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

STAPLE OTHER DOCUMENTS IN UPPER LEFT IN BACK

STAPLE W-2s AND ANY OTHER WITHHOLDING STATEMENTS HERE

Personal information
Your telephone number

Fill in if: Filing an **amended return**. (Not Supported)
Fill in if: Filing for a deceased taxpayer *See instructions.*

Your social security number (SSN) **and** Date of Birth (MMDDYYYY)   Spouse's/registered domestic partner's SSN **and** Date of Birth (MMDDYYYY)

Your first name   M.I. Last name

Spouse's/registered domestic partner's first name   M.I. Last name

Home address (number, street and apartment number if applicable)

City   State   Zip Code

Filing status

1   *Fill in only one:*

Single,   Married filing jointly,   Married filing separately,   Dependent claimed by someone else

Married filing separately on same return *Enter combined amounts for Lines 4–42. See instructions.*

Registered domestic partners filing jointly or   filing separately on same return

Head of household *Enter qualifying dependent and/or non-dependent information on Schedule S.*

2   *Fill in if you are:*   Part-year resident in DC from   (month) to   (month); number of months in DC   (Not Supported)

● Complete your federal return first – Enter your dependents' information on DC Schedule S ●

Income Information
Round cents to nearest dollar. If zero, leave the line blank.

a   Wages, salaries, unemployment compensation and/or tips, *see instructions.*   a $ .00

b   Business income or loss, *see instructions.*   **Fill in if loss**   b $ .00

c   Capital gain (or loss).   **Fill in if loss**   c $ .00

d   Rental real estate, royalties, partnerships, etc.   **Fill in if loss**   d $ .00

Computation of DC Gross and Adjusted Gross Income

3   Federal adjusted gross income *From adjusted gross income lines on Federal Forms 1040, 1040A, 1040EZ, 1040NR, or 1040NR-EZ*   **Fill in if loss**   3 $ .00

Additions to DC Income

4   Franchise tax deducted on federal forms, *see instructions.*   4 $ .00

5   Other additions from DC Schedule I, Calculation A, Line 8.   5 $ .00

6   Add Lines 3, 4 and 5.   **Fill in if loss**   6 $ .00

Subtractions from DC Income

7   Part year residents, enter income received during period of nonresidence (Not Supported).   7 $ .00

8   Taxable refunds, credits or offsets of state and local income tax.   8 $ .00

9   Taxable amount of social security and tier 1 railroad retirement From Federal Forms 1040 or 1040A.   9 $ .00

10   Income reported and taxed this year on a DC franchise or fiduciary return.   10 $ .00

11   DC and federal government pension and annuity limited exclusion, *see instructions.*   11 $ .00

Fill in   if you are 62 or older   if your spouse/domestic partner is 62 or older

12   DC and federal government survivor benefits, *see instructions.*   12 $ .00

13   Other subtractions from DC Schedule I, Calculation B, Line 16.   13 $ .00

14   Total subtractions from DC income, *Lines 7-13.*   14 $ .00

15   DC adjusted gross income, *Line 6 minus Line 14.*   **Fill in if loss**   15 $ .00

Enter your last name.

Enter your SSN.

16	Deduction type. *Take the same type as you took on your federal return. Fill in which type:*	
	Standard or ☐ Itemized *See instructions for amount to enter on Line 17.*	
17	DC deduction amount. *Do not copy from federal return. For amount to enter, see instructions.*	17 $ .00
18	Number of exemptions. *If more than 1 (more than 2 if filing jointly), or if you or your spouse/domestic partner are over 65 or blind, attach a completed Calculation G, Schedule S.* 18	
19	Exemption amount. *Multiply $1,675 by number on line 18. Part-year DC residents see Calculation E, see instructions.*	19 $ .00
20	Add Lines 17 and 19.	20 $ .00
21	DC taxable income. *Subtract Line 20 from Line 15. Enter result.* Fill in if loss ☐	21 $ .00

DC tax, credits and payments

22	Tax. *If Line 21 is $100,000 or less, use tax tables to find the tax, If more, use Calculation I in instructions.* Fill in ☐ *if filing separately on same return. Complete Calculation J on Schedule S.*	22 $ .00
23	Credit for child and dependent care expenses $ .00 X .32 Enter result >	23 $ .00
	From Federal form 2441; if part-year DC resident, from Line 5, DC Form 2441	
24	Non-refundable credits from DC Schedule U, Part 1a, Line 6. *Attach Schedule U.*	24 $ .00
25	DC Low Income Credit. *Use Calc. LIC/EITC to see if LIC or EITC is a greater benefit. See instructions.*	25 $ .00
25a	Enter the number of exemptions claimed on your federal return. 25a	
26	Total non-refundable credits. *Add Lines 23, 24 and 25.*	26 $ .00
27	Total tax. *Subtract Line 26 from Line 22. If Line 22 is less than Line 26 leave Line 27 blank.*	27 $ .00
28	DC Earned Income Tax Credit. Enter your federal EIC. $ .00 X .40 Enter result >	28 $ .00
28a	Enter the number of qualified EITC children. 28a	
29	Property Tax Credit. *From your DC Schedule H; attach a copy.*	29 $ .00
30	Refundable credits from DC Schedule U, Part 1b, Line 4. *Attach Schedule U.*	30 $ .00
31	DC income tax withheld *shown on Forms W-2 and 1099. Attach these forms.*	31 $ .00
32	2013 estimated income tax payments.	32 $ .00
33	Tax paid with extension of time to file or with original return if this is an amended return.	33 $ .00
34	Total payments and refundable credits *Add Lines 28, 29–33.*	34 $ .00

Refund – *Complete if Line 34 is more than Line 27*

35 Amount you overpaid *Subtract Line 27 from Line 34*	35 $ .00
36 Amount to be applied to your 2014 estimated tax **Check the box if Form D-2210** ☐ **is attached**	36 $ .00
37 Penalty *See instructions*	37 $ .00
38 Refund *Subtract sum of Lines 36 and 37 from Line 35*	38 $ .00
39 Contribution amount *from Sched. U, Part II, Line 6* **Can not exceed refund amt. on Line 38 Put additional amt. on Line 42**	39 $ .00
40 Net refund *Subtract Line 39 from Line 38*	40 $ .00

Will the refund you requested go to an account outside the U.S.? Yes ☐ No ☐ *See instructions.*

Amount owed – *Complete if Line 34 is equal to or less than Line 27*

41 Tax due *Subtract Line 34 from Line 27*	41 $ .00
42 Contribution amount *from Sched. U, Part II, Line 7*	42 $ .00
Check the box if Form D-2210 ☐ **is attached**	
43a Penalty $ .00	
43b Interest $ .00	
Enter total P & I 43 $ .00	
44 Total amount due *Add Lines 41–43*	44 $ .00

Refund Options: For information on the tax refund card and program limitations, see instructions or visit our website otr.dc.gov/refundprepaidcards.

Mark one refund choice: Direct deposit ☐ Tax refund card ☐ Paper check ☐

Direct Deposit. *To have your refund deposited to your* **checking** ☐ **OR savings** ☐ *account, check the box and enter bank routing and account numbers. See instructions*

Routing Number

Account Number

Third party designee *To authorize another person to discuss this return with OTR, fill in here* ☐ *and enter the name and phone number of that person. See instructions.*

Designee's name

Phone number

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

Your signature

Date

Preparer's signature

Date

Spouse's/domestic partner's signature if filing jointly or separately on same return

Date

Preparer's Tax Identification Number (PTIN)

PTIN telephone number