

## Consent to disclose your information for the Credit Karma offer

To process your Credit Karma Money™ Spend account, we'll need to send your personal info to Credit Karma.

By signing this disclosure agreement, you'll allow us to share relevant info from your tax return with Credit Karma for this purpose.

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).

Do you agree to let TurboTax share your personal information with Credit Karma to open a new Credit Karma Money™ Spend account?

**I agree** x

Taxpayer First Name

Taxpayer Last Name

Today's Date

Spouse First Name

Spouse Last Name

Today's Date

**What information are you sharing?**

We'll share the following information with Credit Karma:

Personal and contact information for the primary filer: first and last name; Social Security number; date of birth; mailing address used to file taxes (street, apartment, city, state, zip code); email address.

Identity verification: confirmation that the Social Security number matches the name and date of birth on the account; ID check completion.

Refund information: federal and state refund amounts to be deposited in a Credit Karma Money™ Spend account.

## Consent to use your information for Credit Karma offer

We'll need to check your age, address, and tax refund info to make sure you're eligible to apply for a Credit Karma Money™ Spend account and to enter the sweepstakes.

Signing this agreement lets us use this info on your tax return.

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent. You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

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Do you agree to let TurboTax review your tax information to determine if you're eligible to apply for a Credit Karma Money™ Spend account and to enter the sweepstakes?

**I agree** x

Taxpayer First Name

Taxpayer Last Name

Today's Date

Spouse First Name

Spouse Last Name

Today's Date

## **What are the eligibility requirements to apply for the Credit Karma offer?**

Here are some of the eligibility requirements to apply for a Credit Karma Money™ Spend account and to enter the sweepstakes:

- You are 18 or older
- Your address must be located in one of the eligible states and can't be a PO Box or military address

Additionally, TurboTax requires you to have a federal refund of \$1 or more.

Creating a Credit Karma Money™ Spend account and depositing \$1 or more of your federal refund gives you automatic entry into the sweepstakes.

To enter to win \$50,000 without opening an account, visit:

<https://www.creditkarma.com/lp/sweepstakesrules-checking#turbotax>

**Filing Status** ☐ Single ☐ Married filing jointly ☒ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)  
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶ **Robert W McBride**

Your first name and middle initial <b>Carlos</b>		Last name <b>Martinez, III</b>		Your social security number <b>454-93-2028</b>		
If joint return, spouse's first name and middle initial		Last name		Spouse's social security number <b>258-47-2721</b>		
Home address (number and street). If you have a P.O. box, see instructions. <b>1421 Massachusetts Ave. NW</b>				Apt. no. <b>801</b>		
City, town, or post office. If you have a foreign address, also complete spaces below. <b>Washington</b>			State <b>DC</b>		ZIP code <b>20005</b>	
Foreign country name		Foreign province/state/county		Foreign postal code		
Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse						

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? ☐ Yes ☒ No

**Standard Deduction** **Someone can claim:** ☐ You as a dependent ☒ Your spouse as a dependent  
☐ Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** **You:** ☐ Were born before January 2, 1956 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1956 ☐ Is blind

(1) First name Last name		(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions): Child tax credit Credit for other dependents	
If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.	<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	<b>1</b>	<b>58,199.</b>
	<b>2a</b>	Tax-exempt interest . . . . .	<b>2b</b>	
	<b>3a</b>	Qualified dividends . . . . .	<b>3b</b>	
	<b>4a</b>	IRA distributions . . . . .	<b>4b</b>	
<b>Standard Deduction for—</b> • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under <b>Standard Deduction</b> , see instructions.	<b>5a</b>	Pensions and annuities . . . . .	<b>5b</b>	Taxable amount . . . . .
	<b>6a</b>	Social security benefits . . . . .	<b>6b</b>	Taxable amount . . . . .
	<b>7</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here . . . . . ▶ <input type="checkbox"/>	<b>7</b>	
	<b>8</b>	Other income from Schedule 1, line 9 . . . . .	<b>8</b>	<b>0.</b>
	<b>9</b>	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your <b>total income</b> . . . . . ▶	<b>9</b>	<b>58,199.</b>
	<b>10</b>	Adjustments to income:		
	<b>a</b>	From Schedule 1, line 22 . . . . .	<b>10a</b>	
	<b>b</b>	Charitable contributions if you take the standard deduction. See instructions	<b>10b</b>	
	<b>c</b>	Add lines 10a and 10b. These are your <b>total adjustments to income</b> . . . . . ▶	<b>10c</b>	
	<b>11</b>	Subtract line 10c from line 9. This is your <b>adjusted gross income</b> . . . . . ▶	<b>11</b>	<b>58,199.</b>
	<b>12</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>12</b>	<b>12,400.</b>
	<b>13</b>	Qualified business income deduction. Attach Form 8995 or Form 8995-A . . . . .	<b>13</b>	
	<b>14</b>	Add lines 12 and 13 . . . . .	<b>14</b>	<b>12,400.</b>
	<b>15</b>	<b>Taxable income.</b> Subtract line 14 from line 11. If zero or less, enter -0- . . . . .	<b>15</b>	<b>45,799.</b>

<b>16</b>	<b>Tax</b> (see instructions). Check if any from Form(s): <b>1</b> <input type="checkbox"/> 8814 <b>2</b> <input type="checkbox"/> 4972 <b>3</b> <input type="checkbox"/> _____	<b>16</b>	5,861.
<b>17</b>	Amount from Schedule 2, line 3	<b>17</b>	
<b>18</b>	Add lines 16 and 17	<b>18</b>	5,861.
<b>19</b>	Child tax credit or credit for other dependents	<b>19</b>	
<b>20</b>	Amount from Schedule 3, line 7	<b>20</b>	
<b>21</b>	Add lines 19 and 20	<b>21</b>	
<b>22</b>	Subtract line 21 from line 18. If zero or less, enter -0-	<b>22</b>	5,861.
<b>23</b>	Other taxes, including self-employment tax, from Schedule 2, line 10	<b>23</b>	0.
<b>24</b>	Add lines 22 and 23. This is your <b>total tax</b>	<b>24</b>	5,861.
<b>25</b>	Federal income tax withheld from:		
<b>a</b>	Form(s) W-2	<b>25a</b>	7,758.
<b>b</b>	Form(s) 1099	<b>25b</b>	
<b>c</b>	Other forms (see instructions)	<b>25c</b>	
<b>d</b>	Add lines 25a through 25c	<b>25d</b>	7,758.
<b>26</b>	2020 estimated tax payments and amount applied from 2019 return	<b>26</b>	
<b>27</b>	Earned income credit (EIC)	<b>27</b>	
<b>28</b>	Additional child tax credit. Attach Schedule 8812	<b>28</b>	
<b>29</b>	American opportunity credit from Form 8863, line 8	<b>29</b>	
<b>30</b>	Recovery rebate credit. See instructions	<b>30</b>	1,800.
<b>31</b>	Amount from Schedule 3, line 13	<b>31</b>	
<b>32</b>	Add lines 27 through 31. These are your <b>total other payments and refundable credits</b>	<b>32</b>	1,800.
<b>33</b>	Add lines 25d, 26, and 32. These are your <b>total payments</b>	<b>33</b>	9,558.
<b>Refund</b>	<b>34</b> If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you <b>overpaid</b>	<b>34</b>	3,697.
	<b>35a</b> Amount of line 34 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>35a</b>	3,697.
Direct deposit? See instructions.	<b>b</b> Routing number 051504759 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b> Account number 108358309		
	<b>36</b> Amount of line 34 you want <b>applied to your 2021 estimated tax</b>	<b>36</b>	
<b>Amount You Owe</b>	<b>37</b> Subtract line 33 from line 24. This is the <b>amount you owe now</b>	<b>37</b>	
For details on how to pay, see instructions.	<b>Note:</b> Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.		
	<b>38</b> Estimated tax penalty (see instructions)	<b>38</b>	

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS? See instructions ☐ **Yes**. Complete below. ☒ **No**

Designee's  
name ▶

Phone  
no. ▶

Personal identification  
number (PIN) ▶

**Sign Here**

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and 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.

Your signature

Date

Your occupation

If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶

Joint return?  
See instructions.  
Keep a copy for  
your records.

Spouse's signature. If a joint return, **both** must sign.

Date

Spouse's occupation

If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) ▶

Phone no.

Email address

**Paid Preparer Use Only**

Preparer's name

Preparer's signature

Date

PTIN

Check if:

☐ Self-employed

Firm's name ▶ Self-Prepared

Phone no.

Firm's address ▶

Firm's EIN ▶

2020 D-40E SUB  
District of Columbia Individual Income Tax  
Declaration for Electronic Filing

IRS Declaration Control Number (DCN) - - -

Your First name and initial  
CARLOSLast name  
MARTINEZ, IIITaxpayer Identification Number (TIN)  
454932028

Spouse's/Registered domestic partner's First name and initial Last name

Spouse's TIN

Present Home Address (number, street and suite/apartment number if applicable)  
1421 MASSACHUSETTS AVE. NWFederal Filing Status  
3City, Town, and State  
WASHINGTON DC

DC

Zip Code + 4  
20005District of Columbia Filing Status  
3**PART I - TAX RETURN INFORMATION****PLEASE ENTER WHOLE DOLLAR AMOUNTS**

1. DC Adjusted Gross Income, Form D-40, Line 15	58199.00
2. Total Tax, Form D-40, Line 25	2575.00
3. DC Income Tax Withheld, Form D-40, Line 29	2843.00
4. Total Amount Due, Form D-40, Line 40	.00
5. Net Refund, Form D-40, Line 41	268.00

**PART II - REFUND METHOD**☒ Direct Deposit☐ ReliaCard☐ Paper Check

For Direct Deposit or Direct Debit enter the following information:

6. Routing Number\* 055003201 \*Routing Number must be nine digits and the first two must be 01 through 12 or 21 through 32.

7. Account Number 8152903244

8. Type of Account ☒ Checking ☐ Savings**PART III - DECLARATION OF TAXPAYER**

Under penalties of perjury, I/we declare that I/we have examined a copy of my/our electronic individual income tax return and accompanying schedules and statements for the 2020 tax year, and to the best of my knowledge and belief, it is true, correct and complete. I/we further declare that the amounts in Part I above are the amounts from my/our electronic income tax return. I consent to allow my/our intermediate service provider, transmitter, or electronic return originator (ERO) to send my/our return to the District of Columbia (DC). I/we authorize DC and its designated financial institution to initiate an ACH electronic funds withdrawal (direct debit). Refunds cannot be direct deposited and payments cannot be transmitted to or from a financial institution outside of the U.S. The authorization is valid for this transaction only.

Your Signature

Date

Spouse's Signature

Date

**PART IV - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER**

I declare that I have reviewed the individual income tax return and that the entries on D40-E are complete and correct to the best of my knowledge. The taxpayer will have signed this form before I submit the return. I will give the taxpayer a copy of all forms and information to be filed with DC. If I am also the Paid Preparer, under penalties of perjury, I declare that I have examined the above individual income tax return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

ERO's Signature

Date

TIN

**SELF-PREPARED**

Paid Preparer's Signature

Date

TIN

**PLEASE KEEP FOR YOUR RECORDS. DO NOT MAIL.**

# 2020 D-40 SUB Individual Income Tax Return



200404S11555

SOFTWARE DEVELOPER USE ONLY VENDOR ID # 1555

STAPLE OTHER REQUESTED DOCUMENTS IN UPPER LEFT

## Personal information

Mark if filing an **Amended return**

Your telephone number

2027938700

Mark if  
Deceased

Your taxpayer identification number (TIN) **and** Date of Birth (MMDDYYYY)

454932028 09251980

Spouse's/registered domestic partner's TIN **and** Date of Birth (MMDDYYYY)

258472721

Your first name

M.I. Last name

CARLOS

MARTINEZ, III

Spouse's/registered  
domestic partner's first name

M.I. Last name

ROBERT

W MCBRIDE

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

1421 MASSACHUSETTS AVE. NW, AP  
801

City

WASHINGTON

State Zip Code + 4

DC 20005

Email Address

STAPLE W-2s AND ANY OTHER WITHHOLDING STATEMENTS HERE

## Filing Status

1 *Mark 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 5-41. See instructions.

Registered domestic partners filing jointly or filing separately on the same return. Enter combined amounts for Lines 5-41. See instructions.

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

Qualifying widow(er)with dependent child Enter qualifying dependent and/or non-dependent information on Schedule S.

2 *Mark if you are* Part-year resident in DC from (MMDDYYYY) to (MMDDYYYY) See instructions.

3 Fill in ONLY if Full-year health care coverage or exempt, see instructions ☒

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

## Income Information

Round cents to nearest dollar. If amount is zero, leave line blank; if minus, enter amount and fill in oval.

a Wages, salaries, unemployment compensation and/or tips, see instructions.	a	58199.00
b Business income or loss, see instructions.	Mark if loss b	.00
c Capital gain or loss.	Mark if loss c	.00
d Rental real estate, royalties, partnerships, etc.	Mark if loss d	.00

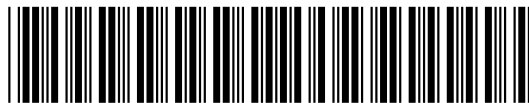
## Computation of DC Gross and Adjusted Gross Income

4 Federal adjusted gross income. From adjusted gross income lines on federal Forms 1040, 1040-SR, 1040-NR or 1040-NR-EZ. Mark if loss 4 58199.00



Enter your last name MARTINEZ, III

Enter your TIN 454932028



200404S21555

Additions to DC Income

5 Franchise tax deducted on federal forms, <i>see instructions</i> .	5	.00
6 Other additions from DC Schedule I, Calculation A, Line 9.	6	.00
7 Add Lines 4, 5 and 6. <span style="float: right;">Mark if loss</span>	7	58199.00

Subtractions from DC Income

8 Part year residents, enter income received during period of nonresidence, <i>see instructions</i> .	8	.00
9 Taxable refunds, credits or offsets of state and local income tax.	9	0.00
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, <i>see instructions</i> .	12	.00
13 Other subtractions from DC Schedule I, Calculation B, Line 16.	13	.00
14 Total subtractions from DC income, <i>Lines 8-13</i> .	14	0.00
15 DC adjusted gross income, Line 7 minus Line 14. <span style="float: right;">Mark if loss</span>	15	58199.00

16 Deduction type. <i>Take the same type as you took on your federal return. Fill in which type:</i>	Standard	<input checked="" type="checkbox"/>	or Itemized
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17 DC Deduction amount	17	12400.00
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18 DC taxable income. <i>Subtract Line 17 from Line 15.</i> <span style="float: right;">Mark if loss</span>	18	45799.00
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19 Tax. <i>If Line 18 is \$100,000 or less, use tax tables to find the tax, if more, use Calculation I in instructions.</i>	19	2575.00
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Fill in ☐ if filing separately on same return. Complete Calculation J on Schedule S.

20 Credit for child and dependent care expenses .00 X .32	20	.00
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*From federal Form 2441; if part-year DC resident, from Line 5, DC Form 2441*

21 Non-refundable credits from DC Schedule U, Part 1a, Line 7. <i>Attach Schedule U.</i>	21	.00
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22 Total non-refundable credits. <i>Add Line 20 and Line 21.</i>	22	.00
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23 Subtract Line 22 from Line 19. <i>If less than zero, enter zero.</i>	23	2575.00
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24 DC Health Care Shared Responsibility <i>See instructions. If fully covered or fully exempt, enter zero.</i>	24	0.00
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25 Total Tax. <i>Add Line 23 and Line 24.</i>	25	2575.00
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26 DC Earned Income Tax Credit

26a Enter the number of qualified EITC children.	26b Enter earned income amount	26b	.00
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26c For filers <b>with</b> qualifying children. Enter federal EIC .00 X .40 Enter result.	26d	.00
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26e For filers <b>without</b> qualifying children. <i>See instructions for special calculations.</i> Enter result.	26e	.00
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27 Property Tax Credit. <i>From your DC Schedule H; attach a copy.</i>	27	.00
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Enter your last name

MARTINEZ, III

Enter your TIN

454932028



200404S31555

28	Refundable credits from DC Schedule U, Part 1b, Line 3. <i>Attach Schedule U.</i>	28	.00
29	DC income tax withheld shown on Forms W-2 and 1099. Attach these forms.	29	2843.00
30	2020 estimated income tax payments and amount applied from 2019 return.	30	.00
31	Tax paid with Form FR-127 Extension of Time to File.	31	.00
32	If this is an amended 2020 return, enter payments made with original 2020 D-40 return.	32	.00
33	If this is an amended 2020 return, enter refunds requested with original 2020 D-40 return.	33	.00
34	Total payments and refundable credits. <i>Add Line 26d or 26e through Line 32. (Do not include Line 33).</i>	34	2843.00
35	Tax Due. <i>Subtract Line 34 from Line 25.</i>	35	.00
36	Amount overpaid. <i>Subtract Line 25 from Line 34.</i>	36	268.00
37	Amount to be applied to your 2021 estimated tax.	37	.00
38	Underpayment Interest. <b>Fill in</b> and attach Form D-2210.	38	.00
39	Contribution amount from Schedule U, Part II, Line 5. <i>(Cannot exceed amount on Line 36)</i>	39	.00
40	Total Amount Due. <i>Add Lines 35, 38 and 39.</i>	40	.00
41	Net Refund. <i>Subtract total of Lines 37, 38 and 39 from Line 36.</i>	41	268.00
	Will this refund go to an account outside the U.S.? Yes No <b>X</b> See instructions.		
42	Fill in if either spouse is claiming injured spouse allocation. You <b>must</b> attach Form DC-8379.		

**Refund Options:** For information on the tax refund card limitations, see instructions or visit our website [MyTax.DC.gov](https://mytax.dc.gov)

Mark **one** refund choice: ☒ Direct deposit or ☐ Reliacard (see instructions) or ☐ Paper check  
 Direct deposit. *To have your refund deposited to your* ☒ **checking** or **savings** account, fill in and enter bank routing and account numbers. See instructions.

Routing Number 055003201

Account Number 8152903244

Fill in ☒ if you agree to receive your 1099-G Income Tax refund statement electronically (see instructions).

Third Party Designee To authorize another person discuss this return with OTR, mark here and enter the name and phone number of that person

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

**SELF-PREPARED**

Spouse's/registered domestic partner's signature if filing jointly

Date

Preparer's Tax Identification Number (PTIN)

PTIN telephone number

## 2020 SCHEDULE S Supplemental Information and Dependents



200400S31555

SOFTWARE DEVELOPER USE ONLY

VENDOR ID# 1555

Unless instructed otherwise -  
If you fill in any part of this schedule, attach it to your D-40.

Enter your last name.

MARTINEZ

Enter your Taxpayer Identification Number(TIN)

454932028

### 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)
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 (MMDDYYYY)
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 (MMDDYYYY)
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 (MMDDYYYY)
First name	M.I.	Last name
Taxpayer identification number	Relationship	Date of Birth (MMDDYYYY)

### Head of household filers or qualifying widow(er)

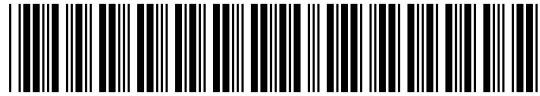
Do not enter your information

First name of qualifying non-dependent person	M.I.	Last name
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## 2020 SCHEDULE S PAGE 2

Last name and TIN MARTINEZ

454932028



200400S41555

Calculation G-1 Computation of Standard Deduction Calculation G-1 must be completed and submitted with the return except for dependent filers

a	Basic standard deduction amount. See instructions.	a	12400.00
b	Enter 1 if you are age 65 or over.	b	
c	Enter 1 if you are blind.	c	
d	Enter 1 if married or 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 married or registered domestic partner filing jointly or filing separately on same return and your spouse or registered domestic partner is blind.	e	
f	Total number of additions to standard deductions. Add Lines b through e.	f	
g	Additional standard deduction amount. Multiply \$1,300 (\$1,650 if single or head of household) by number on Line f.	g	0.00
h	Total standard deduction. Add Lines a and g, enter here and on D-40, Line 17.	h	12400.00
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. Do not combine amounts until Line i.

You

Your spouse/registered domestic partner

a	<b>Federal adjusted gross income</b>	Mark if minus	a	.00	.00
	<i>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.</i>				
b	<b>Total additions to federal adjusted gross income</b>		b	.00	.00
	<i>Enter each person's portion of additions entered on D-40, Lines 5 and 6.</i>				
c	<b>Add Lines a and b.</b>	Mark if minus	c	.00	.00
d	<b>Total subtractions from federal adjusted gross income</b>		d	.00	.00
	<i>Enter each person's portion of subtractions entered on D-40, Line 14.</i>				
e	<b>DC adjusted gross income</b> Subtract Line d from Line c.	Mark if minus	e	.00	.00
f	<b>Deduction amount.</b> Enter each person's portion of deductions entered on D-40, Line 17.		f	.00	.00
g	<b>Taxable income.</b> Subtract Line f from Line e.	Mark if minus	g	.00	.00
h	<b>Tax.</b> 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 19.		i	.00	

List TINs associated with income reported and taxed on Franchise and Fiduciary Returns for the amount listed on D-40, Line 11.

a	b	c
d	e	f
g	h	i