

2005 D-40 SUB Individual Income Tax Return



0 5 0 4 0 0 4 1 0 0 0 0

Leave lines blank that do not apply to you.

Personal information

Mark if [X] Amended return
Mark if [X] Filing for a deceased taxpayer

OFFICIAL USE ONLY

Your social security number 123456789
Spouse's social security number 123456789
Your daytime phone number 1234567890

Your first name ABCDEFGHIJKLMNOP
M.I. A Last name ABCDEFGHIJKLMNOP

Spouse's first name ABCDEFGHIJKLMNOP
M.I. A Last name ABCDEFGHIJKLMNOP

Mark if [X] this is your first return or if your address is different from your last return.

Home address (number and street) If foreign address use Sched S. Apartment number
12345ABCDEF... 12ABC
ABCDEFGHIJKL...

City State Zipcode
ABCDEFGHIJKL... AB 123456789

2D BARCODE

Filing status

- 1 Mark only one: [X] Single [X] Married filing jointly [X] Married filing separately [X] Dependent claimed by someone else
[X] Married filing separately on same return
[X] Head of household
2 Mark if you are: [X] Part-year resident

Income Information

Copy the amounts for Lines 3 -12 from your federal return.
Some income lines on your federal return may not need to be copied.

Round cents to the nearest dollar.
If amount is zero, leave the line blank.

Table with 3 columns: Line number, Description, Amount. Includes lines 3-11 for various income types like Wages, interest, dividends, etc.

Computation of DC Adjusted Gross Income

Table with 3 columns: Line number, Description, Amount. Includes lines 12-16 for the final adjusted gross income calculation.

Enter your last name **ABCDEFGHIJKLMABCDEFGHIJ**  
Enter your SSN **123456789**



**DC adjusted gross income** Enter adjusted gross income from Line 16 (from page 1). Mark if loss:  16 \$ 123456789 .00

**17 Deduction type** Take the same type of deduction as you took on your 1040.  
Mark which type:  **Standard** See instructions for amount to enter on Line 18.  
 **Itemized** Attach copy of federal Sch A; attach DC Sch S, enter on Line 18.

**18 DC deduction amount** Do not copy from federal form. For amount to enter, see instructions. 18 \$ 123456789 .00

**19 Number of exemptions** If more than 1 (more than 2 if filing jointly), attach Calculation G, Schedule S. 19 00  
Also, if you or your spouse are over 65 or blind, complete and attach Calculation G, Schedule S.

**20 Exemption amount** Multiply \$1,370 by line 19. Part-year residents use Calculation H. 20 \$ 123456789 .00

**21 Add Lines 18 and 20.** 21 \$ 123456789 .00

**22 Taxable income** Subtract Line 21 from Line 16. If Line 21 is more than Line 16, leave blank. Mark if loss:  22 \$ 123456789 .00

**DC tax, credits and payments**

**23 Tax** If Line 22 is \$100,000 or less, use tax tables on pages 49-58. If more, use Calculation I, page 11. 23 \$ 123456789 .00  
Mark  **if married filing separately on same return.** Complete Calculation J on Schedule S.

**24 Out-of-state tax credit** From Calculation K. Attach copy of state return. State **AB** 24 12345 .00

**25 Credit for child and dependent care expenses** Enter from fed. 2441, line 9 or 1040A, Sch. 2 amount      x.32 > 25 12345 .00  
Attach copy of federal Form 2441 or 1040A, Sch. 2; if part-year DC resident, attach DC Form D-2441.

**26 DC police first time homebuyer credit** 26 12345 .00

**27 DC Low Income Credit** Complete calculation L, page 12, attach a copy of your 1040, 1040A or 1040EZ 27 12345 .00

**28 Total non-refundable credits** Add Lines 24 - 27. 28 12345 .00

**29 Total tax** Subtract line 28 from line 23. If line 23 is less than line 28, leave blank. 29 \$ 123456789 .00

**30 Property tax credit** Attach DC Schedule H. 30 12345 .00

**31 DC Earned Income Tax Credit** Enter your federal EIC **\$1234 .00** x **.35** = 31 12345 .00  
Complete calculation L, page 12, attach a copy of your federal return.

**32 DC income tax withheld** From Forms W-2 and 1099. Attach correct copies. 32 \$ 123456789 .00

**33 2005 estimated income tax payments** 33 \$ 123456789 .00

**34 Payments made with an extension of time to file** (or with original return if this is an amended return) 34 \$ 123456789 .00

**35 Total payments and refundable credits** Add lines 30 - 34. 35 \$ 123456789 .00

**Your refund** Complete only if Line 35 is more than Line 29      **Amount you owe** Complete only if Line 35 is less than Line 29.

<b>36 Amount you overpaid</b> Subtract Line 29 from Line 35. 36 \$ 123456 .00	<b>41 Tax due</b> Subtract Line 35 from Line 29. 41 \$ 123456 .00
<b>37 Amount you want to apply to your 2006 estimated tax</b> 37 \$ 123456 .00	<b>42 Contribution to the Public Trust for Drug Prevention and Children at Risk</b> 42 \$ 123456 .00
<b>38 Contribution to the Public Trust for Drug Prevention and Children at Risk</b> 38 \$ 123456 .00	<b>43 Total amount due</b> Add Lines 41 and 42. 43 \$ 123456 .00
<b>39 Add Lines 37 and 38.</b> 39 \$ 123456 .00	<b>Payment options</b>
<b>40 Refund amount</b> Subtract Line 39 from Line 36. 40 \$ 123456 .00	• Attach check or money order payable to DC Treasurer
	• To pay by credit card, call 1-800-272-9829 or visit <a href="http://www.officialpayments.com">www.officialpayments.com</a> and enter DC jurisdiction code 6000.

**Third party designee** If you want to allow another person to discuss this return with the Office of Tax and Revenue, enter the name and phone number of that person.

Under penalties of the law, I declare that I have examined this return and to the best of my knowledge it is correct.  
Declaration of paid preparer other than taxpayer is based on all information available to the preparer.

Your signature _____	Date _____	Occupation _____
Spouse's signature if filing jointly or separately on same return _____	Date _____	Occupation _____

**1234567890**  
Paid preparer's phone number  
**1234567890**  
Paid preparer's FEIN, SSN, or PTIN  
**123456789**  
Paid preparer's signature and date