.
 No.

If you answered Yes to any of questions 2 - 4, enter zero on Line 25 of your D-40. If not, continue by answering questions 5 - 6.

5 Do you affirm under the penalties of perjury that you or any member of your health care shared responsibility family lacked qualifying health coverage in 2024 on the basis of a sincerely held religious belief during the entire taxable year?

○ Yes. You must complete Part III before completing Part IV.

- ONo.
- 6 Are you claiming an exemption (other than a sincerely held religious belief) for at least one month for 2024 for yourself or any member of your health care shared responsibility family?
 - Yes. You must complete Part III before completing Part IV.
 - ONo.

After answering questions 5 - 6, complete Part IV to determine the amount to enter on Line 25 of your D-40. If you answered yes to question 5 or 6, you must also complete Part III.

SCHEDULE HSR PAGE 2



Enter your last name

Enter your taxpayer identification number (TIN)

PART III What coverage exemptions are you claiming for members of your shared responsibility family and for how many months? See instructions for exemption type(s).

	Name of Individual	Taxpayer Identification Number (TIN)	Exemption Type	Number of Exempt Months Claimed		
7	First name and M.I. Last name					
8	First name and M.I.					
9	First name and M.I.					
10	First name and M.I.					
11	First name and M.I.					
12	First name and M.I.					
PART IV Complete the applicable worksheets before completing Part IV. Round cents to nearest dollar.						
13	Enter flat dollar amount (see Worksheet A-1, Line 5 or Worksheet A-2, Line 7)			.00		
14	Enter the percentage income amount (see Worksheet B-1, Line 4 or Worksheet B	-2, Line 14) 14 \$.00		
15	Enter the larger of Line 13 or Line 14 (If Lines 13 and 14 are the same, enter that	at number.) 15 \$.00		
16	Enter the District Average Bronze Plan Premium (see Worksheet C-1, Line 2 or W Line 2)			.00		
17	Enter the smaller of Line 15 or Line 16 here and on D-40, Line 25	17 \$.00		

\$2,385.00

.00

4.

A. Flat Dollar Amount Calculation

Worksheet A-1 (No exemptions claimed)

 Worksheet A-1 - Complete this worksheet if you are not claiming any exemptions for any month for any member of your health care shared responsibility family.
 (See instructions for available exemptions and who is included in your health care shared responsibility family.

 1. Multiply \$795 for each member in your health care shared responsibility family who was at least 18 years old as of December 31, 2024.
 Round cents to nearest dollar. If amount is zero, leave line blank.

 2. Multiply \$397.50 for each member in your health care shared responsibility family who was under the age of 18 years old as of December 31, 2024.
 2.
 .00

 3. Add Lines 1 and 2.
 3.
 .00

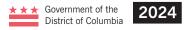
4. Maximum flat dollar amount for 2024.

5. Enter the smaller of Lines 3 or 4 here and on Schedule HSR, Part IV, Line 13. (Proceed to Worksheet B-1) 5.

Worksheet A-2 (Exemptions claimed for at least one month for at least one member in your health care shared responsibility family)

Worksheet A-2 - Complete the monthly columns by placing an "X" in each month to represent any member of your health care shared responsibility family that did not have minimum essential coverage or a coverage exemption. If you are claiming an exemption for the entire year for yourself and every member of your shared responsibility family, you do not complete this section. Only complete this worksheet if you are claiming an exemption for any month for any member in your health care shared responsibility family or if you or a member of your family had only partial year minimum essential coverage, even if no other exemption is claimed.

Name	Jan	Feb	Mar	Apr	Мау	Jun	Jul	Aug	Sep	Oct	Nov	Dec
-												
1a. Total number of X's in a month. If 5 or more, enter 5.												
1b. Add the total number reported in Line 1a here and on Worksheet C-2, Line 1.												
 Total number of X's in a month for members age 18 or older as of December 31, 2024. 												
3. One-half the number of X's in a month for members under the age of 18 years old as of December 31, 2024.												
4. Add Lines 2 and 3 for each month.												
 Multiply Line 4 by \$795 for each month. If \$2385 or more, enter \$2385. 												
6. Total the amounts for each month on Line 5.										\$.00
7. Divide Line 6 by 12.0. This is your flat dollar amount. Enter this amount on Schedule HSR, Part IV, Line 13.												
(Proceed to Worksheet B-1)										\$.00



B. Percentage Income Calculation

Worksheet B-1

Worksheet B-1 - Complete this worksheet if you completed either Worksheet A-1 or Worksheet A-2. A-2, you must also complete Worksheet B-2.	If you completed Worksheet			
		Round cents to nearest dollar. If amount is zero, leave line blank.		
1. Enter your federal adjusted gross income reported on your D-40, Line 4 for 2024.	1.	.00		
2. Enter the standard deduction amount that corresponds to the filing status that you claimed on your D-40. (See HSR instructions for amounts).	2.	.00		
3. Subtract Line 2 from Line 1.	3.	.00		
4. Multiply Line 3 by 2.5% (0.025). This is your percentage of income amount. Enter this amount on Schedule HSR, Part IV, Line 14 If you completed Worksheet A-1, and proceed to Worksheet C-1. (If you were required				
to complete Worksheet A-2, you must proceed to Worksheet B-2 to calculate your percentage of income amoun Do not enter this amount on Schedule HSR, Part IV, Line 14.		.00		

Worksheet B-2 (Exemptions claimed for at least one month for at least one member in your health care shared responsibility family)

Worksheet B-2 - Complete this worksheet only if you were required to complete Worksheet A-2. Do not complete this worksheet if you completed Worksheet A-1. * If the amount on Line 1a of Worksheet A-2 is zero for any month, leave all columns of this worksheet blank for that month.

For e	ach month, you must determine if the	(a)	(b)	(c)
amou	int on Line 5 of Worksheet A-2 is less the amount on Line 4 of Worksheet B-1.	Enter the amount from Worksheet A-2, Line 5	Enter the amount from Worksheet B-1, Line 4	Enter the larger of column (a) or column (b)
1.	January			.00
2.	February			.00
3.	March			.00
4.	April			.00
5.	Мау			.00
6.	June			.00
7.	July			.00
8.	August			.00
9.	September			.00
10.	October			.00
11.	November			.00
12.	December			.00
13.	Add the amounts in column (c)			.00
14.	Divide Line 13 by 12.0 Enter this amount on Sche	.00		

C. District Average Bronze Plan Premium Calculation

Worksheet C-1 (No exemptions claimed)

Worksheet C-1 - Complete this worksheet if you completed Worksheet A-1. If you were required to must complete Worksheet C-2. (See instructions on who is included in your health care shared re		
		Round cents to nearest dollar. f amount is zero, leave line blank.
1. Enter the number of members in your health care shared responsibility family.	1.	
 2. Enter the amount that corresponds to the number of members in your health care shared responsibility family. 1 person - \$4,378 2 persons - \$8,756 3 persons - \$13,134 4 persons - \$17,512 5 or more persons - \$21,890 		
Enter this amount on Schedule HSR, Part IV, Line 16.	2.	.00
Worksheet C-2 (Exemptions claimed for at least one month for at least one member in your h	nealth care s	hared responsibility family)

Worksheet C-2 - Complete this worksheet only if you were required to complete Worksheet A-2. If you were not required to complete Worksheet A-2, complete Worksheet C-1. Do <u>not</u> complete this worksheet if you completed Worksheet A-1. (See instructions on who is included in your health care shared responsibility family.)					
1. Enter the total number reported on Worksheet A-2, Line 1b.	1.				
2. Multiply Line 1 by \$365. Enter this amount on Schedule HSR, Part IV, Line 16.	2.	.00			

INSTRUCTIONS FOR SCHEDULE HSR DC HEALTH CARE SHARED RESPONSIBILITY PAYMENT STOP: If you answered 'yes' to Part I, Line 1. DO NOT complete this schedule. Mark the oval on Line 3 of the D-40 and enter zero (0) on Line 25 of the D-40

DC law requires all residents to have health coverage, have an exemption, or pay a tax penalty on their D-40. DC enacted the law in response to the reduction of the federal individual responsibility payment and modeled it after the federal requirement. Beginning in 2020, all District residents must either:

 Have qualifying health care coverage (see definition below) for yourself, your spouse/registered domestic partner (if filing jointly or separately on the same return), and anyone you or your married/registered domestic partner claim (or can claim) as a dependent;

(2) Have a coverage exemption for yourself, your spouse/registered domestic partner (if filing jointly or separately on the same return), and anyone you or your married/registered domestic partner claim (or can claim) as a dependent; or

(3) Make a health care shared responsibility payment.

<u>D-40</u>

If you and, if applicable, all members of your shared responsibility family (see definition below) had qualifying health care coverage for every month in 2024, fill-in the oval on Page 1 of your D-40 and enter zero on Line 25 of your D-40. You do <u>not</u> need to complete Schedule HSR or make a shared responsibility payment. If you (and, if applicable, all members of your shared responsibility family) did <u>not</u> have qualifying health care coverage for every month in 2024, you must complete Schedule HSR to calculate your shared responsibility payment and/or to claim an exemption.

Schedule HSR

Part I - Complete Part I of the Schedule HSR. If you answer 'yes' to question 1, mark the oval on Line 3 of your D-40 and enter zero on Line 25. If you answer 'no' to question 1, you must complete Part II.

Part II - If you answer 'yes' to questions 2, 3 or 4, skip Part III and continue to complete Part IV. Enter zero on Lines 13-17 of Part IV and on Line 25 of the D-40. If you answer 'no' to questions 2-4, you must answer questions 5-6 and complete Part III.

Part III – Enter the name and taxpayer identification number (TIN) for each member of your shared responsibility family, the code for the exemption claimed and the number of exempt months claimed for each exemption type claimed. For a list of exemption codes, see the Exemption Chart.

- If you are claiming one exemption type for the entire year, enter the applicable exemption code and "12" for the number of exempt months claimed for that member.
- If you are claiming an exemption for less than 12 months, enter the applicable exemption code and the total number of months claimed for that exemption type for that member.
- If you are claiming multiple exemption types for one member, list that member more than once and enter exemption code and number of months claimed for each exemption type for that member.

Part IV – Complete Part IV of Schedule HSR to compute your shared responsibility payment. You must complete the worksheets to compute your shared responsibility payment. (If you claimed an exemption for <u>all</u> members of your shared responsibility family for <u>every</u> month of 2024, enter zero on Lines 13-17 of your Schedule HSR.) The worksheets contain the following:

A. Flat Dollar Amount Calculation (Line 13)

- Complete Worksheet A-1 if no exemptions are claimed by anyone in your shared responsibility family
- 2. Complete Worksheet A-2 if exemptions are claimed for at least one month for at least one member of your shared responsibility family.

B. Percentage Income Amount Calculation (Line 14)

- Complete Worksheet B-1. (If you completed Worksheet A-2, you must also Complete Worksheet B-2.)
- 2. Complete Worksheet B-2 if you claimed exemptions for at least one month for at least one member of your shared responsibility family.

C. District Average Bronze Plan Premium Calculation (Line 16)

- 1. Complete Worksheet C-1 if no exemptions were claimed.
- 2. Complete Worksheet C-2 if you claimed exemptions for at least one month for at least one member in your shared responsibility family.

A. Flat Dollar Amount Calculation Worksheets

Worksheet A-1

Complete this worksheet if you are <u>not</u> claiming any exemptions for any month for any member of your shared responsibility family.

Follow the line by line directions provided on the form. Enter the amount from Line 5 on Schedule HSR, Part IV, Line 13. Proceed to Worksheet B-1.

Worksheet A-2

Complete this worksheet only if you are claiming an exemption, including maintaining partial-year minimum essential coverage, for any month for any member of your shared responsibility family.

List the name of each member of your shared responsibility family in the provided row. Then, for each month, mark an X in the appropriate column listed for the member(s) of your shared responsibility family who did not have minimum essential coverage or a coverage exemption. For example, if your dependent "John" had a health care coverage only for the month of January and had no coverage exemptions for the remainder of the year, mark an "X" in each of the month columns February through December on the row associated with John's name.

Line 1a: For each month, add the total number of "X's" in the column. The maximum number entered in any month's column is 5, even if that column includes more than 5 "X's". For example, if each of the 6 members of your shared responsibility family did not have health care coverage or a coverage exemption for January, you should enter "5" on Line 1 in the January column. Line 1b: After you have completed the step above for each month, add together the totals calculated for each month. Enter this sum on the provided space in the "Line 1b" box. For example, if you entered "5" in the January column for Line 1a, "4" in the April column, and "0" in all other columns, enter "9" in the space provided in the "Line 1b" box.

Line 2: Enter the total number of "X's" in each month that correspond to members age 18 or older as of December 31, 2024.

Line 3: Enter one-half the total number of "X's" in each month that correspond to members under the age of 18 as of December 31, 2024.

Line 4: Add Lines 2 and 3 for each month.

Line 5: Multiply Line 4 by \$795 for each month. If \$2,385 or more, enter \$2,385.

Line 6: Total the amounts reported in each month's column on Line 5 and enter the result here.

Line 7: Divide the amount reported on Line 6 by 12. This is your flat dollar amount. Enter this amount on Schedule HSR, Part IV, Line 13 and proceed to Worksheet B-1.

B. Percentage Interest Calculation Worksheets

Worksheet B-1

Complete this worksheet if you completed either Worksheet A-1 or Worksheet A-2. If you completed Worksheet A-2, you must also complete Worksheet B-2.

Follow the line-by-line directions provided on the form. The applicable D-40 filing threshold amounts for 2024 are: ○ Single (under 65) – \$14,600

- Single (65 or older) \$16,550
- Married/Registered domestic partner filing jointly or separately on the same return (both spouses under 65) – \$29,200
- Married/Registered domestic partner filing jointly or separately on the same return (one spouse 65 or older) – \$30,750
- Married/Registered domestic partner filing jointly or separately on the same return (both spouses 65 or older) – \$32,300
- \circ Married filing separately (under 65) \$14,600
- $_{\odot}~$ Married filing separately (65 or older) \$16,150
- \circ Head of household (under 65) \$21,900
- \circ Head of household (65 or older) \$23,850
- Qualifying Widow(er) (under 65) \$29,200
- Qualifying Widow(er) (65 or older) \$30,750

NOTE: The IRS does not consider 'blind' as an additional standard deduction.

If you completed Worksheet A-1, enter the amount from Line 4 on Schedule HSR, Part IV, Line 14 and proceed to Worksheet C-1. If you completed Worksheet A-2, proceed to Worksheet B-2 to calculate your percentage of income amount.

Worksheet B-2

Complete this worksheet only if you completed Worksheet A-2 (if you claimed exemptions for at least one month for at least one member of your shared responsibility family).

Line 1-12: For each month enter the amount from Worksheet A-2, Line 5 in column (a) and the amount from Worksheet B-1, Line 4 in column (b). In column (c), enter the larger of column (a) or column (b).

Line 13: Add together the amounts in column (c) and enter the result here.

Line 14: Divide the total on Line 13 by 12. Enter this amount on Schedule HSR, Part IV, Line 14. Proceed to Worksheet C-2.

C. District Average Bronze Plan Premium Calculation Worksheets

Worksheet C-1

Complete this worksheet if you completed Worksheet A-1. Do not complete this worksheet if you completed Worksheet A-2 (if you claimed no exemptions for any member of your shared responsibility family).

Follow the line-by-line directions provided on the form. Enter the amount from Line 2 on Schedule HSR, Part IV, Line 16.

Worksheet C-2

Complete this worksheet if you completed Worksheet A-2. Do not complete this worksheet if you completed Worksheet A-1 (if you claimed exemptions for at least one month for at least one member of your shared responsibility family).

Follow the line-by-line directions provided on the form. Enter the amount from Line 2 on Schedule HSR, Part IV, Line 16.

Definitions

• DC resident. For purposes of Schedule HSR, DC resident has the same meaning as "resident" defined on page 15 of the D-40 instruction booklet. See D.C. Official Code § 47-1801.04(42). (Part-year residents should claim an exemption as a nonresident of the District for the month(s) during the tax year that they were not a DC resident.)

For additional information regarding qualifying coverage, contact DC Health Link at <u>www.dchealthlink.com</u> or (855) 532-5465.

- Shared responsibility family. For purposes of Schedule HSR, shared responsibility family includes the following individuals:
 - o The taxpayer;

• The taxpayer's spouse or registered domestic partner if they file D-40 jointly or separately on the same return; and

• Any dependents that the taxpayer (or the taxpayer's spouse registered domestic partner) claimed or could have claimed on their D-40.

 Qualifying health coverage. For purposes of Schedule HSR, qualifying health coverage means:

 Minimum essential coverage as defined by section 5000A of the Internal Revenue Code of 1986 (26 U.S.C. § 5000A) and its implementing regulations, as that section and its implementing regulations were in effect on December 15, 2017;

- The Immigrant Children's Program; and
- Health coverage provided under a multiple employer welfare arrangement; provided that the multiple employer welfare arrangement provided coverage in the District on December 15, 2017, or complies with federal law and regulations applicable to multiple employer welfare arrangements that were in place as of December 15, 2017.

Adjusted Gross Income (AGI). For purposes of Schedule HSR AGI is the federal AGI reported on Line 4 of your D-40 return. If you are filing a joint return or filing separately on the same return with your spouse or registered domestic partner, use the combined federal AGI reported on Line 4 of your D-40 return. If a member of your Shared Responsibility Family (spouse or dependent) filed a separate return, the federal AGI reported by that member on their separate return does not need to be added to the federal AGI reported on your D-40 for the purposes of calculating the shared responsibility payment on your return.

Exemptions Chart

Exemption Type	Exemption Code
Affordability —You received an affordability exemption certificate from the Health Benefits Exchange Authority. For information regarding the affordability exemption contact DC Health Link at <u>www.dchealthlink.com</u> or (855) 532-5465.	A
Short coverage gap —You went without coverage for less than 3 consecutive months during the year.	В
 Citizens living abroad and certain noncitizens—You were: A U.S. citizen or a resident alien who was physically present in a foreign country or countries for at least 330 full days during any period of 12 consecutive months; A U.S. citizen who was a bona fide resident of a foreign country or countries for an uninterrupted period that includes the entire tax year; A bona fide resident of a U.S. territory; A resident alien who was a citizen or national of a foreign country with which the U.S. has an income tax treaty with a nondiscrimination clause, and you were a bona fide resident of a foreign country for an uninterrupted period that includes the entire tax year; Not lawfully present in the U.S. and not a U.S. citizen or U.S. national. For more information about who is treated as lawfully present in the U.S. for purposes of this coverage exemption, visit www.HealthCare.gov; or A nonresident alien, including (1) a dual-status alien in the first year of U.S. residency and (2) a nonresident alien or dual-status alien who elects to file a joint return with a U.S. spouse. This exemption doesn't apply if you are a nonresident alien for 2018, but met certain presence requirements and elected to be treated as a resident alien. For more information, see IRS Pub. 519. 	C
Members of a health care sharing ministry —You were a member of a health care sharing ministry.	D
Members of Indian tribes —You were either a member of a federally recognized Indian tribe including an Alaska Native Claims Settlement Act (ANCSA) Corporation Shareholder (regional or village), or you were otherwise eligible for services through an Indian health care provider or the Indian Health Service.	E
Incarceration —You were in a jail, prison, or similar penal institution or correctional facility after the disposition of charges.	F
General hardship — You received a hardship exemption certificate from the Health Benefits Exchange Authority. For information regarding the hardship exemption contact DC Health Link at <u>www.dchealthlink.com</u> or (855) 532-5465.	G
Member of shared responsibility family born or adopted during the year —The months before and including the month that an individual was added to your shared responsibility family by birth or adoption. You should claim this exemption only if you also are claiming another exemption in Part III.	Н
Member of shared responsibility family died during the year —The months after the month that a member of your shared responsibility family died during the year. You should claim this exemption only if you also are claiming another exemption in Part III.	Н
Nonresident of the District – You were not a resident of the District of Columbia.	
Sincerely Held Religious Belief —You lacked qualifying health coverage on the basis of a sincerely held religious belief during the entire taxable year.	J
DC Health Alliance – You were enrolled in the DC Health Alliance Program.	K

Low income – Your federal adjusted gross income reported on your D-40, Line 4 is equal to or below the amounts that correspond to the number of members in your shared responsibility family and the age of the individual for which the exemption is claimed. (If you qualify for this exemption, you may be eligible for Medicaid. Contact DC Health Link at (855) 532-5465 or www.dchealthlink.com or the Department of Health Care Finance at (202) 442-9533 or https://dhcf.dc.gov/service/medicaid or for more information.) L

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Number of Shared Responsibility Family Members:	If your AGI is equal to or below the following amounts, members age 21 or older as of 12/31/2024 are exempt:	If your AGI is equal to or below the following amounts, members under age 21 as of 12/31/2024 are exempt:
1	\$33,433.20	\$48,794.40
	\$45,376.80	\$66,225.60
	\$57,320.40	\$83,656.80
4	\$69,264.00	\$101,088.00
5	\$81,207.60	\$118,519.20
6	\$93,151.20	\$135,950.40
7	\$105,094.80	\$153,381.60
8	\$117,038.40	\$170,812.80
For Each Additional Member, add:	\$11,943.60	\$17,431.20
ligious sect that is	at is Conscientiously Opp conscientiously oppose curity and Medicare, and	d to accepting health be

the Shared Responsibility Payment.

Maintained Minimum Essential Coverage



DC-8379 Injured Spouse Allocation



	OFFICIAL USE ONLY	Vendor ID# 0000
Information About the Tax Return for Which This Form Is Filed		
Enter the following information exactly as it is shown on the tax return for The spouse's name and taxpayer identification number shown first on that		rst below.
First name, initial, and last name shown first on the return	Taxpayer identification number shown fire	
First name, initial, and last name shown second on the return	Taxpayer identification number shown se	cond If Injured Spouse, check here ►
Mailing address (number, street, and suite/apartment number if applicable)		
City	State	Zip Code +4
Part I Should You File This Form? You must complete this part		
1 Enter the tax year for which you are filing this form Answ		nt vear.
 2 Did you (or will you) file a joint return or are you married/registered d 		
 Yes. Go to Line 3. No. Stop here. Do not file this form. You are not an injured spo 		on the same return?
 3 Did (or will) DC use the joint overpayment to pay any of the following spouse? * DC income tax * DC unemployment compensation * Child support 		
 * federal student loans Yes. Go to Line 4. No. Stop here. Do not file this form. You are not an injured spouse 	se.	
4 Are you levelly chlimated to new this most due encount?		
 Are you legally obligated to pay this past-due amount? Yes. Stop here. Do not file this form. You are not an injured spous No. 	se.	
5 Did you make and report payments, such as DC income tax withhold	ling or estimated tax payments?	
 Yes. Skip Line 6 and go to Part II and complete the rest of this fo No. Go to Line 6. 	rm.	
 6 Did you have earned income, such as wages, salaries, or self-emplo Yes. Go to Part II and complete the rest of the form. No. Stop here. Do not file this form. You are not an injured spou 		

DC-8379, Page 2

Enter your last name





_													
Part	Part II Allocation Between Spouses of Items on the Tax Return (See the separate DC Form 8379 instructions for Part II).												
	Allocated Items	Fill in	(a) Amount shown	Fill in	(b) Allocated to	Fill in	(c) Allocated to						
	(Column (a) must equal columns (b) + (c))	if loss	on joint return	if loss	injured spouse	if loss	other spouse						
7	Federal adjusted gross income	\bigcirc	\$	\bigcirc	\$	\bigcirc	\$						
8	Total additions to federal adjusted gross income		\$		\$		\$						
9	Add Line 7 and Line 8	\bigcirc	\$	\bigcirc	\$	\bigcirc	¢						
			<u>т</u>		Υ		Ψ						
			+										
10	Total subtractions from federal adjusted gross income		\$		\$		\$						
11	DC adjusted gross income (subtract Line 10 from Line 9)	\bigcirc	\$	\bigcirc	\$	\bigcirc	¢						
	Do adjusted gross meetine (subtract Line to nom Line of		т		Ψ		Ψ						
12	Deduction amount		\$		\$	ļ	\$						
13	DC taxable income. Subtract Line 12 from Line 11	\bigcirc	\$	\bigcirc	\$	\bigcirc	\$						
			<i>*</i>										
14	Тах		\$		\$		\$						
45	Total refundable and/or non-refundable		\$		\$		\$						
15	credits, excluding earned income		1		Ψ		Ψ						
16	DC estimated tax payments		\$		\$		\$						
17	DC withholding tax paid		\$		\$		\$						

Part III Signature.

Under penalties of perjury, I declare that I have examined this form and any accompanying schedules or statements and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Keep a copy of this form for your records.	Injured spouse's signature		Date		Phone number
Paid Broparor	Print/Type preparer's name	Preparer's signature	Date		Check if self-employed
Preparer Use Only	Firm's name ►			Firm's EIN	Þ
	Firm's address ►			Phone no.	

Instructions for DC-8379 Injured Spouse Allocation

Purpose of form

DC-8379 is filed by one spouse/registered domestic partner (the injured spouse/registered domestic partner) on a jointly filed tax return when the joint overpayment was (or is expected to be) applied (offset) to a past-due obligation of the other spouse/registered domestic partner. By filing DC-8379, the injured spouse/registered domestic partner may be able to get back their share of the joint refund.

Are you an injured spouse?

You may be an injured spouse if you file a joint return and all or part of your portion of the overpayment is expected to be offset to your spouse's legally enforceable pastdue federal income tax, state income tax, state unemployment compensation debts, child support, or a federal nontax debt, such as a student loan.

A Notice of Offset for federal tax debts is issued by the Internal Revenue Service (IRS). All other Notice of Offsets are issued by the DC Office of Tax and Revenue (OTR) on behalf of the affected agency.

Complete Part I to determine if you are an injured spouse/registered domestic partner.

When to file

You **must** file the DC-8379 with your return in order to be eligible for this relief. You must submit your completed D-8379 prior to the offset occurring. Once funds have been offset, this relief may be unavailable.

How to file

You can file DC-8379 with your joint tax return. If you file DC-8379 with your joint return, attach it to your return. The processing of DC-8379 may be delayed if the form is incomplete when filed.

Specific Instructions Part I

Complete Lines 1-6 to determine if you are an injured spouse.

Part II

Line 7. Enter your federal adjusted gross income. (From your D-40, Line 4).

Line 8. Enter total additions to federal adjusted gross income. (From your D-40, Line 7).

Line 10. Enter total subtractions from federal adjusted gross income. (From your D-40, Line 15).

Lines 11 – 17. Amounts come from your DC D-40 return.

Part III Signature

Make sure to sign and date your DC-8379 Form.





IMPORTANT: Please read the instructions on the reverse before completing this form.

Your First name, M.I., Last name	Taxpayer Identification Number (TIN)
Spouse's/registered domestic partner's First name, M.I., Last name	Spouse's/registered domestic partner's TIN
	Daytime telephone number

No underpayment interest is due and this form should not be filed if:

- A. Your tax liability on taxable income after deducting your District of Columbia (DC) withholding tax and applicable credits is less than \$100, or
- B. You made periodic estimated tax payments and had amounts withheld as required and the total is equal to or more than 110% of your last year's taxes or is at least 90% of your current year's taxes. Note: You must have been a 12-month DC resident last year in order to use the prior year 110% exception.

	Computation of Underpayment Interest	
1	2024 DC Tax Liability - Line 24 from your 2024 DC Individual Income Tax Return minus Line 30.	\$
2	Multiply the amount on Line 1 by 90% (.90).	\$
3	2023 DC Tax Liability - Line 24 from your 2023 DC Individual Income Tax Return Minus Line 30.	\$
4	Multiply Line 3 amount by 110% (1.10).	\$
5	Minimum withholding and estimated tax payment required for tax year 2024.	\$
	(lesser of Line 2 and 4).	
6	Multiply Line 5 amount by 25% (.25) for the amount required for each periodic payment.	\$
	Note: If your income was not evenly divided over 4 periods, see instructions on the	

reverse of this form on the "Annualized Income" method.

Check here if you are using the "Annualized Income" meth 8 DC withholding and estimated tax paid each period

12 Underpayment interest – Total of amounts from Line 11.

		1st Period	2nd Period	3rd Period	4th Period
Enter Line 6 amount or the annualized income amount in each period (<i>The 2nd period includes the 1st period amount, 3rd period includes 1st and 2nd period amounts, the 4th period includes all period amounts).</i>		04/15/24	06/15/24	09/15/24	01/15/25
eck here \square if you are using the "Annualized Income" method.					
DC withholding and estimated tax paid each period (The 2 nd period includes the 1 st period amount, 3 rd period includes the 1 st and 2 nd period amounts, the 4 th period includes all period amounts).					
Underpayment each period (Line 7 minus Line 8)					
Underpayment interest factors		.0175	.0265	.0351	.0259
Line 9 multiplied by Line 10					
Underpayment interest – Total of amounts from Line 11. (See <i>instructions on reverse</i>)		Pay	this amount	\$	
Make check or money orde	ler paya	able to: DC Trea	surer		

Due date of Payments

10 Underpayment interest factors

11 Line 9 multiplied by Line 10

7

9

Instructions for Underpayment of Estimated Income Tax by Individuals

Estimated Tax Interest

DC law requires every individual or couple filing jointly to pay estimated tax if they:

- · receive taxable income which is not subject to DC withholding; or
- · receive wages with insufficient withholding; or

• the tax on this taxable income is expected to be more than \$100. The law states that anyone required to file and pay estimated tax who fails to pay the amount required by the periodic payment due date is subject to interest on the underpayment of estimated income tax.

When is interest assessed for underpayment of estimated income tax?

Underpayment interest is assessed if your total DC estimated income tax payments (and withheld amounts) compared to your DC tax liability do not equal at least the smaller of:

- 90% of the tax due shown on your 2024 DC return; or
- 110% of the tax due shown on your 2023 DC tax return. You must have been a DC resident during all of 2023 to use the 110% exception.

Are there any exceptions to imposition of interest?

You are not subject to interest for underpayment of estimated tax if:

- You had no DC income tax liability for the tax year 2023 and in that year, you lived in DC the entire 12 months;
- The tax due for 2024 minus income tax withheld and/or estimated tax payments is less than \$100;
- Your DC estimated tax payments plus any DC income tax withheld equals at least 110% of your 2023 DC income tax liability; or
- Your remaining tax due after totaling all credits, estimated tax payments and withholding, is less than 10% of your total DC tax liability for the year.

When may you use this form?

- You may use this form to calculate your underpayment interest when submitting your D-40 form. If you do, fill in the oval, attach it to your tax return and enter the underpayment interest amount on Line 40 of the D-40. If you do not wish to calculate the interest, the Office of Tax and Revenue (OTR) will calculate it when your return is processed and will notify you of the amount due.
- You may also complete this form if you believe the underpayment interest assessed by OTR for an underpayment of estimated income tax is incorrect.

How do you file this form?

Attach this form D-2210 to your D-40 return, if you complete it <u>before</u> filing your D-40 return. If you complete this form <u>after</u> filing and/or receiving a notice of an underpayment interest assessment, send it to:

Office of Tax and Revenue Attn: Customer Service Administration 1101 4th St SW, 2nd Floor Washington DC 20024

Completing this form

Line 1

Enter the amount from your 2024 D-40, Line 24 minus Line 30.

Multiply the amount on Line 1 by 90% (.90). Your withheld taxes and/or estimated tax payments must be equal to or greater than this amount.

Line 3

Enter the amount from your 2023 D-40, Line 24 minus Line 30.

Line 4

Enter 110% of the amount from Line 3. If your 2023 return was amended or corrected, multiply 110% (1.10) times the corrected amount. You must have been a DC resident during all of 2023 to use this exception.

Line 5

Enter the lesser of the amounts on Line 2 and Line 4. If you did not file a DC return for 2023, use only the Line 2 amount.

Line 6

Multiply the amount on Line 5 by 25% (.25). This gives you an even distribution of your liability, payable over four periods.

Line 7

Enter the amount required from Line 6 under each of the payment columns. Include the amounts from the previous period in with the 2nd, 3rd and 4th periods. For example, if Line 6 is \$2000, you would enter \$2000 for the 1st period, \$4000 for the 2nd period, \$6000 for the 3rd period and \$8000 for the 4th period.

Annualized Income method: If your income was different for each period, you may want to determine the percentage for each period (divide the period income by the full year's income). Multiply Line 5 by each period's percentage and enter the amounts as shown above. Check the "Annualized Income" method box.

Line 8

Enter the amounts withheld and estimated tax payments made for each period. Include the amounts from the previous period in with the 2nd, 3rd and 4th periods. For example, if your withheld and estimated tax payment amount is \$1000 in each period, you would enter \$1000 in the 1st period, \$2000 in the 2nd period, \$3000 in the 3rd period and \$4000 in the 4th period.

Line 9 Underpayment each period

For each column, subtract Line 8 from Line 7. If Line 8 exceeds Line 7, you have no underpayment interest. If there is an amount remaining, this is your periodic underpayment amount.

Line 10 Underpayment interest factors

These are the underpayment interest factors by period.

Line 11

For each column, multiply the amount on Line 9 by the penalty factor on Line 10. This is your underpayment interest amount by period.

Line 12 Underpayment interest

Add the amounts from each period on Line 11. This is your total underpayment interest for your estimated income tax underpayment.

- If you are filing the D-2210 with your D-40 return, enter the amount of underpayment interest on Line 40, page 3 of the D-40.
- If you are filing the D-2210 separately, pay the amount you owe. Attach payment to Form D-40P, Payment Voucher.

Make the check or money order (in U.S. dollars) payable to the **DC Treasurer** and mail the D-2210 and D-40P with payment to:

Office of Tax and Revenue PO Box 96169 Washington DC 20090-6169

D-40P PAYMENT VOUCHER

See instructions on back

Detach at perforation and mail the voucher, with payment attached, to the Office of Tax and Revenue, PO Box 96169, Washington DC 20090-6169.

	District of Co	Iumpia	2027	D-40P	Indivic	lual	Income	Tax			
Importa	ant: Print in CAPIT/	AL letters using	black ink.						2		
		•					. To avoid	nonaltio	s and	Official Use Only Vendor ID# 0000 interest, your payment must be postmarked no	o lato
Amo	unt of payme	ent \$				00	than Apri	1 15, 20	925.	interest, your payment must be postmarked in	
Your fir	rst name					M.I.	Last name				
Spouse	e's/registered dom	estic partner'	's first name	2		M.I.	Last name				
Your ta	axpayer identificat	ion number (T	IN)	Spouse's/re	gistered dom	nestic pa	artner's TIN		Та	kpayer daytime telephone number	
Home	address (number,	street and su	ute/apartme	nt number if a	ipplicable)						
City								Stat	to	Zip Code + 4	
City								Stat	le		
***	Revised 06		2024		Payme	ant V	/oucher				
***			2024	D-40P	Payme Indivic	ent V Iual	/oucher Income	for Tax			
* * *	Government	of the lumbia		D-40P	Payme Indivic	ent V Iual	/oucher Income	for Tax	2	4 0 4 0 P 1 1 0 0 0 0 Official Use Only Vendor ID# 0000	
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Amor Your fir Spouse Your ta	Government of District of Co ant: Print in CAPIT/ unt of payme rst name e's/registered don	of the lumbia AL letters using ent \$ nestic partner' ion number (T	black ink. 's first name	s Spouse's/re	gistered dom	00 M.I. M.I.	To avoid than Apri Last name Last name	penaltie	025.	Official Use Only Vendor ID# 0000 interest, your payment must be post marked n	no late
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Amor Your fir Spouse Your ta	Government of District of Co ant: Print in CAPIT/ unt of payme rst name e's/registered dom axpayer identificat	of the lumbia AL letters using ent \$ nestic partner' ion number (T	black ink. 's first name	s Spouse's/re	gistered dom	00 M.I. M.I.	To avoid than Apri Last name Last name	penaltie	025. Ta	Official Use Only Vendor ID# 0000 interest, your payment must be post marked n	no late

Instructions for D-40P PAYMENT VOUCHER - Please print clearly.

Use the D-40P Payment Voucher to make any payment due on your D-40 return.

- Do not use this voucher to make estimated tax payments.
- Enter your name, taxpayer identification number (TIN) and address. If you are filing a joint return or filing separately on the same return, enter the name and TIN shown first on your return, then enter the name and TIN shown second on your return.
- Enter the amount of your payment.
- Make check or money order (US dollars) payable to the DC Treasurer.
- Make sure your name and address appear on your payment (check or money order).
- Write your TIN and "2024 D-40" on your payment.
- To avoid penalties and interest, pay in full by April 15, 2025.
- Staple your payment to the D-40P voucher. Do not attach your payment to your D-40 return.
- Mail the D-40P with, but not attached to, your D-40 tax return in the envelope provided in this tax booklet. If you do not have the return envelope, make sure to address your envelope to:

Office of Tax and Revenue PO Box 96169 Washington, DC 20090-6169

Dishonored Payments

Make sure your check or electronic payment will clear. You will be charged a \$65 fee if your check or electronic payment is not honored by your financial institution and returned to OTR.

FR-127 Extension of Time to File a DC Income Tax Return Worksheet

Ex	tension of time to file until October 15, 2025 Leave lines blank that do not apply.		Round cents to the nearest dollar. If the amount is zero, leave the line blank.					
1	Total estimated income tax liability for 2024.	1	\$.0	С	
2	DC Income tax withheld.	2	\$.0	C	
3	2024 estimated tax payments.	3	\$.00	С	
4	Total payments Add Lines 2 and 3.	4	. \$.00	C	
5	Amount due with this request. If Line 1 is more than Line 4, subtract Line 4 from Line 1.	5	\$.00	C	

Pay this amount and send it with the voucher below. See instructions on back.

Payment and mailing Instructions. Make check or money order (do not send cash) payable to: DC Treasurer. Write your taxpayer identification number (TIN) and "2024 FR-127" on your payment. Detach and mail the voucher portion of this form with full payment of any tax due by April 15, 2025 to the Office of Tax and Revenue, PO Box 96018, Washington, DC 20090-6018.

NOTE: You may also file and pay electronically. Visit MyTax.DC.gov.

Detach at perforation and mail the voucher, with payment attached, to the Office of Tax and Revenue, PO Box 96018, Washington, DC 20090-6018.

Government of the District of Columbia	FR-127	' Extension a DC Inco	of T me	ime to F Tax Retu	ïle rn										
Important: Print in CAPITAL letters us	ing black ink.					2	4	1 2	7 0	1 1 1 1			0		
Amount of payment (dollars only)	\$				00		Offici		n 🔵 if L	iving or	Traveli	ng Outs		U.S.	
Your taxpayer identification number	· (TIN)	Spouse's/registered	d dome	estic partner's⊺	TIN				n — if i daytime						
Your first name			M.I.	Last name											
Spouse's/registered domestic partne	er's first name		M.I.	Last name											
Home address (number, street and	suite/apartment	number if applicabl	e)												
City						State		Zip Code	+4						
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Government of the District of Columbia	FR-127	Extension a DC Inco							7 0						
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Government of the District of Columbia 2024 Important: Print in CAPITAL letters us Amount of payment (dollars only) Your taxpayer identification number Your first name Spouse's/registered domestic partner	FR-127 ing black ink. \$ (TIN)	a DC Inco	d dome M.I. M.I.	Tax Retu	rn 00 ^{FIN}	State	4 Offici	Fill ir Fill ir	daytime	iving or n Militar	Travelir y Comb	ng Outsi at Zone		J.S.	

Instructions for Form FR-127

Why file Form FR-127?

Use this form if you cannot file your DC individual income tax return by the April 15, 2025 deadline. By filing this form, you can receive an extension of time to file until October 15, 2025. You must use Form FR-127 to request an extension of time to file a DC individual income tax return.

A filing extension is <u>not an extension</u> of the due date for <u>paying</u> any tax you may owe. Before filing for an extension, estimate the taxes you will owe and pay any part of that amount that is not covered by DC withheld tax amounts and/or estimated tax payments. Include your payment with the FR-127 voucher and file it by April 15, 2025.

If filing jointly, or filing separately on the same return, enter the taxpayer identification number (TIN) and name shown first on your D-40 return, then enter the TIN and name shown second on your return.

Additional extension.

In addition to the 6-month extension, you may receive another 6-month extension if you are living or traveling outside the U.S. You must file the first 6-month extension by the April 15, 2025 deadline before applying for the additional extension of time to file by October 15, 2025.

Extensions for Members of US Armed Forces Deployed in a Combat Zone or Contingency Operation.

Deadlines for filing your return, paying your tax, claiming a refund, and taking other actions with the DC Office of Tax and Revenue (OTR) is extended for persons in the Armed Forces serving in a Combat Zone or Contingency Operation. The extension also applies to spouses/registered domestic partners, whether they file jointly or separately on the same return. See IRS Pub.3, Armed Forces' Tax Guide for detailed information. Fill in the 'if in Military Combat Zone' oval if it applies to you.

How to avoid penalties and interest.

You will be charged <u>interest</u> of 10% per year, compounded daily, for any tax not paid on time. Interest is calculated from the due date of the return to the date the tax is paid.

You will be charged a 5% per-month <u>penalty</u> for failure to file a return or pay any tax due on time. The penalty is calculated on the unpaid tax for each month or part of a month that the return is not filed or the tax is not paid. The maximum penalty is an additional amount due, equal to 25% of the tax due.

To avoid penalties and interest, do not underestimate your estimated income tax liability. Complete the worksheet above and pay the amount due with this request

Dishonored Payments

Make sure your check or electronic payment will clear. You will be charged a \$65 fee if your check or electronic payment is not honored by your financial institution and returned to OTR.

If more than \$100,000, use Calculation $\rm I$ instructions on page 17.

Tax tables for income of \$100,000 or less

	Taxable income	Am	nount of tax	Taxable income	Ar		Taxable income	Ar	mount of tax	Taxable income	A	mount of tax
	\$0 - 2,499			\$2,500 - 4,999			\$5,000 - 7,499			\$7,500 - 9,999		
	\$0 -	49	\$0	\$2,500 -	2,549	\$101	\$5,000 -	5,049	\$201	\$7,500 -	7,549	\$301
	50 -	99	3	2,550 -	2,599	103	5,050	5,099	203	7,550 -	7,599	303
	100 -	149	5	2,600 -	2,649	105	5,100 -	5,149	205	7,600 -	7,649	305
	150 -	199	7	2,650 -	2,699	107	5,150 -	5,199	207	7,650 -	7,699	307
	200 -	249	9	2,700 -	2,749	109	5,200 -	5,249	209	7,700 -	7,749	309
	250 -	299	11	2,750 -	2,799	111	5,250 -	5,299	211	7,750 -	7,799	311
	300 -	349	13	2,800 -	2,849	113	5,300 -	5,349	213	7,800 -	7,849	313
	350 -	399	15	2,850 -	2,899	115	5,350 -	5,399	215	7,850 -	7,899	315
	400 -	449	17	2,900 -	2,949	117	5,400 -	5,449	217	7,900 -	7,949	317
	450 -	499	19	2,950 -	2,999	119	5,450 -	5,499	219	7,950 -	7,999	319
	500 -	549	21	\$3,000 -	3,049	\$121	5,500 -	5,549	221	\$8,000 -	8,049	\$321
	550 -	599	23	3,050 -	3,099	123	5,550 -	5,599	223	8,050 -	8,099	323
	600 -	649	25	3,100 -	3,149	125	5,600 -	5,649	225	8,100 -	8,149	325
	650 -	699	27	3,150 -	3,199	127	5,650 -	5,699	227	8,150 -	8,199	327
	700 -	749	29	3,200 -	3,249	129	5,700 -	5,749	229	8,200 -	8,249	329
	750 -	799	31	3,250 -	3,299	131	5,750 -	5,799	231	8,250 -	8,299	331
	800 -	849	33	3,300 -	3,349	133	5,800 -	5,849	233	8,300 -	8,349	333
	850 -	899	35	3,350 -	3,399	135	5,850 -	5,899	235	8,350 -	8,399	335
	900 -	949	37	3,400 -	3,449	137	5,900 -	5,949	237	8,400 -	8,449	337
	950 -	999	39	3,450 -	3,499	139	5,950 -	5,999	239	8,450 -	8,499	339
	\$1,000 -	1,049	\$41	3,500 -	3,549	141	\$6,000 -	6,049	\$241	8,500 -	8,549	341
	1,050 -	1,099	43	3,550 -	3,599	143	6,050 -	6,099	243	8,550 -	8,599	343
	1,100 -	1,149	45	3,600 -	3,649	145	6,100 -	6,149	245	8,600 -	8,649	345
	1,150 -	1,199	47	3,650 -	3,699	147	6,150 -	6,199	247	8,650 -	8,699	347
	1,200 -	1,249	49	3,700 -	3,749	149	6,200 -	6,249	249	8,700 -	8,749	349
	1,250 -	1,299	51	3,750 -	3,799	151	6,250 -	6,299	251	8,750 -	8,799	351
	1,300 -	1,349	53	3,800 -	3,849	153	6,300 -	6,349	253	8,800 -	8,849	353
	1,350 -	1,399	55	3,850 -	3,899	155	6,350 -	6,399	255	8,850 -	8,899	355
	1,400 -	1,449	57	3,900 -	3,949	157	6,400 -	6,449	257	8,900 -	8,949	357
	1,450 -	1,499	59	3,950 -	3,999	159	6,450 -	6,499	259	8,950 -	8,999	359
	1,500 -	1,549	61	\$4,000 -	4,049	\$161	6,500 -	6,549	261	\$9,000 -	9,049	\$361
	1,550 -	1,599	63	4,050 -	4,099	163	6,550 -	6,599	263	9,050 -	9,099	363
	1,600 -	1,649	65	4,100 -	4,149	165	6,600 -	6,649	265	9,100 -	9,149	365
	1,650 -	1,699	67	4,150 -	4,199	167	6,650 -	6,699	267	9,150 -	9,199	367
	1,700 -	1,749	69	4,200 -	4,249	169	6,700 -	6,749	269	9,200 -	9,249	369
	1,750 -	1,799	71	4,250 -	4,299	171	6,750 -	6,799	271	9,250 -	9,299	371
	1,800 -	1,849	73	4,300 -	4,349	173	6,800 -	6,849	273	9,300 -	9,349	373
	1,850 -	1,899	75	4,350 -	4,399	175	6,850 -	6,899	275	9,350 -	9,399	375
	1,900 -	1,949	77	4,400 -	4,449	177	6,900 -	6,949	277	9,400 -	9,449	377
-	1,950 -	1,999	79	4,450 -	4,499	179	6,950 -	6,999	279	9,450 -	9,499	379
	\$2,000 -	2,049	\$81	4,500 -	4,549	181	\$7,000 -	7,049	\$281	9,500 -	9,549	381
	2,050 -	2,099	83	4,550 -	4,599	183	7,050 -	7,099	283	9,550 -	9,599	383
	2,100 -	2,149	85	4,600 -	4,649	185	7,100 -	7,149	285	9,600 -	9,649	385
	2,150 -	2,199	87	4,650 -	4,699	187	7,150 -	7,199	287	9,650 -	9,699	387
	2,200 -	2,249	89	4,700 -	4,749	189	7,200 -	7,249	289	9,700 -	9,749	389
	2,250 -	2,299	91	4,750 -	4,799	191	7,250 -	7,299	291	9,750 -	9,799	391
	2,300 - 2,350	2,349	93 05	4,800 -	4,849	193	7,300 - 7,350	7,349	293	9,800 -	9,849 0,800	393 305
	2,350 - 2,400 -	2,399	95 97	4,850 - 4,900 -	4,899	195 197	7,350 - 7,400 -	7,399	295 297	9,850 -	9,899 9,949	395 397
		2,449			4,949			7,449		9,900 -	9,949 9,999	
	2,450 -	2,499	99	4,950 -	4,999	199	7,450 -	7,499	299	9,950 -	9,999	399

Taxable income	Ar	mount of tax	Taxable income		Amount of tax	Taxable income	An	nount of tax	Taxable income		Amount of tax
\$10,000 - 12,49	9		\$12,500 - 14,9	99		\$15,000 - 17,49	99		\$17,500 - 19,9	99	
\$10,000 -	10,049	\$402	\$12,500 -	12,549	\$552	\$15,000 -	15,049	\$702	\$17,500 -	17,549	\$852
10,050 -	10,099	405	12,550 -	12,599	555	15,050 -	15,099	705	17,550 -	17,599	855
10,100 -	10,149	408	12,600 -	12,649	558	15,100 -	15,149	708	17,600 -	17,649	858
10,150 -	10,199	411	12,650 -	12,699	561	15,150 -	15,199	711	17,650 -	17,699	861
10,200 -	10,249	414	12,700 -	12,749	564	15,200 -	15,249	714	17,700 -	17,749	864
10,250 -	10,299	417	12,750 -	12,799	567	15,250 -	15,299	717	17,750 -	17,799	867
10,300 -	10,349	420	12,800 -	12,849	570	15,300 -	15,349	720	17,800 -	17,849	870
10,350 -	10,399	423	12,850 -	12,899	573	15,350 -	15,399	723	17,850 -	17,899	873
10,400 -	10,449	426	12,900 -	12,949	576	15,400 -	15,449	726	17,900 -	17,949	876
10,450 -	10,499	429	12,950 -	12,999	579	15,450 -	15,499	729	17,950 -	17,999	879
10,500 -	10,549	432	\$13,000 -	13,049	\$582	15,500 -	15,549	732	\$18,000 -	18,049	\$882
10,550 -	10,599	435	13,050 -	13,099	585	15,550 -	15,599	735	18,050 -	18,099	885
10,600 -	10,649	438	13,100 -	13,149	588	15,600 -	15,649	738	18,100 -	18,149	888
10,650 -	10,699	441	13,150 -	13,199	591	15,650 -	15,699	741	18,150 -	18,199	891
10,700 -	10,749	444	13,200 -	13,249	594	15,700 -	15,749	744	18,200 -	18,249	894
10,750 -	10,799	447	13,250 -	13,299	597	15,750 -	15,799	747	18,250 -	18,299	897
10,800 -	10,849	450	13,300 -	13,349	600	15,800 -	15,849	750	18,300 -	18,349	900
10,850 -	10,899	453	13,350 -	13,399	603	15,850 -	15,899	753	18,350 -	18,399	903
10,900 -	10,949	456	13,400 -	13,449	606	15,900 -	15,949	756	18,400 -	18,449	906
10,950 -	10.999	459	13,450 -	13,499	609	15,950 -	15,999	759	18,450 -	18,499	909
\$11,000 -	11,049	\$462	13,500 -	13,549	612	\$16,000 -	16,049	\$762	18,500 -	18,549	912
11,050 -	11,099	465	13,550 -	13,599	615	16,050 -	16,099	765	18,550 -	18,599	915
11,100 -	11,149	468	13,600 -	13,649	618	16,100 -	16,149	768	18,600 -	18,649	918
11,150 -	11,199	471	13,650 -	13,699	621	16,150 -	16,199	700	18.650 -	18,699	921
11,200 -	11,249	474	13,700 -	13,749	624	16,200 -	16,249	774	18,700 -	18,749	924
11,250 -	11,299	477	13,750 -	13,799	627	16,250 -	16,299	777	18,750 -	18,799	924
11,300 -	11,349	480	13,800 -	13,849	630	16,300 -	16,349	780	18,800 -	18,849	930
11,350 -	11,399	483	13,850 -	13,899	633	16,350 -	16,399	783	18,850 -	18,899	933
11,400 -	11,449	486	13,900 -	13,949	636	16,400 -	16,449	786	18,900 -	18,949	936
11,450 -	11,499	489	13,950 -	13,999	639	16,450 -	16,499	789	18,950 -	18,999	939
11,500 -	11,549	403	\$14,000 -	14,049	\$642	16,500 -	16,549	703	\$19,000 -	19,049	\$942
11,550 -	11,599	495	14,050 -	14,099	645	16,550 -	16,599	795	19,050 -	19,099	945
11,600 -	11,649	493	14,000 -	14,099	648	16,600 -	16,649	798	19,000 -	19,099	943
11,650 -	11,699	490 501	14,150 -	14,149	651	16,650 -	16,699	801	19,100 -	19,149	940
11,700 -	11,749	504	14,130 -	14,199	654	16,700 -	16,749	804	19,130 -	19,199	954
		504									
11,750 -	11,799 11.849	507	14,250 - 14,300 -	14,299	657	16,750 - 16,800 -	16,799	807	19,250 - 19,300 -	19,299	957
11,800 -	,		· ·	14,349	660	· ·	16,849	810 813	· ·	19,349	960 963
11,850 -	11,899	513	14,350 -	14,399	663	16,850 -	16,899		19,350 -	19,399	
11,900 -	11,949	516	14,400 -	14,449	666	16,900 -	16,949	816	19,400 -	19,449	966
11,950 -	11,999	519	14,450 -	14,499	669	16,950 -	16,999	819	19,450 -	19,499	969
\$12,000 -	12,049	\$522	14,500 -	14,549	672	\$17,000 -	17,049	\$822	19,500 -	19,549	972
12,050 -	12,099	525	14,550 -	14,599	675	17,050 -	17,099	825	19,550 -	19,599	975
12,100 -	12,149	528	14,600 -	14,649	678	17,100 -	17,149	828	19,600 -	19,649	978
12,150 -	12,199	531	14,650 -	14,699	681	17,150 -	17,199	831	19,650 -	19,699	981
12,200 -	12,249	534	14,700 -	14,749	684	17,200 -	17,249	834	19,700 -	19,749	984
12,250 -	12,299	537	14,750 -	14,799	687	17,250 -	17,299	837	19,750 -	19,799	987
12,300 -	12,349	540	14,800 -	14,849	690	17,300 -	17,349	840	19,800 -	19,849	990
12,350 -	12,399	543	14,850 -	14,899	693	17,350 -	17,399	843	19,850 -	19,899	993
12,400 -	12,449	546	14,900 -	14,949	696	17,400 -	17,449	846	19,900 -	19,949	996
12,450 -	12,499	549	14,950 -	14,999	699	17,450 -	17,499	849	19,950 -	19,999	999

Taxable income		mount of tax	Taxable income		Amount of tax	Taxable income		mount of tax	Taxable income		Amount of tax
\$20,000 - 22,4			\$22,500 - 24,9			\$25,000 - 27,49			\$27,500 - 29,9		
\$20,000 -	20,049	\$1,002	\$22,500 -	22,549	\$1,152	\$25,000 -	25,049	\$1,302	\$27,500 -	27,549	\$1,452
20,050 -	20,099	1,005	22,550 -	22,599	1,155		25,099	1,305	27,550 -	27,599	1,455
20,100 -	20,149	1,008	22,600 -	22,649	1,158	25,100 -	25,149	1,308	27,600 -	27,649	1,458
20,150 -	20,199	1,011	22,650 -	22,699	1,161	25,150 -	25,199	1,311	27,650 -	27,699	1,461
20,200 -	20,249	1,014	22,700 -	22,749	1,164	25,200 -	25,249	1,314	27,700 -	27,749	1,464
20,250 -	20,299	1,017	22,750 -	22,799	1,167	25,250 -	25,299	1,317	27,750 -	27,799	1,467
20,300 -	20,349	1,020	22,800 -	22,849	1,170	25,300 -	25,349	1,320	27,800 -	27,849	1,470
20,350 -	20,399	1,023	22,850 -	22,899	1,173	25,350 -	25,399	1,323	27,850 -	27,899	1,473
20,400 -	20,449	1,026	22,900 -	22,949	1,176	25,400 -	25,449	1,326	27,900 -	27,949	1,476
20,450 -	20,499	1,029	22,950 -	22,999	1,179	25,450 -	25,499	1,329	27,950 -	27,999	1,479
20,500 -	20,549	1,032	\$23,000 -	23,049	\$1,182	25,500 -	25,549	1,332	\$28,000 -	28,049	\$1,482
20,550 -	20,599	1,035	23,050 -	23,099	1,185	25,550 -	25,599	1,335	28,050 -	28,099	1,485
20,600 -	20,649	1,038	23,100 -	23,149	1,188	25,600 -	25,649	1,338	28,100 -	28,149	1,488
20,650 -	20,699	1,041	23,150 -	23,199	1,191	25,650 -	25,699	1,341	28,150 -	28,199	1,491
20,700 -	20,749	1,044	23,200 -	23,249	1,194	25,700 -	25,749	1,344	28,200 -	28,249	1,494
20,750 -	20,799	1,047	23,250 -	23,299	1,197	25,750 -	25,799	1,347	28,250 -	28,299	1,497
20,800 -	20,849	1,050	23,300 -	23,349	1,200	25,800 -	25,849	1,350	28,300 -	28,349	1,500
20,850 -	20,899	1,053	23,350 -	23,399	1,203	25,850 -	25,899	1,353	28,350 -	28,399	1,503
20,900 -	20,949	1,056	23,400 -	23,449	1,206	25,900 -	25,949	1,356	28,400 -	28,449	1,506
20,950 -	20,999	1,059	23,450 -	23,499	1,209	25,950 -	25,999	1,359	28,450 -	28,499	1,509
\$21,000 -	21,049	\$1,062	23,500 -	23,549	1,212	\$26,000 -	26,049	\$1,362	28,500 -	28,549	1,512
21,050 -	21,099	1,065	23,550 -	23,599	1,215	26,050 -	26,099	1,365	28,550 -	28,599	1,515
21,100 -	21,149	1,068	23,600 -	23,649	1,218	26,100 -	26,149	1,368	28,600 -	28,649	1,518
21,150 -	21,199	1,071	23,650 -	23,699	1,221	26,150 -	26,199	1,371	28,650 -	28,699	1,521
21,200 -	21,249	1,074	23,700 -	23,749	1,224	26,200 -	26,249	1,374	28,700 -	28,749	1,524
21,250 -	21,299	1,077	23,750 -	23,799	1,227	26,250 -	26,299	1,377	28,750 -	28,799	1,527
21,300 -	21,349	1,080	23,800 -	23,849	1,230	26,300 -	26,349	1,380	28,800 -	28,849	1,530
21,350 -	21,399	1,083	23,850 -	23,899	1,233	26,350 -	26,399	1,383	28,850 -	28,899	1,533
21,400 -	21,449	1,086	23,900 -	23,949	1,236	26,400 -	26,449	1,386	28,900 -	28,949	1,536
21,450 -	21,499	1,089	23,950 -	23,999	1,239	26,450 -	26,499	1,389	28,950 -	28,999	1,539
21,500 -	21,549	1,092	\$24,000 -	24,049	\$1,242	26,500 -	26,549	1,392	\$29,000 -	29,049	\$1,542
21,550 -	21,599	1,095	24,050 -	24,099	1,245	26,550 -	26,599	1,395	29,050 -	29,099	1,545
21,600 -	21,649	1,098	24,100 -	24,149	1,248	26,600 -	26,649	1,398	29,100 -	29,149	1,548
21,650 -	21,699	1,101	24,150 -	24,199	1,251	26,650 -	26,699	1,401	29,150 -	29,199	1,551
21,700 -	21,749	1,104	24,200 -	24,249	1,254	26,700 -	26,749	1,404	29,200 -	29,249	1,554
21,750 -		1,107	24,250 -	24,299	1,257	26,750 -	26,799	1,407	29,250 -	29,299	1,557
21,800 -	21,849	1,110	24,300 -	24,349	1,260	26,800 -	26,849	1,410	29,300 -	29,349	1,560
21,850 -	21,899	1,113	24,350 -	24,399	1,263	26,850 -	26,899	1,413	29,350 -	29,399	1,563
21,900 -		1,116	24,400 -	24,449	1,266	26,900 -	26,949	1,416	29,400 -	29,449	1,566
21,950 -	21,999	1,119	24,450 -	24,499	1,269	26,950 -	26,999	1,419	29,450 -	29,499	1,569
\$22,000 -		\$1,122	24,500 -	24,549	1,272	\$27,000 -	27,049	\$1,422	29,500 -	29,549	1,572
22,050 -	22,099	1,125	24,550 -	24,599	1,275	27,050 -	27,099	1,425	29,550 -	29,599	1,575
22,100 -	22,149	1,128	24,600 -	24,649	1,278	27,100 -	27,149	1,428	29,600 -	29,649	1,578
22,150 -	22,199	1,131	24,650 -	24,699	1,281	27,150 -	27,199	1,431	29,650 -	29,699	1,581
22,200 -	22,249	1,134	24,700 -	24,749	1,284	27,200 -	27,249	1,434	29,700 -	29,749	1,584
22,250 -	22,299	1,137	24,750 -	24,799	1,287	27,250 -	27,299	1,437	29,750 -	29,799	1,587
22,300 -	22,349	1,140	24,800 -	24,849	1,290	27,300 -	27,349	1,440	29,800 -	29,849	1,590
22,350 -	22,399	1,143	24,850 -	24,899	1,293	27,350 -	27,399	1,443	29,850 -	29,899	1,593
22,400 -		1,146		24,949	1,296	27,400 -	27,449	1,446	29,900 -	29,949	1,596
22,450 -	22,499	1,149	24,950 -	24,999	1,299	27,450 -	27,499	1,449	29,950 -	29,999	1,599

30,050 - 30,090 1,606 32,550 - 32,590 1,756 35,090 1,008 37,550 - 37,560 - 37,560 - 37,560 - 37,560 - 37,560 - 37,560 - 37,560 - 37,560 - 37,560 - 37,560 - 37,560 - 37,560 - 37,560 - 37,560 - 37,560 - 37,560 - 37,560 - 37,560 - 37,560 - 37,749 - 2,660 30,250 - 30,249 1,617 32,756 - 32,749 1,773 - 35,560 - 35,399 1,923 - 37,860 - 37,849 2,07 30,300 - 30,349 1,620 - 32,249 1,776 - 35,560 - 35,599 1,933 - 37,660 - 37,949 2,07 30,400 - 30,449 1,626 - 32,900 - 32,449 1,776 - 35,540 - 35,549 1,932 - 37,560 - 37,949 2,07 30,500 - 30,549 1,632 - 33,040 - 31,449 1,786 - 35,549 1,932 - 38,760 - 38,749 2,07 30,500 - 30,649 1,633 3,300 - 33,449 1,786 3,560 - 35,549 1,935 - 38,760 - 38,749 2,07 30,500 - 30,649 1,633 3,300 - 33,449 1,786 3,560 - 35,649 1,935 - 38,760 -	Taxable income	A	Amount of tax	Taxable income		Amount of tax	Taxable income	A	mount of tax	Taxable income	,	Amount of tax
30.060 - 30.090 + 1.606 32.560 - 32.590 + 1.756 35.090 + 1.908 37.560 - 37.560 + 37.590 + 2.061 30.100 - 30.149 + 1.611 32.650 - 32.249 + 1.761 35.100 - 35.149 + 1.914 37.760 - 37.749 + 2.069 30.200 - 30.249 + 1.617 32.760 - 32.749 + 1.777 35.260 - 35.249 + 1.914 37.760 - 37.749 - 2.060 30.300 - 30.349 + 1.620 32.600 - 32.649 + 1.777 35.500 - 35.399 + 1.923 37.760 - 37.949 2.077 30.400 - 30.449 + 1.626 32.900 + 32.849 1.776 35.500 - 35.599 1.935 38.000 - 30.449 2.066 30.600 - 30.649 1.635 33.000 + 33.449 1.786 35.600 - 35.699 1.945 38.100 - 38.149 2.060 30.600 - 30.649 1.633 3.300 - 33.449 1.786 35.600 - 35.649 1.943 38.100 - 38.449 2.000 30.649 1.663 30.600 -	\$30,000 - 32,49	9		\$32,500 - 34,9	99		\$35,000 - 37,49	9		\$37,500 - 39,9	99	
30.100 - 30.149 1.606 32.600 - 32.649 1.761 35.160 - 35.149 1.901 37.600 - 37.649 2.061 30.200 - 30.249 1.614 32.650 - 32.699 1.971 37.760 - 37.749 2.061 30.200 - 30.249 1.614 32.760 - 32.799 1.977 35.500 - 35.249 1.977 37.600 - 37.649 2.077 30.300 - 30.349 1.620 32.690 - 32.699 1.777 35.400 - 35.444 1.920 37.800 - 37.649 2.077 30.400 - 30.449 1.628 32.000 - 32.499 1.778 35.500 - 35.549 1.932 38.600 - 36.649 37.992 2.077 30.600 - 30.649 1.635 33.060 - 33.649 1.784 35.500 - 35.594 1.932 38.600 - 36.494 2.08 30.600 - 30.649 1.635 33.690 - 33.649 1.784 35.550 - 35.594 1.935	\$30,000 -	30,049	\$1,602	\$32,500 -		\$1,752	\$35,000 -	35,049	\$1,902	\$37,500 -	37,549	\$2,052
30,150 - 30,199 1,611 32,260 - 32,249 1,614 32,200 - 32,244 1,914 37,760 - 37,749 2,067 30,250 - 30,249 1,617 32,250 - 32,244 1,914 37,760 - 37,749 2,067 30,300 - 30,349 1,520 32,860 - 32,244 1,777 35,500 - 35,349 1,320 37,860 - 37,849 2,007 30,400 - 30,449 1,626 32,200 - 32,449 1,776 35,500 - 35,549 1,323 37,660 - 37,649 2,007 30,600 - 30,649 1,532 33,600 - 35,649 1,325 33,600 - 36,649 1,325 33,600 - 36,649 1,325 33,600 - 36,449 1,326 36,500 - 36,699 1,941 38,160 - 38,149 2,007 30,600 - 30,649 1,633 33,200 - 33,249 1,797 35,700 - 35,749 1,941 38,510 - 38,249 2,007 30,600 - <td>30,050 -</td> <td>30,099</td> <td>1,605</td> <td>32,550 -</td> <td>32,599</td> <td>1,755</td> <td>35,050 -</td> <td>35,099</td> <td>1,905</td> <td>37,550 -</td> <td>37,599</td> <td>2,055</td>	30,050 -	30,099	1,605	32,550 -	32,599	1,755	35,050 -	35,099	1,905	37,550 -	37,599	2,055
30.200 30.249 1.614 32,700 32,749 1.764 35,200 35,249 1.914 37,700 37,749 2.666 30.300 30.349 1.620 32,860 32,849 1.770 35,300 35,349 1.920 37,860 37,849 2.077 30.300 30.499 1.623 32,860 32,899 1.777 35,500 35,449 1.923 37,860 37,994 2.077 30,400 30,449 1.628 32,990 1.777 35,500 35,549 1.923 37,800 30,049 2.083 30,500 30,699 1.635 33,050 33,099 1.785 35,560 35,549 1.935 38,000 38,104 2.064 30,650 30,699 1.641 33,100 33,144 1.786 35,560 35,549 1.934 38,200 38,249 2.094 30,750 30,794 1.644 33,200 33,349 1.000 35,560 35,549 1.934 38,250	30,100 -	30,149	1,608	32,600 -	32,649	1,758	35,100 -	35,149	1,908	37,600 -	37,649	2,058
30,250 30,299 1,117 37,750 37,799 2,063 30,300 30,349 1,623 32,849 1,770 35,300 35,349 1,920 37,800 37,899 2,073 30,350 30,399 1,623 32,849 1,776 35,400 35,449 1,220 37,800 37,899 2,073 30,400 30,449 1,623 32,949 1,776 35,450 35,499 1,228 37,900 37,999 2,077 30,500 30,649 1,635 33,000 30,449 1,772 35,550 35,569 1,928 38,000 30,809 2,083 30,650 30,699 1,641 33,100 33,149 1,788 35,600 35,649 1,941 38,100 38,149 2,097 30,600 30,489 1,650 33,300 33,349 1,000 35,649 1,941 38,150 38,349 2,007 30,600 30,494 1,660 33,300 33,349 1,000 <t< td=""><td>30,150 -</td><td>30,199</td><td>1,611</td><td>32,650 -</td><td>32,699</td><td>1,761</td><td>35,150 -</td><td>35,199</td><td>1,911</td><td>37,650 -</td><td>37,699</td><td>2,061</td></t<>	30,150 -	30,199	1,611	32,650 -	32,699	1,761	35,150 -	35,199	1,911	37,650 -	37,699	2,061
30.300 30.349 1,820 32,840 1,770 35,300 35,349 1,220 37,800 37,849 2,077 30,300 30,349 1,823 32,850 32,949 1,776 35,400 35,449 1,920 37,960 37,949 2,077 30,400 30,449 1,825 32,900 32,949 1,776 35,400 35,449 1,920 37,960 37,949 2,077 30,400 30,449 1,628 33,000 33,049 1,778 35,500 35,649 1,935 38,000 30,049 2,069 30,600 30,649 1,638 33,100 33,149 1,778 35,500 35,649 1,935 38,100 38,149 2,069 30,600 30,649 1,664 33,300 33,349 1,797 35,500 35,749 1,447 38,250 38,349 2,100 30,600 30,494 1,665 33,340 1,800 35,500 35,549 1,956 38,449 2,100	30,200 -	30,249	1,614	32,700 -	32,749	1,764	35,200 -	35,249	1,914	37,700 -	37,749	2,064
$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	30,250 -	30,299	1,617	32,750 -	32,799	1,767	35,250 -	35,299	1,917	37,750 -	37,799	2,067
$ \begin{array}{c c c c c c c c c c c c c c c c c c c $	30,300 -	30,349	1,620	32,800 -	32,849	1,770	35,300 -	35,349	1,920	37,800 -	37,849	2,070
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	30,350 -	30,399	1,623	32,850 -	32,899	1,773	35,350 -	35,399	1,923	37,850 -	37,899	2,073
30.500 30.549 1.635 33.060 33.049 \$1.782 35.500 35.599 1.932 \$38.000 - 38.049 \$2.083 30.550 30.599 1.634 33.100 - 33.149 1.786 35.550 35.599 1.933 38.000 - 38.049 2.083 30.650 - 30.649 1.634 33.100 - 33.149 1.791 35.550 - 35.649 1.933 38.100 - 38.149 2.064 30.750 - 30.749 1.644 33.200 - 33.249 1.797 35.750 - 35.749 1.944 38.250 - 38.249 2.064 30.800 - 30.849 1.655 33.300 - 33.349 1.800 35.800 - 35.849 1.955 38.300 - 38.449 2.100 30.950 - 30.899 1.655 33.400 - 33.449 1.800 35.900 - 35.949 1.956 38.400 - 38.449 2.100 30.950 - 31.049 1.665 33.600 - 33.649 1.812 36.600	30,400 -	30,449	1,626	32,900 -	32,949	1,776	35,400 -	35,449	1,926	37,900 -	37,949	2,076
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	30,450 -	30,499	1,629	32,950 -	32,999	1,779	35,450 -	35,499	1,929	37,950 -	37,999	2,079
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	30,500 -	30,549	1,632	\$33,000 -	33,049	\$1,782	35,500 -	35,549	1,932	\$38,000 -	38,049	\$2,082
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	30,550 -	30,599	1,635	33,050 -	33,099	1,785	35,550 -	35,599	1,935	38,050 -	38,099	2,085
30,700 - 30,749 1,644 33,200 - 33,249 1,794 35,700 - 35,749 1,944 38,200 - 38,249 2,094 30,750 - 30,799 1,647 33,250 - 33,249 1,797 35,750 - 35,799 1,947 38,250 - 38,249 2,094 30,800 - 30,849 1,653 33,350 - 33,349 1,800 35,800 - 35,849 1,955 38,350 - 38,349 2,100 30,900 - 30,949 1,656 33,400 - 33,449 1,806 35,500 - 35,949 1,955 38,450 - 38,499 2,100 30,950 - 30,999 1,656 33,500 - 33,499 1,803 35,650 - 35,999 1,955 38,500 - 38,499 2,100 31,000 - 31,049 \$1,662 33,500 - 33,649 1,815 36,050 - 36,049 \$1,962 38,500 - 38,649 2,111 31,100 - 31,149 1,668 33,600 - 33,749 1,824 36,100 - 36,149 1,968 38,600 - 38,749 2,122 31,200 - 31,249 1,677 33,750 - 33,799 1,827 36,250 - 36,299 1,977 38,750 - 38,799 2,122 31,300 - 31,449 1,680 33,800 - 33,849	30,600 -	30,649	1,638	33,100 -	33,149	1,788	35,600 -	35,649	1,938	38,100 -	38,149	2,088
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	30,650 -	30,699	1,641	33,150 -	33,199	1,791	35,650 -	35,699	1,941	38,150 -	38,199	2,091
30,800 - 30,849 1,650 33,350 - 33,349 1,800 35,800 - 35,849 1,950 38,350 - 38,349 2,100 30,950 - 30,999 1,655 33,450 - 33,449 1,806 35,900 - 35,999 1,955 38,450 - 38,449 2,100 30,950 - 30,999 1,656 33,450 - 33,449 1,806 35,900 - 35,999 1,955 38,450 - 38,449 2,100 \$31,000 - 31,049 \$1,662 33,500 - 33,549 1,812 \$36,600 - 36,049 \$1,962 38,500 - 38,649 2,111 31,100 - 31,149 1,668 33,600 - 33,449 1,818 36,100 - 36,149 1,968 38,600 - 38,499 2,112 31,100 - 31,249 1,677 33,760 - 33,749 1,824 36,500 - 36,249 1,977 38,750 - 38,749 2,122 31,250 - 31,349 1,680 33,800 - 33,849 1,830 36,300 - 36,349 1,980 38,950 - 38,999 2,133 31	30,700 -	30,749	1,644	33,200 -	33,249	1,794	35,700 -	35,749	1,944	38,200 -	38,249	2,094
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	30,750 -	30,799	1,647	33,250 -	33,299	1,797	35,750 -	35,799	1,947	38,250 -	38,299	2,097
30.900 - 30.949 1,656 33.400 - 33.449 1,806 35.900 - 35.949 1,956 38.400 - 38.449 2,100 \$31,000 - 31,049 1,656 33,550 - 33,549 1,812 \$36,000 - 36,049 1,956 38,450 - 38,449 2,100 31,100 - 31,149 1,668 33,500 - 33,649 1,818 36,050 - 36,099 1,965 38,550 - 38,649 2,111 31,100 - 31,149 1,668 33,600 - 33,649 1,818 36,100 - 36,149 1,968 38,600 - 38,649 2,122 31,200 - 31,249 1,677 33,750 - 33,799 1,827 36,250 - 36,399 1,983 38,800 - 38,849 2,133 31,300 - 31,439 1,680 33,900 - 33,949 1,833 36,350 - 36,399 1,983 38,800 - 38,849 2,133 31,400 - 31,449 1,680 33,900 - 33,949 1,833 36,500 -<	30,800 -	30,849	1,650	33,300 -	33,349	1,800	35,800 -	35,849	1,950	38,300 -	38,349	2,100
30.950 - 30.999 1.659 33.450 - 33.499 1.809 35.950 - 35.999 1.959 38.450 - 38.499 2.100 31.000 - 31.049 \$1.662 33.550 - 33.549 1.812 \$36.000 - 36.049 \$1.962 38.550 - 38.599 2.111 31.100 - 31.149 1.668 33.650 - 33.699 1.818 36.100 - 36.149 1.968 38.600 - 38.649 2.112 31.100 - 31.149 1.668 33.600 - 33.649 1.821 36.100 - 36.149 1.968 38.600 - 38.649 2.122 31.200 - 31.249 1.677 33.750 - 33.799 1.827 36.250 - 36.299 1.977 38.750 - 38.799 2.122 31.300 - 31.449 1.686 33.800 - 33.849 1.830 36.300 - 36.449 1.983 38.850 - 38.899 2.133 31.400 - 31.449 1.686 33.900 - 33.949 1.831 36.650 -	30,850 -	30,899	1,653	33,350 -	33,399	1,803	35,850 -	35,899	1,953	38,350 -	38,399	2,103
\$31,000 - 31,049 \$1,662 33,500 - 33,549 1,812 \$36,000 - 36,049 \$1,962 38,500 - 38,549 2,112 31,050 - 31,099 1,665 33,550 - 33,599 1,815 36,050 - 36,099 1,965 38,550 - 38,599 2,111 31,100 - 31,149 1,668 33,650 - 33,649 1,818 36,100 - 36,149 1,968 38,600 - 38,649 2,112 31,200 - 31,249 1,674 33,700 - 33,749 1,824 36,200 - 36,249 1,977 38,750 - 38,749 2,122 31,200 - 31,349 1,680 33,800 - 33,849 1,833 36,500 - 36,349 1,980 38,800 - 38,849 2,133 31,400 - 31,449 1,686 33,900 - 33,949 1,833 36,500 - 36,449 1,980 38,850 - 38,899 2,133 31,500 - 31,549 1,692 \$34,000 - 34,049 1,842 36,500 - 36,649 1,980 38,950 - 38,999 2,133 3	30,900 -	30,949	1,656	33,400 -	33,449	1,806	35,900 -	35,949	1,956	38,400 -	38,449	2,106
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	30,950 -	30,999	1,659	33,450 -	33,499	1,809	35,950 -	35,999	1,959	38,450 -	38,499	2,109
31,100 - 31,149 1,668 33,600 - 33,649 1,818 36,100 - 36,149 1,968 38,600 - 38,649 2,114 31,150 - 31,129 1,674 33,650 - 33,699 1,824 36,100 - 36,199 1,974 38,650 - 38,699 2,122 31,200 - 31,249 1,674 33,750 - 33,799 1,827 36,250 - 36,249 1,974 38,700 - 38,749 2,122 31,300 - 31,349 1,680 33,800 - 33,849 1,830 36,300 - 36,349 1,980 38,800 - 38,849 2,133 31,400 - 31,449 1,686 33,900 - 33,494 1,830 36,600 - 36,499 1,983 38,850 - 38,849 2,133 31,400 - 31,449 1,686 33,900 - 34,949 1,845 36,600 - 36,499 1,983 38,950 - 38,949 2,133 31,500 - 31,649 1,692 \$34,000 - 34,149 1,848 36,600 - 36,649 1,998 38,9100 - 39,149 2,144 31,6	\$31,000 -	31,049	\$1,662	33,500 -	33,549	1,812	\$36,000 -	36,049	\$1,962	38,500 -	38,549	2,112
31,150 - 31,199 1,671 33,650 - 33,699 1,821 36,150 - 36,199 1,971 38,650 - 38,699 2,122 31,200 - 31,249 1,674 33,700 - 33,749 1,824 36,200 - 36,249 1,974 38,700 - 38,749 2,122 31,200 - 31,349 1,680 33,800 - 33,849 1,833 36,200 - 36,249 1,977 38,750 - 38,749 2,123 31,300 - 31,349 1,680 33,800 - 33,849 1,833 36,350 - 36,399 1,833 38,600 - 38,849 2,133 31,400 - 31,449 1,686 33,900 - 33,949 1,836 36,650 - 36,449 1,986 38,900 - 38,949 2,133 31,500 - 31,549 1,682 34,000 - 34,049 1,842 36,500 - 36,549 1,989 39,050 - 39,049 2,144 31,600 - 31,649 1,688 34,100 - 34,149 1,848 36,600 - 36,649 1,988 39,100 - 39,149 2,144 31,600	31,050 -	31,099	1,665	33,550 -	33,599	1,815	36,050 -	36,099	1,965	38,550 -	38,599	2,115
31,200 - 31,249 1,674 33,700 - 33,749 1,824 36,200 - 36,249 1,974 38,700 - 38,749 2,124 31,250 - 31,299 1,677 33,750 - 33,799 1,827 36,250 - 36,299 1,977 38,750 - 38,799 2,127 31,300 - 31,349 1,683 33,850 - 33,899 1,833 36,350 - 36,349 1,980 38,800 - 38,849 2,133 31,400 - 31,449 1,686 33,900 - 33,949 1,836 36,400 - 36,449 1,986 38,800 - 38,849 2,133 31,400 - 31,499 1,686 33,900 - 33,949 1,836 36,400 - 36,449 1,986 38,900 - 39,049 2,144 31,500 - 31,649 1,698 34,100 - 34,149 1,845 36,650 - 36,699 1,995 39,050 - 39,099 2,145 31,600 - 31,649 1,698 34,100 - 34,149 1,845 36,650 - 36,699 2,001 39,150 - 39,199 2,157 31,700	31,100 -	31,149	1,668	33,600 -	33,649	1,818	36,100 -	36,149	1,968	38,600 -	38,649	2,118
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	31,150 -	31,199	1,671	33,650 -	33,699	1,821	36,150 -	36,199	1,971	38,650 -	38,699	2,121
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	31,200 -	31,249	1,674	33,700 -	33,749	1,824	36,200 -	36,249	1,974	38,700 -	38,749	2,124
31,350 - 31,399 1,683 33,850 - 33,899 1,833 36,350 - 36,399 1,983 38,850 - 38,899 2,133 31,400 - 31,449 1,686 33,900 - 33,949 1,836 36,400 - 36,449 1,986 38,900 - 38,949 2,133 31,450 - 31,499 1,689 33,900 - 33,949 1,836 36,400 - 36,449 1,986 38,900 - 38,949 2,133 31,500 - 31,549 1,689 34,000 - 34,049 \$1,842 36,500 - 36,649 1,992 \$39,000 - 39,049 \$2,142 31,600 - 31,649 1,698 34,100 - 34,149 1,848 36,600 - 36,649 1,998 39,100 - 39,149 2,142 31,650 - 31,699 1,701 34,150 - 34,199 1,851 36,650 - 36,699 2,001 39,150 - 39,249 2,156 31,700 - 31,749 1,704 34,200 - 34,249 1,860 36,650 - 36,899 2,010 39,300 - 39,349 2,166 31,	31,250 -	31,299	1,677	33,750 -	33,799	1,827	36,250 -	36,299	1,977	38,750 -	38,799	2,127
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	31,300 -	31,349	1,680	33,800 -	33,849	1,830	36,300 -	36,349	1,980	38,800 -	38,849	2,130
31,450 -31,4991,68933,950 -33,9991,83936,450 -36,4991,98938,950 -38,9992,13331,500 -31,5491,692\$34,000 -34,049\$1,84236,500 -36,5491,992\$39,000 -39,049\$2,14231,550 -31,5991,69534,050 -34,0991,84536,550 -36,5991,99539,050 -39,0992,14431,600 -31,6491,69834,100 -34,1491,84836,600 -36,6491,99839,100 -39,1492,14431,650 -31,6991,70134,150 -34,1991,85136,650 -36,6992,00139,150 -39,1992,15531,700 -31,7491,70434,200 -34,2491,85436,700 -36,7492,00439,200 -39,2492,15631,800 -31,8491,71034,350 -34,2991,85736,750 -36,7992,00739,300 -39,3492,16631,800 -31,8491,71034,350 -34,3991,86336,850 -36,8992,01339,350 -39,3992,16631,850 -31,9991,71334,350 -34,4991,86636,900 -36,9492,01639,400 -39,4492,16631,950 -31,9991,71634,400 -34,4491,86636,900 -36,9492,01639,400 -39,4492,16631,950 -31,9991,71534,500 -34,5991,87537,0	31,350 -	31,399	1,683	33,850 -	33,899	1,833	36,350 -	36,399	1,983	38,850 -	38,899	2,133
31,500 - 31,549 1,692 \$34,000 - 34,049 \$1,842 36,500 - 36,549 1,992 \$39,000 - 39,049 \$2,142 31,550 - 31,599 1,695 34,050 - 34,099 1,845 36,550 - 36,599 1,995 39,050 - 39,099 2,144 31,600 - 31,649 1,698 34,100 - 34,149 1,848 36,600 - 36,649 1,998 39,100 - 39,149 2,144 31,650 - 31,699 1,701 34,150 - 34,199 1,851 36,600 - 36,649 1,998 39,100 - 39,149 2,144 31,650 - 31,799 1,701 34,200 - 34,249 1,854 36,600 - 36,649 2,001 39,200 - 39,249 2,157 31,750 - 31,799 1,710 34,250 - 34,299 1,857 36,750 - 36,799 2,007 39,350 - 39,399 2,166 31,850 - 31,899 1,713 34,350 - 34,399 1,863 36,850 - 36,899 2,010 39,350 - 39,399 2,166 31	31,400 -	31,449	1,686	33,900 -	33,949	1,836	36,400 -	36,449	1,986	38,900 -	38,949	2,136
31,550 - 31,599 1,695 34,050 - 34,099 1,845 36,550 - 36,599 1,995 39,050 - 39,099 2,144 31,600 - 31,649 1,698 34,100 - 34,149 1,848 36,600 - 36,649 1,998 39,100 - 39,149 2,144 31,650 - 31,699 1,701 34,150 - 34,199 1,851 36,650 - 36,699 2,001 39,150 - 39,199 2,157 31,700 - 31,749 1,704 34,200 - 34,249 1,854 36,700 - 36,749 2,004 39,200 - 39,249 2,157 31,800 - 31,849 1,710 34,250 - 34,299 1,857 36,750 - 36,799 2,007 39,300 - 39,349 2,160 31,800 - 31,849 1,710 34,300 - 34,349 1,860 36,800 - 36,849 2,010 39,300 - 39,349 2,160 31,800 - 31,849 1,713 34,350 - 34,399 1,863 36,650 - 36,899 2,016 39,400 - 39,449 2,166 31,900	31,450 -	31,499	1,689	33,950 -	33,999	1,839	36,450 -	36,499	1,989	38,950 -	38,999	2,139
31,600 -31,6491,69834,100 -34,1491,84836,600 -36,6491,99839,100 -39,1492,14431,650 -31,6991,70134,150 -34,1991,85136,650 -36,6992,00139,150 -39,1992,15731,700 -31,7491,70434,200 -34,2491,85436,700 -36,7492,00439,200 -39,2492,15731,750 -31,7991,70734,250 -34,2991,85736,750 -36,7992,00739,250 -39,2992,15731,800 -31,8491,71034,300 -34,3491,86036,800 -36,8492,01039,300 -39,3492,16631,900 -31,9491,71634,400 -34,4491,86636,900 -36,9492,01639,400 -39,4492,16631,950 -31,9991,71934,450 -34,4991,86936,900 -36,9492,01639,400 -39,4492,16631,950 -31,9991,71934,450 -34,4991,86936,900 -36,9992,01939,450 -39,4992,16631,950 -32,0991,71234,500 -34,5491,872\$37,000 -37,049\$2,02239,500 -39,4992,16631,950 -32,0991,72534,500 -34,5491,87537,050 -37,0992,02539,550 -39,5992,17232,050 -32,0991,72534,500 -34,6491,87837,100	31,500 -	31,549	1,692	\$34,000 -	34,049	\$1,842	36,500 -	36,549	1,992	\$39,000 -	39,049	\$2,142
31,650 -31,6991,70134,150 -34,1991,85136,650 -36,6992,00139,150 -39,1992,15731,700 -31,7491,70434,200 -34,2491,85436,700 -36,7492,00439,200 -39,2492,15431,750 -31,7991,70734,250 -34,2991,85736,750 -36,7992,00739,250 -39,2992,15731,800 -31,8491,71034,300 -34,3491,86036,800 -36,8492,01039,300 -39,3492,16031,850 -31,8991,71334,350 -34,3991,86336,850 -36,8992,01339,350 -39,3992,16331,900 -31,9491,71634,400 -34,4491,86636,900 -36,9492,01639,400 -39,4492,16631,950 -31,9991,71934,450 -34,4991,86936,950 -36,9992,01939,450 -39,4992,16631,950 -32,049\$1,72234,500 -34,5491,87236,950 -36,9992,01939,450 -39,4992,16632,050 -32,0991,72534,550 -34,5991,87537,050 -37,0992,02539,550 -39,5992,17232,100 -32,1491,72834,600 -34,6491,87837,100 -37,1492,02839,600 -39,6492,17632,150 -32,2991,73134,650 -34,6991,88137,150	31,550 -	31,599	1,695	34,050 -	34,099	1,845	36,550 -	36,599	1,995	39,050 -	39,099	2,145
31,700 - 31,749 1,704 34,200 - 34,249 1,854 36,700 - 36,749 2,004 39,200 - 39,249 2,154 31,750 - 31,799 1,707 34,250 - 34,299 1,857 36,750 - 36,799 2,007 39,250 - 39,299 2,157 31,800 - 31,849 1,710 34,300 - 34,349 1,860 36,800 - 36,849 2,010 39,300 - 39,349 2,160 31,850 - 31,899 1,713 34,350 - 34,399 1,863 36,850 - 36,899 2,013 39,350 - 39,399 2,163 31,900 - 31,949 1,716 34,400 - 34,449 1,866 36,900 - 36,949 2,016 39,400 - 39,449 2,166 31,950 - 31,999 1,719 34,450 - 34,499 1,869 36,950 - 36,999 2,016 39,400 - 39,449 2,166 32,050 - 32,099 1,725 34,550 - 34,599 1,875 37,050 - 37,099 2,025 39,550 - 39,599 2,172 32,100	31,600 -	31,649	1,698	34,100 -	34,149	1,848	36,600 -	36,649	1,998	39,100 -	39,149	2,148
31,750 - 31,799 1,707 34,250 - 34,299 1,857 36,750 - 36,799 2,007 39,250 - 39,299 2,157 31,800 - 31,849 1,710 34,300 - 34,349 1,860 36,800 - 36,849 2,010 39,300 - 39,349 2,160 31,850 - 31,899 1,713 34,350 - 34,399 1,863 36,850 - 36,899 2,013 39,350 - 39,399 2,166 31,900 - 31,949 1,716 34,400 - 34,449 1,866 36,900 - 36,949 2,016 39,400 - 39,449 2,166 31,950 - 31,999 1,719 34,450 - 34,499 1,869 36,950 - 36,999 2,019 39,450 - 39,499 2,166 31,950 - 32,049 \$1,722 34,500 - 34,549 1,872 \$37,000 - 37,049 \$2,022 39,500 - 39,549 2,172 32,050 - 32,099 1,725 34,550 - 34,599 1,875 37,050 - 37,099 2,025 39,500 - 39,649 2,176 32,	31,650 -	31,699	1,701	34,150 -	34,199	1,851	36,650 -	36,699	2,001	39,150 -	39,199	2,151
31,800 - 31,849 1,710 34,300 - 34,349 1,860 36,800 - 36,849 2,010 39,300 - 39,349 2,160 31,850 - 31,899 1,713 34,350 - 34,399 1,863 36,850 - 36,899 2,013 39,360 - 39,349 2,160 31,900 - 31,949 1,716 34,400 - 34,449 1,866 36,900 - 36,949 2,016 39,400 - 39,449 2,166 31,950 - 31,999 1,719 34,450 - 34,499 1,866 36,900 - 36,949 2,016 39,400 - 39,449 2,166 32,000 - 32,049 \$1,722 34,500 - 34,499 1,869 36,950 - 36,999 2,019 39,450 - 39,499 2,166 32,050 - 32,099 1,725 34,550 - 34,599 1,875 37,000 - 37,049 \$2,022 39,500 - 39,549 2,172 32,050 - 32,199 1,731 34,650 - 34,699 1,878 37,100 - 37,149 2,028 39,600 - 39,649 2,178 32,2	31,700 -	31,749	1,704	34,200 -	34,249	1,854	36,700 -	36,749	2,004	39,200 -	39,249	2,154
31,850 - 31,899 1,713 34,350 - 34,399 1,863 36,850 - 36,899 2,013 39,350 - 39,399 2,163 31,900 - 31,949 1,716 34,400 - 34,449 1,866 36,900 - 36,949 2,016 39,400 - 39,449 2,166 31,950 - 31,999 1,719 34,450 - 34,499 1,869 36,900 - 36,999 2,019 39,450 - 39,499 2,166 32,000 - 32,049 \$1,722 34,500 - 34,549 1,872 \$37,000 - 37,049 \$2,022 39,500 - 39,499 2,166 32,050 - 32,099 1,725 34,550 - 34,599 1,875 37,000 - 37,049 \$2,022 39,500 - 39,599 2,175 32,050 - 32,149 1,728 34,600 - 34,649 1,878 37,100 - 37,149 2,028 39,600 - 39,649 2,176 32,150 - 32,199 1,731 34,650 - 34,699 1,881 37,150 - 37,199 2,031 39,650 - 39,699 2,187 32	31,750 -	31,799	1,707	34,250 -	34,299	1,857	36,750 -	36,799	2,007	39,250 -	39,299	2,157
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	31,800 -	31,849	1,710	34,300 -	34,349	1,860	36,800 -	36,849	2,010	39,300 -	39,349	2,160
31,950 -31,9991,71934,450 -34,4991,86936,950 -36,9992,01939,450 -39,4992,166\$32,000 -32,049\$1,72234,500 -34,5491,872\$37,000 -37,049\$2,02239,500 -39,5492,17232,050 -32,0991,72534,550 -34,5991,87537,050 -37,0992,02539,550 -39,5992,17232,100 -32,1491,72834,600 -34,6491,87837,100 -37,1492,02839,600 -39,6492,17832,150 -32,1991,73134,650 -34,6991,88137,150 -37,1992,03139,650 -39,6992,18732,200 -32,2491,73434,700 -34,7491,88437,200 -37,2492,03439,700 -39,7492,18432,250 -32,2991,73734,750 -34,7991,88737,250 -37,2992,03739,750 -39,7992,18732,300 -32,3491,74034,800 -34,8491,89037,300 -37,3492,04039,800 -39,8492,19032,350 -32,3991,74334,850 -34,8991,89337,350 -37,3992,04339,850 -39,8992,190	31,850 -	31,899	1,713	34,350 -	34,399	1,863	36,850 -	36,899	2,013	39,350 -	39,399	2,163
31,950 -31,9991,71934,450 -34,4991,86936,950 -36,9992,01939,450 -39,4992,169\$32,000 -32,049\$1,72234,500 -34,5491,872\$37,000 -37,049\$2,02239,500 -39,5492,17232,050 -32,0991,72534,550 -34,5991,87537,050 -37,0992,02539,550 -39,5992,17232,100 -32,1491,72834,600 -34,6491,87837,100 -37,1492,02839,600 -39,6492,17832,150 -32,1991,73134,650 -34,6991,88137,150 -37,1992,03139,650 -39,6992,18432,200 -32,2491,73434,700 -34,7491,88437,200 -37,2492,03439,700 -39,7492,18432,250 -32,2991,73734,750 -34,7991,88737,250 -37,2992,03739,750 -39,7992,18732,300 -32,3491,74034,800 -34,8491,89037,300 -37,3492,04039,800 -39,8492,19032,350 -32,3991,74334,850 -34,8991,89337,350 -37,3992,04339,850 -39,8992,190	31,900 -	31,949	1,716	34,400 -	34,449	1,866	36,900 -	36,949	2,016	39,400 -	39,449	2,166
32,050 -32,0991,72534,550 -34,5991,87537,050 -37,0992,02539,550 -39,5992,17532,100 -32,1491,72834,600 -34,6491,87837,100 -37,1492,02839,600 -39,6492,17632,150 -32,1991,73134,650 -34,6991,88137,150 -37,1992,03139,650 -39,6992,18432,200 -32,2491,73434,700 -34,7491,88437,200 -37,2492,03439,700 -39,7492,18432,250 -32,2991,73734,750 -34,7991,88737,250 -37,2992,03739,750 -39,7992,18732,300 -32,3491,74034,800 -34,8491,89037,300 -37,3492,04039,800 -39,8492,19032,350 -32,3991,74334,850 -34,8991,89337,350 -37,3992,04339,850 -39,8992,193	31,950 -	31,999	1,719	34,450 -	34,499	1,869	36,950 -	36,999	2,019	39,450 -	39,499	2,169
32,100 - 32,149 1,728 34,600 - 34,649 1,878 37,100 - 37,149 2,028 39,600 - 39,649 2,178 32,150 - 32,199 1,731 34,650 - 34,699 1,881 37,150 - 37,199 2,031 39,650 - 39,699 2,184 32,200 - 32,249 1,734 34,700 - 34,749 1,884 37,200 - 37,249 2,034 39,700 - 39,749 2,184 32,250 - 32,299 1,737 34,750 - 34,799 1,887 37,250 - 37,299 2,037 39,750 - 39,799 2,184 32,300 - 32,349 1,740 34,800 - 34,849 1,890 37,300 - 37,349 2,040 39,800 - 39,849 2,190 32,350 - 32,399 1,743 34,850 - 34,899 1,893 37,350 - 37,399 2,043 39,800 - 39,849 2,190 32,350 - 32,399 1,743 34,850 - 34,899 1,893 37,350 - 37,399 2,043 39,850 - 39,899 2,193	\$32,000 -	32,049	\$1,722	34,500 -	34,549	1,872	\$37,000 -	37,049	\$2,022	39,500 -	39,549	2,172
32,100 - 32,149 1,728 34,600 - 34,649 1,878 37,100 - 37,149 2,028 39,600 - 39,649 2,178 32,150 - 32,199 1,731 34,650 - 34,699 1,881 37,150 - 37,199 2,031 39,650 - 39,699 2,184 32,200 - 32,249 1,734 34,700 - 34,749 1,884 37,200 - 37,249 2,034 39,700 - 39,749 2,184 32,250 - 32,299 1,737 34,750 - 34,799 1,887 37,250 - 37,299 2,037 39,750 - 39,799 2,184 32,300 - 32,349 1,740 34,800 - 34,849 1,890 37,300 - 37,349 2,040 39,800 - 39,849 2,190 32,350 - 32,399 1,743 34,850 - 34,899 1,893 37,350 - 37,399 2,043 39,800 - 39,849 2,190 32,350 - 32,399 1,743 34,850 - 34,899 1,893 37,350 - 37,399 2,043 39,850 - 39,899 2,193		32,099	1,725	34,550 -	34,599	1,875			2,025	39,550 -	39,599	2,175
32,200 -32,2491,73434,700 -34,7491,88437,200 -37,2492,03439,700 -39,7492,18432,250 -32,2991,73734,750 -34,7991,88737,250 -37,2992,03739,750 -39,7992,18732,300 -32,3491,74034,800 -34,8491,89037,300 -37,3492,04039,800 -39,8492,19032,350 -32,3991,74334,850 -34,8991,89337,350 -37,3992,04339,850 -39,8992,193	32,100 -	32,149	1,728	34,600 -	34,649	1,878	37,100 -	37,149	2,028	39,600 -	39,649	2,178
32,200 -32,2491,73434,700 -34,7491,88437,200 -37,2492,03439,700 -39,7492,18432,250 -32,2991,73734,750 -34,7991,88737,250 -37,2992,03739,750 -39,7992,18732,300 -32,3491,74034,800 -34,8491,89037,300 -37,3492,04039,800 -39,8492,19032,350 -32,3991,74334,850 -34,8991,89337,350 -37,3992,04339,850 -39,8992,193	32,150 -						37,150 -	37,199		39,650 -		2,181
32,250 -32,2991,73734,750 -34,7991,88737,250 -37,2992,03739,750 -39,7992,18732,300 -32,3491,74034,800 -34,8491,89037,300 -37,3492,04039,800 -39,8492,19032,350 -32,3991,74334,850 -34,8991,89337,350 -37,3992,04339,850 -39,8992,190	32,200 -									39,700 -		2,184
32,300 -32,3491,74034,800 -34,8491,89037,300 -37,3492,04039,800 -39,8492,19032,350 -32,3991,74334,850 -34,8991,89337,350 -37,3992,04339,850 -39,8992,190			1,737	34,750 -		1,887			2,037			2,187
32,350 - 32,399 1,743 34,850 - 34,899 1,893 37,350 - 37,399 2,043 39,850 - 39,899 2,193												2,190
	32,350 -	32,399							2,043			2,193
02,700 - 02,770 1,770 07,000 - 07,070 1,000 - 07,470 - 07,440 - 07,440 - 07,440 - 09,949 2,190	32,400 -	32,449	1,746	34,900 -	34,949	1,896	37,400 -	37,449	2,046	39,900 -	39,949	2,196
				34,950 -				37,499				2,199

Taxable income		mount of tax	Taxable income		Amount of tax	Taxable income		mount of tax	Taxable income		Amount of tax
\$40,000 - 42,4			\$42,500 - 44,9			\$45,000 - 47,49			\$47,500 - 49,9		
\$40,000 -	40,049	\$2,202	\$42,500 -	42,549	\$2,364	\$45,000 -	45,049	\$2,527	\$47,500 -	47,549	\$2,689
40,050 -	40,099	2,205	42,550 -	42,599	2,367		45,099	2,530	47,550 -	47,599	2,692
40,100 -	40,149	2,208	42,600 -	42,649	2,371	45,100 -	45,149	2,533	47,600 -	47,649	2,696
40,150 -	40,199	2,211	42,650 -	42,699	2,374	45,150 -	45,199	2,536	47,650 -	47,699	2,699
40,200 -	40,249	2,215	42,700 -	42,749	2,377	45,200 -	45,249	2,540	47,700 -	47,749	2,702
40,250 -	40,299	2,218	42,750 -	42,799	2,380	45,250 -	45,299	2,543	47,750 -	47,799	2,705
40,300 -	40,349	2,221	42,800 -	42,849	2,384	45,300 -	45,349	2,546	47,800 -	47,849	2,709
40,350 -	40,399	2,224	42,850 -	42,899	2,387	45,350 -	45,399	2,549	47,850 -	47,899	2,712
40,400 -	40,449	2,228	42,900 -	42,949	2,390	45,400 -	45,449	2,553	47,900 -	47,949	2,715
40,450 -	40,499	2,231	42,950 -	42,999	2,393	45,450 -	45,499	2,556	47,950 -	47,999	2,718
40,500 -	40,549	2,234	\$43,000 -	43,049	\$2,397	45,500 -	45,549	2,559	\$48,000 -	48,049	\$2,722
40,550 -	40,599	2,237	43,050 -	43,099	2,400	45,550 -	45,599	2,562	48,050 -	48,099	2,725
40,600 -	40,649	2,241	43,100 -	43,149	2,403	45,600 -	45,649	2,566	48,100 -	48,149	2,728
40,650 -	40,699	2,244	43,150 -	43,199	2,406	45,650 -	45,699	2,569	48,150 -	48,199	2,731
40,700 -	40,749	2,247	43,200 -	43,249	2,410	45,700 -	45,749	2,572	48,200 -	48,249	2,735
40,750 -	40,799	2,250	43,250 -	43,299	2,413	45,750 -	45,799	2,575	48,250 -	48,299	2,738
40,800 -	40,849	2,254	43,300 -	43,349	2,416	45,800 -	45,849	2,579	48,300 -	48,349	2,741
40,850 -	40,899	2,257	43,350 -	43,399	2,419	45,850 -	45,899	2,582	48,350 -	48,399	2,744
40,900 -	40,949	2,260	43,400 -	43,449	2,423	45,900 -	45,949	2,585	48,400 -	48,449	2,748
40,950 -	40,999	2,263	43,450 -	43,499	2,426	45,950 -	45,999	\$2,588	48,450 -	48,499	2,751
\$41,000 -	41,049	\$2,267	43,500 -	43,549	2,429	\$46,000 -	46,049	\$2,592	48,500 -	48,549	2,754
41,050 -	41,099	2,270	43,550 -	43,599	2,432	46,050 -	46,099	2,595	48,550 -	48,599	2,757
41,100 -	41,149	2,273	43,600 -	43,649	2,436	46,100 -	46,149	2,598	48,600 -	48,649	2,761
41,150 -	41,199	2,276	43,650 -	43,699	2,439	46,150 -	46,199	2,601	48,650 -	48,699	2,764
41,200 -	41,249	2,280	43,700 -	43,749	2,442	46,200 -	46,249	2,605	48,700 -	48,749	2,767
41,250 -	41,299	2,283	43,750 -	43,799	2,445	46,250 -	46,299	2,608	48,750 -	48,799	2,770
41,300 -	41,349	2,286	43,800 -	43,849	2,449	46,300 -	46,349	2,611	48,800 -	48,849	2,774
41,350 -	41,399	2,289	43,850 -	43,899	2,452	46,350 -	46,399	2,614	48,850 -	48,899	2,777
41,400 -	41,449	2,293	43,900 -	43,949	2,455	46,400 -	46,449	2,618	48,900 -	48,949	2,780
41,450 -	41,499	2,296	43,950 -	43,999	2,458	46,450 -	46,499	2,621	48,950 -	48,999	\$2,783
41,500 -	41,549	2,299	\$44,000 -	44,049	\$2,462	46,500 -	46,549	2,624	\$49,000 -	49,049	\$2,787
41,550 -	41,599	2,302	44,050 -	44,099	2,465	46,550 -	46,599	2,627	49,050 -	49,099	2,790
41,600 -	41,649	2,306	44,100 -	44,149	2,468	46,600 -	46,649	2,631	49,100 -	49,149	2,793
41,650 -	41,699	2,309		44,199	2,471	46,650 -	46,699	2,634	49,150 -	49,199	2,796
41,700 -	41,749	2,312	44,200 -	44,249	2,475	46,700 -	46,749	2,637	49,200 -	49,249	2,800
41,750 -	41,799	2,315		44,299	2,478		46,799	2,640	49,250 -	49,299	2,803
41,800 -	41,849	2,319		44,349	2,481		46,849	2,644	49,300 -	49,349	2,806
41,850 -	41,899	2,322	44,350 -	44,399	2,484	46,850 -	46,899	2,647	49,350 -	49,399	2,809
41,900 -	41,949	2,325	44,400 -	44,449	2,488	46,900 -	46,949	2,650	49,400 -	49,449	2,813
41,950 -	41,999	2,328		44,499	2,491	46,950 -	46,999	2,653	49,450 -	49,499	2,816
\$42,000 -	42,049	\$2,332		44,549	2,494		47,049	\$2,657	49,500 -	49,549	2,819
42,050 -	42,099	2,335		44,599	2,497	47,050 -	47,099	2,660	49,550 -	49,599	2,822
42,100 -	42,149	2,338		44,649	2,501	47,100 -	47,149	2,663	49,600 -	49,649	2,826
42,150 -	42,199	2,341	44,650 -	44,699	2,504	47,150 -	47,199	2,666	49,650 -	49,699	2,829
42,200 -	42,249	2,345	44,700 -	44,749	2,507	47,200 -	47,249	2,670	49,700 -	49,749	2,832
42,250 -	42,299	2,348	44,750 -	44,799	2,510	47,250 -	47,299	2,673	49,750 -	49,799	2,835
42,300 -	42,349	2,351	44,800 -	44,849	2,514	47,300 -	47,349	2,676	49,800 -	49,849	2,839
42,350 -	42,399	2,354	44,850 -	44,899	2,517	47,350 -	47,399	2,679	49,850 -	49,899	2,842
42,400 -	42,449	2,358		44,949	2,520	47,400 -	47,449	2,683	49,900 -	49,949	2,845
42,450 -	42,499	2,361	44,950 -	44,999	2,523	47,450 -	47,499	2,686	49,950 -	49,999	2,848

1	Taxable income	A	mount of tax	Taxable income	A	Amount of tax	Taxable income	A	mount of tax	Taxable income		Amount of tax
	\$50,000 - 52,499	9		\$52,500 - 54,9	99		\$55,000 - 57,49	9		\$57,500 - 59,9	99	
	\$50,000 -	50,049	\$2,852	\$52,500 -	52,549	\$3,014	\$55,000 -	55,049	\$3,177	\$57,500 -	57,549	\$3,339
	50,050 -	50,099	2,855	52,550 -	52,599	3,017	55,050 -	55,099	3,180	57,550 -	57,599	3,342
	50,100 -	50,149	2,858	52,600 -	52,649	3,021	55,100 -	55,149	3,183	57,600 -	57,649	3,346
	50,150 -	50,199	2,861	52,650 -	52,699	3,024	55,150 -	55,199	3,186	57,650 -	57,699	3,349
	50,200 -	50,249	2,865	52,700 -	52,749	3,027	55,200 -	55,249	3,190	57,700 -	57,749	3,352
	50,250 -	50,299	2,868	52,750 -	52,799	3,030	55,250 -	55,299	3,193	57,750 -	57,799	3,355
	50,300 -	50,349	2,871	52,800 -	52,849	3,034	55,300 -	55,349	3,196	57,800 -	57,849	3,359
	50,350 -	50,399	2,874	52,850 -	52,899	3,037	55,350 -	55,399	3,199	57,850 -	57,899	3,362
	50,400 -	50,449	2,878	52,900 -	52,949	3,040	55,400 -	55,449	3,203	57,900 -	57,949	3,365
	50,450 -	50,499	2,881	52,950 -	52,999	3,043	55,450 -	55,499	3,206	57,950 -	57,999	3,368
	50,500 -	50,549	2,884	\$53,000 -	53,049	\$3,047	55,500 -	55,549	3,209	\$58,000 -	58,049	\$3,372
	50,550 -	50,599	2,887	53,050 -	53,099	3,050	55,550 -	55,599	3,212	58,050 -	58,099	3,375
	50,600 -	50,649	2,891	53,100 -	53,149	3,053	55,600 -	55,649	3,216	58,100 -	58,149	3,378
	50,650 -	50,699	2,894	53,150 -	53,199	3,056	55,650 -	55,699	3,219	58,150 -	58,199	3,381
	50,700 -	50,749	2,897	53,200 -	53,249	3,060	55,700 -	55,749	3,222	58,200 -	58,249	3,385
	50,750 -	50,799	2,900	53,250 -	53,299	3,063	55,750 -	55,799	3,225	58,250 -	58,299	3,388
	50,800 -	50,849	2,904	53,300 -	53,349	3,066	55,800 -	55,849	3,229	58,300 -	58,349	3,391
	50,850 -	50,899	2,907	53,350 -	53,399	3,069	55,850 -	55,899	3,232	58,350 -	58,399	3,394
	50,900 -	50,949	2,910	53,400 -	53,449	3,073	55,900 -	55,949	3,235	58,400 -	58,449	3,398
	50,950 -	50,999	2,913	53,450 -	53,499	3,076	55,950 -	55,999	3,238	58,450 -	58,499	3,401
	\$51,000 -	51,049	\$2,917	53,500 -	53,549	3,079	\$56,000 -	56,049	\$3,242	58,500 -	58,549	3,404
	51,050 -	51,099	2,920	53,550 -	53,599	3,082	56,050 -	56,099	3,245	58,550 -	58,599	3,407
	51,100 -	51,149	2,923	53,600 -	53,649	3,086	56,100 -	56,149	3,248	58,600 -	58,649	3,411
	51,150 -	51,199	2,926	53,650 -	53,699	3,089	56,150 -	56,199	3,251	58,650 -	58,699	3,414
	51,200 -	51,249	2,930	53,700 -	53,749	3,092	56,200 -	56,249	3,255	58,700 -	58,749	3,417
	51,250 -	51,299	2,933	53,750 -	53,799	3,095	56,250 -	56,299	3,258	58,750 -	58,799	3,420
	51,300 -	51,349	2,936	53,800 -	53,849	3,099	56,300 -	56,349	3,261	58,800 -	58,849	3,424
	51,350 -	51,399	2,939	53,850 -	53,899	3,102	56,350 -	56,399	3,264	58,850 -	58,899	3,427
	51,400 -	51,449	2,943	53,900 -	53,949	3,105	56,400 -	56,449	3,268	58,900 -	58,949	3,430
	51,450 -	51,499	2,946	53,950 -	53,999	3,108	56,450 -	56,499	3,271	58,950 -	58,999	3,433
	51,500 -	51,549	2,949	\$54,000 -	54,049	\$3,112	56,500 -	56,549	3,274	\$59,000 -	59,049	\$3,437
	51,550 -	51,599	2,952	54,050 -	54,099	3,115	56,550 -	56,599	3,277	59,050 -	59,099	3,440
	51,600 -	51,649	2,956	54,100 -	54,149	3,118	56,600 -	56,649	3,281	59,100 -	59,149	3,443
	51,650 -	51,699	2,959	54,150 -	54,199	3,121	56,650 -	56,699	3,284	59,150 -	59,199	3,446
	51,700 -	51,749	2,962	54,200 -	54,249	3,125	56,700 -	56,749	3,287	59,200 -	59,249	3,450
	51,750 -	51,799	2,965	54,250 -	54,299	3,128	56,750 -	56,799	3,290	59,250 -	59,299	3,453
	51,800 -	51,849	2,969	54,300 -	54,349	3,131	56,800 -	56,849	3,294	59,300 -	59,349	3,456
	51,850 -	51,899	2,972	54,350 -	54,399	3,134	56,850 -	56,899	3,297	59,350 -	59,399	3,459
	51,900 -	51,949	2,975	54,400 -	54,449	3,138	56,900 -	56,949	3,300	59,400 -	59,449	3,463
	51,950 -	51,999	2,978	54,450 -	54,499	3,141	56,950 -	56,999	3,303	59,450 -	59,499	3,466
	\$52,000 -	52,049	\$2,982	54,500 -	54,549	3,144	\$57,000 -	57,049	\$3,307	59,500 -	59,549	3,469
	52,050 -	52,099	2,985	54,550 -	54,599	3,147	57,050 -	57,099	3,310	59,550 -	59,599	3,472
	52,100 -	52,149	2,988	54,600 -	54,649	3,151	57,100 -	57,149	3,313	59,600 -	59,649	3,476
	52,150 -	52,199	2,991	54,650 -	54,699	3,154	57,150 -	57,199	3,316	59,650 -	59,699	3,479
	52,200 -	52,249	2,995	54,700 -	54,749	3,157	57,200 -	57,249	3,320	59,700 -	59,749	3,482
	52,250 -	52,299	2,998	54,750 -	54,799	3,160	57,250 -	57,299	3,323	59,750 -	59,799	3,485
	52,300 -	52,349	3,001	54,800 -	54,849	3,164	57,300 -	57,349	3,326	59,800 -	59,849	3,489
	52,350 -	52,399	3,004	54,850 -	54,899	3,167	57,350 -	57,399	3,329	59,850 -	59,899	3,492
	52,400 -	52,449	3,008	54,900 -	54,949	3,170	57,400 -	57,449	3,333	59,900 -	59,949	3,495
	52,450 -	52,499	3,011	54,950 -	54,999	3,173	57,450 -	57,499	3,336	59,950 -	59,999	3,498

	Taxable income \$60,000 - 62,499		mount of tax	Taxable income \$62,500 - 64,9		Amount of tax	Taxable income \$65,000 - 67,49		mount of tax	Taxable income \$67,500 - 69,9		Amount of tax
	\$60,000 -	60,049	\$3,501	\$62,500 -	62,549	\$3,714	\$65,000 -	65,049	\$3,926	\$67,500 -	67,549	\$4,139
	60,050 -	60,099	3,505	62,550 -	62,599	3,718	65,050 -	65,099	3,930	67,550 -	67,599	4,143
	60,100 -	60,149	3,510	62,600 -	62,649	3,722	65,100 -	65,149	3,935	67,600 -	67,649	4,147
	60,150 -	60,199	3,514	62,650 -	62,699	3,726	65,150 -	65,199	3,939	67,650 -	67,699	4,151
	60,200 -	60,249	3,518	62,700 -	62,749	3,731	65,200 -	65,249	3,943	67,700 -	67,749	4,156
	60,250 -	60,299	3,522	62,750 -	62,799	3,735	65,250 -	65,299	3,947	67,750 -	67,799	4,160
	60,300 -	60,349	3,527	62,800 -	62,849	3,739	65,300 -	65,349	3,952	67,800 -	67,849	4,164
	60,350 -	60,399	3,531	62,850 -	62,899	3,743	65,350 -	65,399	3,956	67,850 -	67,899	4,168
	60,400 -	60,449	3,535	62,900 -	62,949	3,748	65,400 -	65,449	3,960	67,900 -	67,949	4,173
	60,450 -	60,499	3,539	62,950 -	62,999	3,752	65,450 -	65,499	3,964	67,950 -	67,999	4,177
	60,500 -	60,549	3,544	\$63,000 -	63,049	\$3,756	65,500 -	65,549	3,969	\$68,000 -	68,049	\$4,181
	60,550 -	60,599	3,548	63,050 -	63,099	3,760	65,550 -	65,599	3,973	68,050 -	68,099	4,185
	60,600 -	60,649	3,552	63,100 -	63,149	3,765	65,600 -	65,649	3,977	68,100 -	68,149	4,190
	60,650 -	60,699	3,556	63,150 -	63,199	3,769	65,650 -	65,699	3,981	68,150 -	68,199	4,194
	60,700 -	60,749	3,561	63,200 -	63,249	3,773	65,700 -	65,749	3,986	68,200 -	68,249	4,198
	60,750 -	60,799	3,565	63,250 -	63,299	3,777	65,750 -	65,799	3,990	68,250 -	68,299	4,202
	60,800 -	60,849	3,569	63,300 -	63,349	3,782	65,800 -	65,849	3,994	68,300 -	68,349	4,207
	60,850 -	60,899	3,573	63,350 -	63,399	3,786	65,850 -	65,899	3,998	68,350 -	68,399	4,211
	60,900 -	60,949	3,578	63,400 -	63,449	3,790	65,900 -	65,949	4,003	68,400 -	68,449	4,215
	60,950 -	60,999	3,582	63,450 -	63,499	3,794	65,950 -	65,999	4,007	68,450 -	68,499	4,219
ł	\$61,000 -	61,049	\$3,586	63,500 -	63,549	3,799	\$66,000 -	66,049	\$4,011	68,500 -	68,549	4,224
	61,050 -	61,099	3,590	63,550 -	63,599	3,803	66,050 -	66,099	4,015	68,550 -	68,599	4,228
	61,100 -	61,149	3,595	63,600 -	63,649	3,807	66,100 -	66,149	4,020	68,600 -	68,649	4,232
	61,150 -	61,199	3,599	63,650 -	63,699	3,811	66,150 -	66,199	4,024	68,650 -	68,699	4,236
	61,200 -	61,249	3,603	63,700 -	63,749	3,816	66,200 -	66,249	4,028	68,700 -	68,749	4,241
	61,250 -	61,299	3,607	63,750 -	63,799	3,820	66,250 -	66,299	4,032	68,750 -	68,799	4,245
	61,300 -	61,349	3,612	63,800 -	63,849	3,824	66,300 -	66,349	4,037	68,800 -	68,849	4,249
	61,350 -	61,399	3,616	63,850 -	63,899	3,828	66,350 -	66,399	4,041	68,850 -	68,899	4,253
	61,400 -	61,449	3,620	63,900 -	63,949	3,833	66,400 -	66,449	4,045	68,900 -	68,949	4,258
	61,450 -	61,499	3,624	63,950 -	63,999	3,837	66,450 -	66,499	4,049	68,950 -	68,999	4,262
	61,500 -	61,549	3,629	\$64,000 -	64,049	\$3,841	66,500 -	66,549	4,054	\$69,000 -	69,049	\$4,266
	61,550 -	61,599	3,633	64,050 -	64,099	3,845	66,550 -	66,599	4,058	69,050 -	69,099	4,270
	61,600 -	61,649	3,637	64,100 -	64,149	3,850	66,600 -	66,649	4,062	69,100 -	69,149	4,275
	61,650 -	61,699	3,641	64,150 -	64,199	3,854	66,650 -	66,699	4,066	69,150 -	69,199	4,279
	61,700 -	61,749	3,646	64,200 -	64,249	3,858	66,700 -	66,749	4,071	69,200 -	69,249	4,283
	61,750 -	61,799	3,650	64,250 -	64,299	3,862	66,750 -	66,799	4,075	69,250 -	69,299	4,287
	61,800 -	61,849	3,654	64,300 -	64,349	3,867	66,800 -	66,849	4,079	69,300 -	69,349	4,292
	61,850 -	61,899	3,658	64,350 -	64,399	3,871	66,850 -	66,899	4,083	69,350 -	69,399	4,296
	61,900 -	61,949	3,663	64,400 -	64,449	3,875	66,900 -	66,949	4,088	69,400 -	69,449	4,300
	61,950 -	61,999	3,667	64,450 -	64,499	3,879	66,950 -	66,999	4,092	69,450 -	69,499	4,304
1	\$62,000 -	62,049	\$3,671	64,500 -	64,549	3,884	\$67,000 -	67,049	\$4,096	69,500 -	69,549	4,309
	62,050 -	62,099	3,675		64,599	3,888	67,050 -	67,099	4,100	69,550 -	69,599	4,313
	62,100 -	62,149	3,680	64,600 -	64,649	3,892	67,100 -	67,149	4,105	69,600 -	69,649	4,317
	62,150 -	62,199	3,684	64,650 -	64,699	3,896	67,150 -	67,199	4,109	69,650 -	69,699	4,321
	62,200 -	62,249	3,688	64,700 -	64,749	3,901	67,200 -	67,249	4,113	69,700 -	69,749	4,326
	62,250 -	62,299	3,692	64,750 -	64,799	3,905	67,250 -	67,299	4,117	69,750 -	69,799	4,330
	62,300 -	62,349	3,697	64,800 -	64,849	3,909	67,300 -	67,349	4,122	69,800 -	69,849	4,334
	62,350 -	62,399	3,701	64,850 -	64,899	3,913	67,350 -	67,399	4,126	69,850 -	69,899	4,338
	62,400 -	62,449	3,705	64,900 -	64,949	3,918	67,400 -	67,449	4,130	69,900 -	69,949	4,343
	62,450 -	62,499	3,709	64,950 -	64,999	3,922	67,450 -	67,499	4,134	69,950 -	69,999	4,347

70,050 -70,0994,35572,550 -72,5994,56875,050 -75,0994,78077,550 -770,100 -70,1494,36072,600 -72,6494,57275,100 -75,1494,78577,600 -770,150 -70,1994,36472,650 -72,6994,57675,150 -75,1994,78977,650 -770,200 -70,2494,36872,700 -72,7494,58175,200 -75,2494,79377,700 -770,250 -70,2994,37272,750 -72,7994,58575,250 -75,2994,79777,750 -770,300 -70,3494,37772,800 -72,8494,58975,300 -75,3494,80277,800 -770,350 -70,3994,38172,850 -72,9494,59375,350 -75,3994,80677,850 -770,400 -70,4494,38572,900 -72,9494,59875,400 -75,4494,81077,900 -770,450 -70,4994,38972,950 -72,9994,60275,450 -75,4994,81477,950 -7	7,549 \$4,989 7,599 4,993 7,649 4,997 7,699 5,001 7,749 5,006 7,799 5,010 7,849 5,014 7,899 5,018 7,999 5,023 7,999 5,027 3,049 \$5,031 3,099 5,035
70,050 -70,0994,35572,550 -72,5994,56875,050 -75,0994,78077,550 -7770,100 -70,1494,36072,600 -72,6494,57275,100 -75,1494,78577,600 -7770,150 -70,1994,36472,650 -72,6994,57675,150 -75,1994,78977,650 -7770,200 -70,2494,36872,700 -72,7494,58175,200 -75,2494,79377,700 -7770,250 -70,2994,37272,750 -72,7994,58575,250 -75,2994,79777,750 -7770,300 -70,3494,37772,800 -72,8494,58975,300 -75,3494,80277,800 -7770,350 -70,3994,38172,850 -72,9994,59375,350 -75,3994,80677,850 -7770,400 -70,4494,38572,900 -72,9494,59875,400 -75,4494,81077,900 -7770,450 -70,4994,38972,950 -72,9994,60275,450 -75,4994,81477,950 -77	7,5994,9937,6494,9977,6995,0017,7495,0067,7995,0107,8495,0147,8995,0187,9495,0237,9995,0273,049\$5,031
70,100 -70,1494,36072,600 -72,6494,57275,100 -75,1494,78577,600 -7770,150 -70,1994,36472,650 -72,6994,57675,150 -75,1994,78977,650 -7770,200 -70,2494,36872,700 -72,7494,58175,200 -75,2494,79377,700 -7770,250 -70,2994,37272,750 -72,7994,58575,250 -75,2994,79777,750 -7770,300 -70,3494,37772,800 -72,8494,58975,300 -75,3494,80277,800 -7770,350 -70,3994,38172,850 -72,9994,59375,350 -75,3994,80677,850 -7770,400 -70,4494,38572,900 -72,9494,59875,400 -75,4494,81077,900 -7770,450 -70,4994,38972,950 -72,9994,60275,450 -75,4994,81477,950 -77	7,6494,9977,6995,0017,7495,0067,7995,0107,8495,0147,8995,0187,9495,0237,9995,0273,049\$5,031
70,150 -70,1994,36472,650 -72,6994,57675,150 -75,1994,78977,650 -770,200 -70,2494,36872,700 -72,7494,58175,200 -75,2494,79377,700 -770,250 -70,2994,37272,750 -72,7994,58575,250 -75,2994,79777,750 -770,300 -70,3494,37772,800 -72,8494,58975,300 -75,3494,80277,800 -770,350 -70,3994,38172,850 -72,8994,59375,350 -75,3994,80677,850 -770,400 -70,4494,38572,900 -72,9494,59875,400 -75,4494,81077,900 -770,450 -70,4994,38972,950 -72,9994,60275,450 -75,4994,81477,950 -7	7,6995,0017,7495,0067,7995,0107,8495,0147,8995,0187,9495,0237,9995,0273,049\$5,031
70,200 -70,2494,36872,700 -72,7494,58175,200 -75,2494,79377,700 -770,250 -70,2994,37272,750 -72,7994,58575,250 -75,2994,79777,750 -770,300 -70,3494,37772,800 -72,8494,58975,300 -75,3494,80277,800 -770,350 -70,3994,38172,850 -72,9494,59375,350 -75,3994,80677,850 -770,400 -70,4494,38572,900 -72,9494,59875,400 -75,4494,81077,900 -770,450 -70,4994,38972,950 -72,9994,60275,450 -75,4994,81477,950 -7	7,7495,0067,7995,0107,8495,0147,8995,0187,9495,0237,9995,0273,049\$5,031
70,250 -70,2994,37272,750 -72,7994,58575,250 -75,2994,79777,750 -7770,300 -70,3494,37772,800 -72,8494,58975,300 -75,3494,80277,800 -7770,350 -70,3994,38172,850 -72,8994,59375,350 -75,3994,80677,850 -7770,400 -70,4494,38572,900 -72,9494,59875,400 -75,4494,81077,900 -7770,450 -70,4994,38972,950 -72,9994,60275,450 -75,4994,81477,950 -77	7,7995,0107,8495,0147,8995,0187,9495,0237,9995,0273,049\$5,031
70,300 -70,3494,37772,800 -72,8494,58975,300 -75,3494,80277,800 -7770,350 -70,3994,38172,850 -72,8994,59375,350 -75,3994,80677,850 -7770,400 -70,4494,38572,900 -72,9494,59875,400 -75,4494,81077,900 -7770,450 -70,4994,38972,950 -72,9994,60275,450 -75,4994,81477,950 -77	7,8495,0147,8995,0187,9495,0237,9995,0273,049\$5,031
70,350 -70,3994,38172,850 -72,8994,59375,350 -75,3994,80677,850 -770,400 -70,4494,38572,900 -72,9494,59875,400 -75,4494,81077,900 -770,450 -70,4994,38972,950 -72,9994,60275,450 -75,4994,81477,950 -7	7,8995,0187,9495,0237,9995,0273,049\$5,031
70,400 -70,4494,38572,900 -72,9494,59875,400 -75,4494,81077,900 -770,450 -70,4994,38972,950 -72,9994,60275,450 -75,4994,81477,950 -7	7,949 5,023 7,999 5,027 3,049 \$5,031
70,450 - 70,499 4,389 72,950 - 72,999 4,602 75,450 - 75,499 4,814 77,950 - 7	7,999 5,027 3,049 \$5,031
	3,049 \$5,031
70,500 - 70,549 4,394 \$73,000 - 73,049 \$4,606 75,500 - 75,549 4,819 \$78,000 74	
10,000 - 10,040 - 10,	3 099 5 035
70,550 - 70,599 4,398 73,050 - 73,099 4,610 75,550 - 75,599 4,823 78,050 - 74	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
70,600 - 70,649 4,402 73,100 - 73,149 4,615 75,600 - 75,649 4,827 78,100 - 74	3,149 5,040
70,650 - 70,699 4,406 73,150 - 73,199 4,619 75,650 - 75,699 4,831 78,150 - 74	3,199 5,044
70,700 - 70,749 4,411 73,200 - 73,249 4,623 75,700 - 75,749 4,836 78,200 - 74	3,249 5,048
70,750 - 70,799 4,415 73,250 - 73,299 4,627 75,750 - 75,799 4,840 78,250 - 76	3,299 5,052
70,800 - 70,849 4,419 73,300 - 73,349 4,632 75,800 - 75,849 4,844 78,300 - 74	3,349 5,057
70,850 - 70,899 4,423 73,350 - 73,399 4,636 75,850 - 75,899 4,848 78,350 - 74	3,399 5,061
70,900 - 70,949 4,428 73,400 - 73,449 4,640 75,900 - 75,949 4,853 78,400 - 74	3,449 5,065
70,950 - 70,999 4,432 73,450 - 73,499 4,644 75,950 - 75,999 4,857 78,450 - 74	3,499 5,069
	3,549 5,074
	3,599 5,078
	3,649 5,082
	3,699 5,086
	3,749 5,091
	3,799 5,095
71,300 - 71,349 4,462 73,800 - 73,849 4,674 76,300 - 76,349 4,887 78,800 - 74	3,849 5,099
71,350 - 71,399 4,466 73,850 - 73,899 4,678 76,350 - 76,399 4,891 78,850 - 74	3,899 5,103
	3,949 5,108
71,450 - 71,499 4,474 73,950 - 73,999 4,687 76,450 - 76,499 4,899 78,950 - 74	3,999 5,112
71,500 - 71,549 4,479 \$74,000 - 74,049 \$ 4,691 76,500 - 76,549 4,904 \$79,000 - 75	9,049 \$5,116
71,550 - 71,599 4,483 74,050 - 74,099 4,695 76,550 - 76,599 4,908 79,050 - 75	9,099 5,120
71,600 - 71,649 4,487 74,100 - 74,149 4,700 76,600 - 76,649 4,912 79,100 - 75	9,149 5,125
71,650 - 71,699 4,491 74,150 - 74,199 4,704 76,650 - 76,699 4,916 79,150 - 75	9,199 5,129
71,700 - 71,749 4,496 74,200 - 74,249 4,708 76,700 - 76,749 4,921 79,200 - 75	9,249 5,133
71,750 - 71,799 4,500 74,250 - 74,299 4,712 76,750 - 76,799 4,925 79,250 - 75	9,299 5,137
	9,349 5,142
	9,399 5,146
71,900 - 71,949 4,513 74,400 - 74,449 4,725 76,900 - 76,949 4,938 79,400 - 75	9,449 5,150
	9,499 5,154
	9,549 5,159
	9,599 5,163
	9,649 5,167
	9,699 5,171
	9,749 5,176
	9,799 5,180
	9,849 5,184
	9,899 5,188
	9,949 5,193
	9,999 5,197

Taxable income		mount of tax	Taxable income		Amount of tax	Taxable income		mount of tax	Taxable income		Amount of tax
\$80,000 - 82,499			\$82,500 - 84,9	99		\$85,000 - 87,49	9		\$87,500 - 89,9	99	
· · · ·	80,049	\$5,201	\$82,500 -	82,549	\$5,414	\$85,000 -	85,049	\$5,626	\$87,500 -	87,549	\$5,839
80,050 -	80,099	5,205	82,550 -	82,599	5,418	85,050 -	85,099	5,630	87,550 -	87,599	5,843
	80,149	5,210	82,600 -	82,649	5,422	85,100 -	85,149	5,635	87,600 -	87,649	5,847
80,150 -	80,199	5,214	82,650 -	82,699	5,426	85,150 -	85,199	5,639	87,650 -	87,699	5,851
80,200 -	80,249	5,218	82,700 -	82,749	5,431	85,200 -	85,249	5,643	87,700 -	87,749	5,856
80,250 -	80,299	5,222	82,750 -	82,799	5,435	85,250 -	85,299	5,647	87,750 -	87,799	5,860
80,300 -	80,349	5,227	82,800 -	82,849	5,439	85,300 -	85,349	5,652	87,800 -	87,849	5,864
80,350 -	80,399	5,231	82,850 -	82,899	5,443	85,350 -	85,399	5,656	87,850 -	87,899	5,868
80,400 -	80,449	5,235	82,900 -	82,949	5,448	85,400 -	85,449	5,660	87,900 -	87,949	5,873
	80,499	5,239	82,950 -	82,999	5,452	85,450 -	85,499	5,664	87,950 -	87,999	5,877
80,500 -	80,549	5,244	\$83,000 -	83,049	\$5,456	85,500 -	85,549	5,669	\$88,000 -	88,049	\$5,881
80,550 -	80,599	5,248	83,050 -	83,099	5,460	85,550 -	85,599	5,673	88,050 -	88,099	5,885
	80,649	5,252	83,100 -	83,149	5,465	85,600 -	85,649	5,677	88,100 -	88,149	5,890
80,650 -	80,699	5,256	83,150 -	83,199	5,469	85,650 -	85,699	5,681	88,150 -	88,199	5,894
80,700 -	80,749	5,261	83,200 -	83,249	5,473	85,700 -	85,749	5,686	88,200 -	88,249	5,898
80,750 -	80,799	5,265	83,250 -	83,299	5,477	85,750 -	85,799	5,690	88,250 -	88,299	5,902
80,800 -	80,849	5,269	83,300 -	83,349	5,482	85,800 -	85,849	5,694	88,300 -	88,349	5,907
80,850 -	80,899	5,273	83,350 -	83,399	5,486	85,850 -	85,899	5,698	88,350 -	88,399	5,911
80,900 -	80,949	5,278	83,400 -	83,449	5,490	85,900 -	85,949	5,703	88,400 -	88,449	5,915
80,950 -	80,999	5,282	83,450 -	83,499	5,494	85,950 -	85,999	5,707	88,450 -	88,499	5,919
\$81,000 -	81,049	\$5,286	83,500 -	83,549	5,499	86,000 -	86,049	\$5,711	88,500 -	88,549	5,924
81,050 -	81,099	5,290	83,550 -	83,599	5,503	86,050 -	86,099	5,715	88,550 -	88,599	5,928
81,100 -	81,149	5,295	83,600 -	83,649	5,507	86,100 -	86,149	5,720	88,600 -	88,649	5,932
81,150 -	81,199	5,299	83,650 -	83,699	5,511	86,150 -	86,199	5,724	88,650 -	88,699	5,936
81,200 -	81,249	5,303	83,700 -	83,749	5,516	86,200 -	86,249	5,728	88,700 -	88,749	5,941
81,250 -	81,299	5,307	83,750 -	83,799	5,520	86,250 -	86,299	5,732	88,750 -	88,799	5,945
81,300 -	81,349	5,312	83,800 -	83,849	5,524	86,300 -	86,349	5,737	88,800 -	88,849	5,949
81,350 -	81,399	5,316	83,850 -	83,899	5,528	86,350 -	86,399	5,741	88,850 -	88,899	5,953
	81,449	5,320	83,900 -	83,949	5,533	86,400 -	86,449	5,745	88,900 -	88,949	5,958
	81,499	5,324	83,950 -	83,999	5,537	86,450 -	86,499	5,749	88,950 -	88,999	5,962
	81,549	5,329	\$84,000 -	84,049	\$5,541	86,500 -	86,549	5,754	\$89,000 -	89,049	\$5,966
	81,599	5,333	84,050 -	84,099	5,545	86,550 -	86,599	5,758	89,050 -	89,099	5,970
	81,649	5,337	84,100 -	84,149	5,550	86,600 -	86,649	5,762	89,100 -	89,149	5,975
	81,699	5,341	84,150 -	84,199	5,554	86,650 -	86,699	5,766	89,150 -	89,199	5,979
	81,749	5,346	84,200 -	84,249	5,558	86,700 -	86,749	5,771	89,200 -	89,249	5,983
	81,799	5,350	84,250 -	84,299	5,562	86,750 -	86,799	5,775	89,250 -	89,299	5,987
	81,849	5,354	84,300 -	84,349	5,567	86,800 -	86,849	5,779	89,300 -	89,349	5,992
	81,899	5,358	84,350 -	84,399	5,571	86,850 -	86,899	5,783	89,350 -	89,399	5,996
	81,949	5,363	84,400 -		5,575	86,900 -	86,949	5,788	89,400 -	89,449	6,000
	81,999	5,367	84,450 -	84,499	5,579	86,950 -	86,999	5,792	89,450 -	89,499	6,004
	82,049	\$5,371		84,549	5,584	\$87,000 -	87,049	\$5,796	89,500 -	89,549	6,009
82,050 -	82,099	5,375	84,550 -	84,599	5,588	87,050 -	87,099	5,800	89,550 -	89,599	6,013
	82,149	5,380	84,600 -	84,649	5,592	87,100 -	87,149	5,805	89,600 -	89,649	6,017
	82,199	5,384	84,650 -	84,699	5,596	87,150 -	87,199	5,809	89,650 -	89,699	6,021
	82,249	5,388	84,700 -	84,749	5,601	87,200 -	87,249	5,813	89,700 -	89,749	6,026
	82,299	5,392	84,750 -	84,799	5,605	87,250 -	87,299	5,817	89,750 -	89,799	6,030
	82,349	5,397	84,800 -	84,849	5,609	87,300 -	87,349	5,822	89,800 -	89,849	6,034
	82,399	5,401	84,850 -	84,899	5,613	87,350 -	87,399	5,826	89,850 -	89,899	6,038
	82,449	5,405		84,949	5,618	87,400 -	87,449	5,830	89,900 -	89,949	6,043
82,450 -	82,499	5,409	84,950 -	84,999	5,622	87,450 -	87,499	5,834	89,950 -	89,999	6,047

\$90.0												Amount of tax
ψυυ,υ	00 - 92,499			\$92,500 - 94,9	99		\$95,000 - 97,49	9		\$97,500 - \$99,	999	
\$9	0,000 -	90,049	6,051	\$92,500 -	92,549	\$6,264	\$95,000 -	95,049	\$6,476	\$97,500 -	97,549	\$6,689
9	0,050 -	90,099	6,055	92,550 -	92,599	6,268	95,050 -	95,099	6,480	97,550 -	97,599	6,693
9	0,100 -	90,149	6,060	92,600 -	92,649	6,272	95,100 -	95,149	6,485	97,600 -	97,649	6,697
9	0,150 -	90,199	6,064	92,650 -	92,699	6,276	95,150 -	95,199	6,489	97,650 -	97,699	6,701
9	0,200 -	90,249	6,068	92,700 -	92,749	6,281	95,200 -	95,249	6,493	97,700 -	97,749	6,706
9	0,250 -	90,299	6,072	92,750 -	92,799	6,285	95,250 -	95,299	6,497	97,750 -	97,799	6,710
9	0,300 -	90,349	6,077	92,800 -	92,849	6,289	95,300 -	95,349	6,502	97,800 -	97,849	6,714
9	0,350 -	90,399	6,081	92,850 -	92,899	6,293	95,350 -	95,399	6,506	97,850 -	97,899	6,718
9	0,400 -	90,449	6,085	92,900 -	92,949	6,298	95,400 -	95,449	6,510	97,900 -	97,949	6,723
9	0,450 -	90,499	6,089	92,950 -	92,999	6,302	95,450 -	95,499	6,514	97,950 -	97,999	6,727
9	0,500 -	90,549	6,094	\$93,000 -	93,049	\$6,306	95,500 -	95,549	6,519	\$98,000 -	98,049	\$6,731
9	0,550 -	90,599	6,098	93,050 -	93,099	6,310	95,550 -	95,599	6,523	98,050 -	98,099	6,735
9	0,600 -	90,649	6,102	93,100 -	93,149	6,315	95,600 -	95,649	6,527	98,100 -	98,149	6,740
9	0,650 -	90,699	6,106	93,150 -	93,199	6,319	95,650 -	95,699	6,531	98,150 -	98,199	6,744
9	0,700 -	90,749	6,111	93,200 -	93,249	6,323	95,700 -	95,749	6,536	98,200 -	98,249	6,748
9	0,750 -	90,799	6,115	93,250 -	93,299	6,327	95,750 -	95,799	6,540	98,250 -	98,299	6,752
9	0,800 -	90,849	6,119	93,300 -	93,349	6,332	95,800 -	95,849	6,544	98,300 -	98,349	6,757
	0,850 -	90,899	6,123	93,350 -	93,399	6,336	95,850 -	95,899	6,548	98,350 -	98,399	6,761
	0,900 -	90,949	6,128	93,400 -	93,449	6,340	95,900 -	95,949	6,553	98,400 -	98,449	6,765
	0,950 -	90,999	6,132	93,450 -	93,499	6,344	95,950 -	95,999	\$6,557	98,450 -	98,499	6,769
	1,000 -	91,049	\$6,136	93,500 -	93,549	6,349	\$96,000 -	96,049	\$6,561	98,500 -	98,549	6,774
	1,050 -	91,099	6,140	93,550 -	93,599	6,353	96,050 -	96,099	6,565	98,550 -	98,599	6,778
	1.100 -	91,149	6,145	93,600 -	93,649	6,357	96,100 -	96,149	6,570	98,600 -	98,649	6,782
9	1,150 -	91,199	6,149	93,650 -	93,699	6,361	96,150 -	96,199	6,574	98,650 -	98,699	6,786
	1,200 -	91,249	6,153	93,700 -	93,749	6,366	96,200 -	96,249	6,578	98,700 -	98,749	6,791
	1,250 -	91,299	6,157	93,750 -	93,799	6,370	96,250 -	96,299	6,582	98,750 -	98,799	6,795
	1,300 -	91,349	6,162	93,800 -	93,849	6,374	96,300 -	96,349	6,587	98,800 -	98,849	6,799
	1,350 -	91,399	6,166	93,850 -	93,899	6,378	96,350 -	96,399	6,591	98,850 -	98,899	6,803
	1,400 -	91,449	6,170	93,900 -	93,949	6,383	96,400 -	96,449	6,595	98,900 -	98,949	6,808
	1,450 -	91,499	6,174	93,950 -	93,999	6,387	96,450 -	96,499	6,599	98,950 -	98,999	6,812
	1,500 -	91,549	6,179	\$94,000 -	94,049	\$6,391	96,500 -	96,549	6,604	\$99,000 -	99,049	\$6,816
	1,550 -	91,599	6,183	94,050 -	94,099	6,395	96,550 -	96,599	6,608	99,050 -	99,099	6,820
	1,600 -	91,649	6,187	94,100 -	94,149	6,400	96,600 -	96,649	6,612	99,100 -	99,149	6,825
	1,650 -	91,699	6,191	94,150 -	94,199	6,404	96,650 -	96,699	6,616	99,150 -	99,199	6,829
9	1,700 -	91,749	6,196	94,200 -	94,249	6,408	96,700 -	96,749	6,621	99,200 -	99,249	6,833
	1,750 -	91,799	6,200	94,250 -	94,299	6,412	96,750 -	96,799	6,625	99,250 -	99,299	6,837
9	1,800 -	91,849	6,204	94,300 -	94,349	6,417	96,800 -	96,849	6,629	99,300 -	99,349	6,842
	1,850 -	91,899	6,208	94,350 -	94,399	6,421	96,850 -	96,899	6,633	99,350 -	99,399	6,846
	1,900 -	91,949	6,213	94,400 -	94,449	6,425	96,900 -	96,949	6,638	99,400 -	99,449	6,850
	1,950 -	91,999	6,217	94,450 -	94,499	6,429	96,950 -	96,999	6,642	99,450 -	99,499	6,854
\$9	2,000 -	92,049	\$6,221	94,500 -	94,549	6,434	\$97,000 -	97,049	\$6,646	99,500 -	99,549	6,859
9	2,050 -	92,099	6,225	94,550 -	94,599	6,438	97,050 -	97,099	6,650	99,550 -	99,599	6,863
9	2,100 -	92,149	6,230	94,600 -	94,649	6,442	97,100 -	97,149	6,655	99,600 -	99,649	6,867
9		92,199	6,234	94,650 -	94,699	6,446	97,150 -	97,199	6,659	99,650 -	99,699	6,871
9	2,200 -	92,249	6,238	94,700 -	94,749	6,451	97,200 -	97,249	6,663	99,700 -	99,749	6,876
	2,250 -	92,299	6,242	94,750 -	94,799	6,455	97,250 -	97,299	6,667	99,750 -	99,799	6,880
	2,300 -	92,349	6,247	94,800 -	94,849	6,459	97,300 -	97,349	6,672	99,800 -	99,849	6,884
	2,350 -	92,399	6,251	94,850 -	94,899	6,463	97,350 -	97,399	6,676	99,850 -	99,899	6,888
	2,400 -	92,449	6,255	94,900 -	94,949	6,468	97,400 -	97,449	6,680	99,900 -	99,949	6,893
	2,450 -	92,499	6,259	94,950 -	94,999	6,472	97,450 -	97,499	6,684	99,950 -	99,999	6,897
										100,000 -		\$ 6,901



Save for tuition and save on taxes.



Qualified distributions can help pay for:

- Tuition at eligible higher education institutions nationwide¹
- Certain room & board costs
- Computers and laptops
- Books and other tools, if required by the school
- K-12 Tuition²
- Loan Repayment up to \$10,000 lifetime³
- Apprenticeship programs⁴



Special tax deduction for DC residents

DC taxpayers can deduct up to \$8,000 for married or domestic couples filing jointly, who have separate accounts, (\$4,000 for individuals) when they contribute to their DC College Savings Plan account.⁵

Learn more at dccollegesavings.com/tax or 1.800.987.4859.

¹Earnings on non-qualified withdrawals may be subject to federal income tax and a 10% federal penalty tax, as well as state and local income taxes and recapture of DC tax deductions. Tax and other benefits are contingent on meeting other requirements and certain withdrawals are subject to federal, state, and local taxes. ²K-12 tuition expenses at a private public or participal school (up to \$10,000 per year per student).

² K-12 tuition expenses at a private, public or parochial school (up to \$10,000 per year per student.)

³ If you make an education loan repayment from your Account, you may not also take a federal income tax deduction for any interest included in that education loan repayment. ⁴ The apprenticeship program must be registered and certified with the Secretary of Labor under the National Apprenticeship Act.

⁵ Contributions by DC taxpayers in excess of the annual limit may carry forward the excess of five (5) years and may be deducted in future years on their DC tax return. If a participant makes a non-qualified withdrawal or a transfer/rollover to another state's program within two (2) years of opening the account, the amount of the deduction is "recaptured" and must be included in the participant's District of Columbia income.

Before you invest, consider whether your or the beneficiary's home state offers any state tax or other state benefits such as financial aid, scholarship funds, and protection from creditors that that are only available for investments in that state's qualified tuition program.

For more information about The DC College Savings Plan ("The Plan"), call 800.987.4859, or visit dccollegesavings. com to obtain a Program Disclosure Booklet, which includes investment objectives, risks, charges, expenses, and other important information; read and consider it carefully before investing.

The Plan is administered by the District of Columbia Office of the Chief Financial Officer, Office of Finance and Treasury. Ascensus College Savings Recordkeeping Services, LLC, the Program Manager, and its affiliates, have overall responsibility for the day-to-day operations, including recordkeeping and administrative services. Ascensus Investment Advisors, LLC serves as the Investment Manager.

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Need assistance?

File or pay online: MyTax.DC.gov.

Get tax forms

To download DC tax forms visit DC Tax Forms/Publications.

Request forms by mail: 202-727-4829

Pick up forms:

Office of Tax and Revenue 1101 4th St SW 2nd Floor 8:15 am-5:30 pm Reeves Center 2000 14th St NW Lobby 7 am-7 pm

One Judiciary Square 441 4th St NW Lobby 7 am-7 pm Wilson Building 1350 Pennsylvania Av NW Lobby 7 am–7 pm Municipal Center 300 Indiana Av NW Lobby 6:30 am–8 pm

DC Public Library https://www.dclibrary.org/planvisit

Ask tax questions

Contact our Customer Service Administration: 202-727-4TAX (4829) Hours: 8:15 am-5:30 pm, Monday-Friday

Visit our Walk-in Center / Pick up forms

1101 4th St SW, 2nd Floor Hours: 9:00 am-4:00 pm, Monday-Friday

Are you unable to hear or speak? Call the DC Relay Service, 202-727-3363.

[Spanish] Si necesita ayuda en Español, por favor llame al <u>(202) 727-4829</u> para proporcionarle un intérprete <u>de manera gratuita</u>.

[Vietnamese] Nếu quý vị cần giúp đỡ về tiếng Việt, xin gọi <u>(202) 727-4829</u> để chúng tôi thu xếp có thông dịch viên đến giúp quý vị <u>miễn phí</u>.

[French] Si vous avez besoin d'aide en Français appelez-le <u>(202) 727-4829</u> et l'assistance d'un interprète vous sera <u>fournie gratuitement</u>.

[Amharic] በአማርኛ እርዳታ ከሌለጉ በ <u>(202) 727-4829</u> ይደውሉ። የ<u>ነፃ</u> አስተርንሚ ይመደብልዎታል።

[Korean] 한국어로 언어 지원이 필요하신 경우 <u>(202) 727-4829</u> 로 연락을 주시면 <u>무료로</u> 통역이 제공됩니다.

[Chinese] 如果您需要用(中文)接受幫助,請電洽 (202) 727-4829 將 発費 向您提供口譯員服務。