Government of the District of Columbia

## 2012 D-40 SUB Individual Income Tax Return

Print in CAPITAL letters using black ink. Leave lines blank that do not apply.

Personal information X Amended return X Filing for a deceased taxpayer Mark if VENDOR ID# 1234 Your social security number (SSN) Your daytime phone number Spouse's/registered domestic partner's SSN 123456789 123456789 1234567890 Your first name M.I. Last name **ABCDEFGHIJKLABC ABCDEFGHIJKLABCDEFGH** Α Spouse's/domestic partner's first name M.I. **ABCDEFGHIJKLABCDEFGH** ABCDEFGHIJKLABC Home address (number, street and apartment number if applicable) 12345ABCDEFGHIJKLABCDEFGHIJKLA 12345ABCDEFGHIJKLABCDEFGHIJKLA State Zipcode + 4 123456789 **ABCDEFGHIJKLABCDEFGH** AB Filing Status 1 Mark only one: X X Married filing jointly X Married filing separately X Dependent claimed by someone else Sinale Χ Married filing separately on same return Enter combined amounts for lines 4 - 42. See instructions. Χ Registered domestic partners filing jointly or X filing separately on same return Head of household Enter qualifying dependent and/or non-dependent information on Schedule S. Part-year resident in DC from 00 (month) to 00 (month), # of months in DC 00 2 Mark if you are: X See instructions. \*Complete your federal return first -- Enter your dependents' information on DC Schedule S\* Income Information \$123456789.00 a Wages, salaries, unemployment compensation and/or tips, see instructions Mark if loss X b \$123456789.00 Business income or loss, see instructions OTHER \$123456789.00 Capital gain or loss Mark if loss X c Mark if loss X \$123456789.00 Rental real estate, royalties, partnerships, etc. Computation of DC Gross and Adjusted Gross Income \$123456789.00 Mark if loss X 3 Federal adjusted gross income From adjusted gross income lines on Federal Forms 1040, 1040A, 1040EZ, 1040NR or 1040NR-EZ. Additions to DC Income \$123456789.00 Franchise tax deducted on federal forms, see instructions 4 \$123456789.00 \$123456789.00 Other additions from DC Schedule I, Calculation A, Line 8 5 Mark if loss X Add lines 3, 4 and 5 Subtractions from DC Income \$123456789.00 Part year residents, enter income received during period of nonresidence, see instructions 7 Taxable refunds, credits or offsets of state and local income tax \$123456789.00 8 8 \$123456789.00 Taxable amount of social security and tier 1 railroad retirement from Federal Forms 1040 or 1040A \$123456789.00 Income reported and taxed this year on a DC franchise or fiduciary return 10 \$123456789.00 11 DC and federal government pension and annuity limited exclusion, see instructions 11 X if you are 62 or older X if your spouse/domestic partner is 62 or older \$123456789.00 DC and federal government survivor benefits, see instructions 12 \$123456789.00 Other subtractions from DC Schedule I, Calculation B, Line 16. 13 \$123456789.00 14 Total the subtractions from DC income, Lines 7 - 13 14 \$123456789.00 DC adjusted gross income, Line 6 minus Line14.

10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83

## ABCDEFGHIJKLABCDEFGH



16	Deduction type Take the same type Mark which type: <b>X</b> Standard <b>X</b> Itemize					
17					17	\$123456789.00
17 17a	DC deduction amount. Do not copy from federal RESERVED \$1		tructions.		17	φ123456769.00
18	Number of exemptions If more than	1 (more than 2 if filing jointly	), or if you or your 18	3 00		
	spouse/domestic partner are over 65	or blind, attach a completed	Calculation G, Schedule S.			
19	Exemption amount Multiply \$1,675				19	\$123456789.00
20	Add Lines 17 and 19.				20	\$123456789.00
21	DC Taxable income Subtract Line 20	0 from Line 15. Enter result.	Mark if loss	Χ	21	\$123456789.00
DC t	ax, credits and payments					
22	Tax If Line 21 is \$100,000 or less, use	e tax tables. If more, use Calculation	on I			040045070000
00	Mark X if filing separately on same re				22	\$123456789.00
23	Credit for child and dependent care of From Federal Form 2441; if part-year DO	expenses \$1234.	00 x .32 Enter result		23	\$123456789.00
24	Non-refundable credits from DC Sch				0.4	\$123456789.00
25	DC Low Income Credit See LIC table (				24	
25a	Enter the number of exemptions claimed		25a	00	25	\$123456789.00
26	Total non-refundable credits. Add Li		204	- 00	26	\$123456789.00
27	Total tax Subtract Line 26 from Lin		ine 26 leave Line 27 blank		27	\$123456789.00
28		er your federal EIC \$1234.0			28	\$123456789.00
28a	Enter the number of qualified EITC c		28a	00		Ψ.20.1007.001.00
29	Property Tax Credit. From your DC Sch				29	\$123456789.00
30	Refundable credits from DC Schedul		Schedule U		30	\$123456789.00
31	DC income tax withheld shown on F	orms W-2 and 1099. Attach	these forms.		31	\$123456789.00
32	2012 estimated income tax paymen	ts			32	\$123456789.00
33	Tax paid with extension of time to file	e or with original return if this is	an amended return.		33	\$123456789.00
34	Total payments and refundable credi	ts. Add lines 28, 29 - 33.			34	\$123456789.00
Refi	and Complete if Line 34 is more than Line	27	Amount owed Complete if	Line 34 is	egual	to or less than Line 27
35	Amount you overpaid					
	Subtract Line 27 from Line 34	35 \$123456789.00	41 Tax due		4	1 \$123456789.00
36	Amount to be applied to your	0100450700 00	Subtract Line 34 from			. 0100150700.00
27	2013 estimated tax	36 \$123456789.00 37 \$123456789.00	42 Contribution amour			2 \$123456789.00
37	Penalty See instructions	0400450700 00	from Schedule U, Pai	t II, Line /		
38	Refund Subtract sum of Lines 36 and 37 from Line 35	38 \$123456789.00	43a Penalty <b>\$123</b>	45.00		
39	Contribution amount	39 \$123456789.00	43b Interest \$123			
03	from Sched. U, Part II, Line 6		Enter total P & I. See		ıs 4	3 \$123456789.00
	Can not exceed refund amt. on Line 38 Put additional amt. on Line 42		Litter total i a ii ooo	111301400101		
40			44 Total amount due		4	4 \$123456789.00
40	Net Refund Subtract Line 39 from Line 38	40 \$123456789.00	Add Lines 41 - 43			
	Will this refund you requested go to a		es X No X See instru	uctions		
Dire	ct Deposit To have your refund deposit	ed into your checking X o	r savings X account, ma	rk X and e	nter b	ank routing and acount
	numbers below, see instructions.	, , , , , ,				
Rou	ting Number 123456789		Account Number 00000	000123	3456	6789
Thir	d Party Designee To authorize another	paranta diagnas this ratura with	h the OTR, check here X	and ontor t	ho no	me and phone number of
	person. See instructions.	person to discuss this return wit	ir the OTA, check here X	and enter t	ne nai	The and priorie number of
	gnee's name			Phone numb	er	
				1234567890		
	<b>Nature</b> Under penalties of law, I declare that, to the signature	best of my knowledge, this return is correct  Date				available to the preparer.
1001	o.g.raturo	Date	Paid preparer's signature		Date	
Spou	se's/domestic partner's signature if filing jointly or sep	arately on same return Date	Paid preparer's PTIN		Paid pre	eparer's phone number
			123456789		1234	4567890
_			120 100, 00		0-	.00,000