



Important: Print in CAPITAL letters using black ink.

Personal information

Your 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

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

City State Zip Code +4

Email Address

Filing status

1 Fill in only one: Single, Married filing jointly, Married filing separately, Dependent claimed by someone else

2 Fill in if you are: Part-year resident in DC from to See instructions.

3 Did you have qualifying health care coverage for all members of your shared responsibility family for the entire year? Yes No

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

Income Information

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

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

c Capital gain or loss. Fill in if loss

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

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. Fill in if loss

Enter your last name.

Enter your TIN

**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 if loss ☐ 7 \$ .00

**Subtractions 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. Fill in if loss ☐ 16 \$ .00

- 17 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.
- 18 DC deduction amount. 18 \$ .00
- 19 DC taxable income. Subtract Line 18 from Line 16. Fill in 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. Fill in ☐ if filing separately on same return. Complete Calculation J on Schedule S. 20 \$ .00
- 21 Credit for child and dependent care expenses \$ .00 X .32 21 \$ .00  
From federal Form 2441; if part-year DC resident, from Line 5, DC Form 2441
- 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? ☐ If so, see instructions for eligibility.
- 27a Enter the number of qualified EITC children. 27b Enter earned income amount 27b \$ .00
- 27c For filers **with** qualifying children. Enter calculated federal EIC amount > \$ .00 X .70 Enter result > 27d \$ .00
- 27e For filers **without** qualifying children. See instructions for special calculations. Enter result > 27e \$ .00
- 28 Property Tax Credit. From your DC Schedule H; attach a copy. 28 \$ .00

**\* 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 [dhs@dc.gov](mailto:dhs@dc.gov).)** 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.

Enter your last name.

Enter your TIN



DC tax, credit and payments

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

38 Amount overpaid. *Subtract Line 26 from Line 36.*

38 \$ .00

39 Amount to be applied to your 2025 estimated tax.

39 \$ .00

40 Underpayment Interest. **Fill in the oval and attach Form D-2210.**

40 \$ .00

41 Contribution amount from Schedule U, Part II, Line 5. *(Cannot exceed amount on Line 38)*

41 \$ .00

42 Total Amount Due. *Add Lines 37, 40 and 41.*

42 \$ .00

43 Net Refund.\* *Subtract total of Lines 39, 40 and 41 from Line 38.*

43 \$ .00

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-8379.

**Refund Options:** For information on the tax refund card and program 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 oval and enter bank routing and account numbers. See instructions.

Routing Number

Account Number

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

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

Date

Preparer's Tax Identification Number (PTIN)

PTIN telephone number