# 2022 District of Columbia (DC) Individual Income Tax **Forms and Instructions**

D-40 **All Individual Income Tax Filers** 





- You may use MyTax.DC.gov to file and pay online for Forms D-40ES (estimated tax) and FR-127 (extension of time to file).
- · Payments can be made by ACH debit, credit/debit card, check or money order (US dollars).
- Direct deposit, U.S. Bank ReliaCard™ or paper check refund options are available.

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At the time of printing, all forms and line references were correct. Any language changes will be announced on the DC website, MyTax.DC.gov.

### GOVERNMENT OF THE DISTRICT OF COLUMBIA

OFFICE OF THE CHIEF FINANCIAL OFFICER



**Glen Lee**Chief Financial Officer

Dear District of Columbia Taxpayer:

# Welcome to the 2023 Tax Season!

I am Glen Lee, the District's newly appointed Chief Financial Officer (CFO). Before coming to the District, I served for twelve years as the Finance Director for the City of Seattle. In this position, I managed Seattle's accounting functions, bond sales, employee pensions, and the tax administration program.

As the District's CFO, one of my top priorities is to enhance our tax team's ability to help taxpayers file tax returns timely and accurately and pay the correct amount. We have already improved our ability to inform taxpayers of their tax responsibilities by upgrading our Call Center's telephone system. In addition, we provide more online tax payment options as a result of implementing a best-inclass tax administration system. These new technologies also allow us to improve our customer service standards, provide taxpayers better access to their tax information, resolve taxpayer problems much more rapidly, and pay tax refunds more quickly. I look forward to my first complete tax season with you and exploring new and innovative ways to improve our operations and enhance our customer service.

The Office of Tax and Revenue Walk-In Center and Recorder of Deeds offices continue to serve customers and are open daily for in-person and telephone assistance. For complete information about these services or as you prepare to file your 2022 individual income tax return, please visit <u>MYTAX.DC.gov.</u>

Thank you, and I look forward to an excellent filing season.

Sincerely,

Glen Lee

# **New for 2022 Income Tax Returns**

#### · Filing Deadline

For Tax Year 2022 the filing deadline is April 18, 2023.

• For taxable years beginning January 1, 2022, there is a new income tax rate table:

Not over \$10,000 4% of the taxable income

 Over \$10,000 but not over \$40,000
 \$400, plus 6% of the excess over \$10,000

 Over \$40,000 but not over \$60,000
 \$2,200, plus 6.5% of the excess over \$40,000

 Over \$60,000 but not over \$250,000
 \$3,500, plus 8.5% of the excess over \$60,000

 Over \$250,000 but not over \$500,000
 \$19,650, plus 9.25% of the excess over \$250,000

 Over \$500,000 but not over \$1,000,000
 \$42,775, plus 9.75% of the excess over \$500,000

 Over \$1,000,000
 \$91,525, plus 10.75% of the excess over \$1,000,000

- The standard deductions are increasing based on the federal law; beginning January 1, 2022, from:
  - o \$12,550 to \$12,950 for single and married/registered domestic partner filers filing separately;
  - o \$18,800 to \$19,400 for head of household filers;
  - o \$25,100 to \$25,900 for married/registered partners filing jointly and qualifying widow(er) with dependent child(ren) filers;
  - o An updated worksheet is available for use by dependent filers.
- Additional Standard Deduction. If born before January 2, 1958, or blind, an additional standard deduction of \$1,400 (\$1,750 if single or head of household) is allowed use Schedule S, Calculation G-1. The Schedule S, Calculation G-1 must be submitted with your return. When married filing separately, you may take an additional standard deduction for your spouse/registered domestic partner only if your spouse/ registered domestic partner had no gross income, is not filing a return, and cannot be claimed as a dependent by another taxpayer.

#### Earned Income Tax Credit (EITC)

- Beginning January 1, 2022, and ending December 31, 2022, the DC EITC is increased from 40% to 70% of the federal EIC. Individuals with qualifying children receiving the DC EITC will be paid differently than in previous years. Taxpayers will receive a refund equal to 40 percent of their federal EIC as usual after their return is processed. The additional 30% of the DC EITC, however, will be paid in monthly installments over 11 months pursuant to District law.
- o The investment income test is increased from \$10,000 to \$10,300.
- o For EITC Without Qualifying Children the maximum credit amount has decreased from \$1502 to \$560.

#### Schedule HSR - DC Health Care Shared Responsibility

- o The D-40 filing thresholds have changed, refer to the instructions.
- o The District Average Bronze Plan Premium Calculation (Worksheet C-1) amounts have been updated.

# Schedule H - Homeowner and Renter Property Tax Credit

- o The real property tax credit is now based on your DC real property tax bill for tax year 2022. Do not include special assessments, interest penalties and services charges.
- o The maximum property tax credit limit is increased from \$1,225 to \$1,250.
- o Schedule H federal Adjusted Gross Income (AGI) eligibility threshold for under age 70 increases to \$57,600.
- o Schedule H federal AGI eligibility threshold for age 70 and older increases to \$78,600.

# Schedule ELC – Keep Child Care Affordable Tax Credit

- o The District taxable income thresholds have changed.
- o The maximum credit amount has been increased to \$1,045.

### • Exclusion of Certain Grants From District Gross Income

- o The District of Columbia enacted legislation adding additional grants to the previous list of grants made by the District which are excluded from the computation of gross income. The new grants are:
  - Rebates issued by the Mayor pursuant to the Automated External Defibrillator Incentive Program;
  - Lump-sum payments received by individuals from the Early Educator Pay Parity Program pursuant to DC Code § 1-325.431 (c) (1A);
  - The following grants awarded by the Deputy Mayor for Planning and Economic Development:
    - Grants awarded to housing providers under DC Code § 1-328.04(w); and
    - Central Business District grants awarded under DC Code § 1-328.04(x);
  - The following grants awarded by the Department of Energy & Environment:
    - Funding received pursuant to the Solar for All Program established by DC Code § 8-1774.16; and
    - Sustainable Energy Trust Fund grants awarded pursuant to DC Code § 8-1774.10(c)(22);
- o The exclusion of cash assistance grants awarded by the Washington Convention and Sports Authority to excluded workers has been extended through tax year ending December 31, 2023.
- o See instructions page 8, "Exclusion of Certain Grants From District Gross Income for guidance on how to report and exclude the amount of these grants from District gross income on your District income tax return for tax year 2022.

# New for 2022 Income Tax Returns, Cont'd

- D-40P, Payment Voucher The tax year has been added back to the form. For tax year 2022, use the 2022 D-40P.
- DC Low-Income Housing Tax Credit (LIHTC) Taxpayers transferring or receiving DC LIHTC must be registered online at <a href="MyTax.DC.gov">MyTax.DC.gov</a>. See Instructions for Low-Income Housing Tax Credit Allocation and Certification on <a href="MyTax.DC.gov">MyTax.DC.gov</a>.

# Reminders

- Verify your Tax Preparer. You are responsible for the submission of your DC Tax Return. Also, if you file electronically, you must receive a copy of your D-40E form for your records in addition to a copy of your DC return.
- **Unemployment Insurance** For taxable years beginning January 1, 2021, unemployment insurance benefits provided by the federal government, District of Columbia, and any other state, are excluded in the computation of District gross income.
- DC is collecting sales tax for online purchases. Use the online FR-329, Consumer Use Tax Return to report the sales tax for online purchases on which sales tax was not paid.
- State and Local Taxes (SALT). DC does not allow a deduction for state and local income taxes. However, you can deduct your entire state and local real estate taxes. Refer to Calculation D if a part-year resident, or Calculation F if a full-year resident.
- 1099-G In January 2020, DC began offering a paperless option for receiving the 1099-G income tax refund statement. You will
  continue to receive your paper statement unless you choose the paperless option. See instructions.
- Schedule HSR DC Health Care Shared Responsibility. If you and your health care shared responsibility family had full coverage the
  entire year, do not complete this schedule. Complete the oval on Line 3 of the D40 and enter zero (\$0) on Line 25.
- Receiving your refund via the U.S. Bank ReliaCard Pre-Acquisition Disclosures

  The Consumer Financial Protection Board (CFPB) has published its final Prepaid Account Rule, creating detailed consumer protections for prepaid accounts. For tax year 2022, if you elect to receive a refund using the U.S. Bank ReliaCard™ or use a pre-paid card to make payments, you are required to review and acknowledge the Pre-Acquisition Disclosures (Short and Long Forms) prior to selecting the ReliaCard option as method for receiving a refund or using a pre-paid card when making a payment. Copies of the U.S. Bank ReliaCard Pre-Acquisition Disclosure and the U.S. Bank ReliaCard Fee Schedule can be found on pages 24-31.

#### The Office of Tax and Revenue Will No Longer Prepare Individual Income Tax Returns

The Office of Tax and Revenue (OTR) will no longer prepare District of Columbia individual income tax returns at its Walk-In Center located at 1101 4th Street, SW, Washington, DC 20024. OTR recommends the following free tax preparation services available throughout the District of Columbia and online:

VITA – By appointment only.

The Internal Revenue Service (IRS) Volunteer Income Tax Assistance (VITA) program offers free tax preparation to low-moderate income taxpayers. IRS-certified volunteers help eligible taxpayers e-file their federal and District tax returns. During the filing season, taxpayers can locate the VITA site nearest them by visiting http://irs.treasury.gov/freetaxprep/ or call 1-800-906-9887.

• AARP (Tax-Aide Locator) – By appointment only.

The Tax-Aide Program offers free tax help for everyone, with priority assistance to taxpayers who are 60 years of age and older, specializing in questions about pensions, and retirement issues unique to seniors. During the filing season, taxpayers can locate a site nearest them at https://secure.aarp.org/applications/VMISLocator/searchTaxAideLocations.action or call 1-888-227-7669.

• MyTax.DC.gov – The OTR web portal offers the ability to file online the D-40/Schedules with certain limitations.

Should you have additional questions, please call OTR's Telephone Center at (202) 727-4TAX (4829).

- DO NOT STAPLE OR DESTROY THE BARCODE PRINTED AT THE TOP OF THE RETURN.
- DO NOT USE THE 2022 RETURN IF YOU ARE FILING FOR A PREVIOUS YEAR. REFER TO THE BOOKLET AND INSTRUCTIONS ON THE DC WEBSITE MYTAX.DC.GOV, 'FORMS,' PRIOR YEAR FORMS.

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# **Instructions**

#### Who must file a DC Income tax return?

#### You must file a 2022 DC Individual Income Tax Return if:

- You were a District of Columbia (DC) resident in 2022 and were required to file a federal income tax return. (A resident is an individual domiciled in DC at any time during the taxable year);
- You maintained a place of abode in DC for a total of 183 days or more during 2022 even if your permanent home was outside DC;
- You were a part-year resident of DC during 2022 (see instructions for part-year residents, page 16);
- You were a member of the United States (US) armed forces and DC was your legal residence for tax purposes for all or part of 2022.
- If you want to receive a refund of DC taxes withheld or estimated payments made during the year, or if you qualify for and want to receive the following refundable credits:
  - o DC Earned Income Credit;
  - o Schedule N, Non-Custodial Parent Earned Income Credit;
  - o Schedule H, Homeowner and Renter Property Tax Credit; or
  - o Schedule ELC, Keep Child Care Affordable Tax Credit.

**Note:** If you are the spouse/registered domestic partner of someone not required to file, such as a nonresident Congressional appointee, and you meet any of the above requirements, you yourself must file.

#### You do not need to file a 2022 DC Individual Income tax return if:

- You were not required to file a 2022 federal income tax return;
- You were not considered a resident of DC during 2022;
- You were an elected member of the US government who was not domiciled in DC;
- You were an employee on the personal staff of an elected member of the US Congress and you and the elected member were bona fide residents of the same state;
- You were a member of the US Executive Branch appointed by the President, subject to US Senate confirmation, whose tenure of office is at the pleasure of the President and you were not domiciled in DC during any part of 2022; or
- You were a justice of the US Supreme Court and were not domiciled in DC during any part of 2022.

### Other forms you may have to file

### **D-40B Nonresident Request for Refund**

If you were not a DC resident and you had DC taxes withheld or you are requesting a refund for erroneous estimated taxes paid, file Form D-40B, Nonresident Request for Refund, along with your W2's or 1099s attached. Military Spouses must include DD FORM 2058, JAN 2018 to honor your request for refund, including your W-2s and/ or 1099s. Schedule K-1's are not a substitute for W2/1099. Failure to provide this information will delay processing your request.

#### **D-40ES Estimated Payment for Individual Income Tax**

You must file these vouchers if you are required to file a District of Columbia (DC) income tax return and, you expect to owe \$100 or more in taxes. See Worksheet to Estimate DC Tax Payments. You will automatically be assessed interest for any underpayment of DC estimated tax.

**Note:** Electronic payment required. If the amount of the payment due for a period exceeds \$5,000, you must pay electronically. Visit <a href="MyTax.DC.gov">MyTax.DC.gov</a>.

#### **D-41 Fiduciary Income Tax Return**

Use the D-41 if you are the fiduciary of a DC estate or trust and the gross income for the trust is \$100 or more for the year.

#### FR-329 Consumer Use Tax on Purchases and Rentals

You should file this form electronically via the DC web portal and pay if during the tax year you paid a total of more than \$400 for merchandise, services, or rentals subject to DC use tax on which you did not pay sales tax. Visit MyTax.DC.gov for more information.

# When are your taxes due?

April 18, 2023 is the deadline for filing your return and paying any taxes due. If the due date falls on a Saturday, Sunday, or legal holiday, the return is timely if filed on the next business day.

### **Extension of Time to File**

#### FR-127 Extension of Time to File a DC Income Tax Return

An extension of time to file of six months may be granted if a valid extension of time to file is requested. In order to be valid, an FR-127 Extension of Time to File form is due by April 18, 2023. If the due date falls on a Saturday, Sunday, or legal holiday, the request for extension of time is timely if filed on the next business day. The submission of the extension of time to file is subject to the following considerations:

- If you expect to have a balance due when you file your D-40, you must pay with your timely filed extension. Penalty and interest charges are imposed on any tax found owing and not paid on time with the extension request.
- If you do not expect to have a balance due when you file your D-40, you would not be required to file a Form FR-127, if you have reasonably estimated your D-40 tax liability and paid the estimated amount of DC income taxes through withholding or estimated tax payment; and
- 3. If you do not expect to have a balance due and wish to request an extension for your DC income tax return, you should submit a Form FR-127.

#### **Additional extensions**

In addition to the 6-month extension, you may receive an additional 6-month extension if you are living or traveling outside the U.S. You must file for the first 6-month extension by the April 18, 2023 deadline before applying for the additional extension of time to file.

# Extensions for Members of the US Armed Forces Deployed in a Combat Zone or Contingency Operation.

Deadlines for filing your return, paying your tax, claiming a refund, and taking other actions with OTR is extended for persons in the Armed Forces serving in a Combat Zone or a Contingency Operation. The extension also applies to spouses/registered domestic partners, whether they file jointly or separately on the same return. See IRS Pub. 3, Armed Forces Tax Guide for further information.

#### Filing your return

This booklet has all the forms and instructions you will need. You are responsible for filing and paying taxes on time whether or not you receive the printed forms.

#### Modernized e-File (MeF)

MeF offers most DC individual income taxpayers a full federal/ state electronic filing program. There are three ways in which taxpayers can file their federal and District returns together electronically:

1. Through an authorized software provider listed on the IRS website or the OTR website;

- 2. Through a tax practitioner who is an authorized e-File provider; or
- Through a commercial online filing service. This allows taxpayers to transmit their DC and federal returns from their PC for a fee.

If you use the e-File options to file your DC return, you also have three options to receive your refund:

- 1. Direct Deposit;
- 2. U.S. Bank ReliaCard™; or
- 3. Paper Check.

Be sure to make a selection on the return for the refund option that you want. If you do not select an option, you will receive a paper check. Please review the information about the refund card at the front of the book. Instructions for direct deposit can be found on page 12.

#### **Electronic Filing Instructions**

The instructions in this booklet are specifically for filers of paper returns. When you file electronically, note that the instructions may differ. Follow the "on screen" instructions. If you need further expla-nations, review the instructions in this booklet.

#### Substitute forms

You may file your DC tax return using a computer-prepared or computer-generated substitute form, provided the form is approved in advance by the Office of Tax and Revenue (OTR). The fact that a software package is available for retail purchase does not mean that the substitute form has been approved for use. Call or check with the software developer to determine if their form is a DC OTR approved form.

### By mail

- If mailing a return with a payment, send it to: Office of Tax and Revenue PO Box 96169 Washington, DC 20090-6169
- If mailing a refund request return or a no money due return, send it to:
   Office of Tax and Revenue
   PO Box 96145
   Washington, DC 20090-6145

There are two adhesive mailing labels on the back flap of your return envelope. If you are sending a <u>payment</u> with your return, use the PO Box 96169 mailing label on your return envelope.

If you are filing a <u>no money due</u> or a <u>refund request</u> return, use the PO Box 96145 mail label on your return envelope.

Do not include more than one return per envelope.

#### **Payment Options**

#### **ACH Debit**

ACH debit is available for taxpayers who have signed up for MyTax.DC.gov. There is no fee. Bank account information is stored within their online account. MyTax.DC.gov can store multiple bank accounts across multiple tax types. Taxpayers give the right to debit the money from their bank account. Ensure you allow 1-3 business days if entering change of banking information.

#### **Direct Debit**

**Electronic filers** have the ability to pay their tax due or estimated payment by direct debit. Enter your banking information, including the routing and account numbers, checking or savings account and the date of withdrawal. The date of withdrawal cannot be greater than thirty (30) days after the due date of the return.

#### **Credit/Debit Card**

The taxpayer may pay the amount owed using Visa®, MasterCard®, Discover® or American Express®. You will be charged a fee that is paid directly to the District's credit card service provider. Payment is effec-tive on the day it is charged. Visit <a href="MyTax.DC.gov">MyTax.DC.gov</a> for more information.

Visit the website <u>MyTax.DC.gov</u> for Credit/Debit Card Payment Information.

**Note:** International ACH Transaction (IAT). Your payment cannot be drawn on a foreign account. You must pay by money order (US dollars) or credit card instead.

#### **Check or money order (US dollars)**

Include a check or money order (US dollars), payable to the DC Treasurer, with your completed return. Write your Taxpayer Identification Number (TIN), daytime telephone number, tax year "2022" and "Form D-40" on your payment. Attach your payment to the Form D-40P voucher provided in this booklet. Do not attach either to your return.

#### Form D-40P, Payment Voucher - by mail

Use this form when sending a check or money order. Do not staple the voucher to the D-40. If you pay at the same time you file your return, include the D-40P with your D-40 in the return envelope provided. Use the PO Box 96169 mail label from the back flap of the return envelope.

#### **Dishonored Payments**

Make sure your check or electronic payment will clear. You will be charged a \$65 fee if your check or electronic payment is not honored by your financial institution and returned to OTR.

#### **Penalties and Interest**

OTR will charge -

- A penalty of 5% per month if you fail to file a return or pay any tax due on time. It is computed on the unpaid tax for each month, or fraction of a month, that the return is not filed or the tax is not paid. It may not exceed an additional amount equal to 25% of the tax due;
- A 20% penalty on the portion of an underpayment of taxes if attributable to negligence. Negligence is a failure to make a reasonable attempt to comply with the law or to exercise ordinary and reasonable care in preparing tax returns without the intent to defraud. One indication of negligence is failure to keep adequate books and records:
- Interest of 10% per year, compounded daily, on a late payment;
- A one-time fee to cover internal collection efforts on any unpaid balance. The collection fee assessed is 10% of the tax balance due after 90 days. Payments received by OTR on accounts subject to the collection fee are first applied to the collection fee, then to the penalty, interest and tax owed;
- A civil fraud penalty of 75% of the underpayment which is attributable to fraud (see DC Code §47-4212).

For Estimated Tax Underpayment Interest, Form D-2210, use D-40 Line 40. The form can also be located at <a href="MyTax.DC.gov">MyTax.DC.gov</a>. File the Form D-2210 with your return.

#### **Criminal Penalties**

You will be penalized under the criminal provisions of the DC Code, Title 47, if you are required to file a return or report, or to perform any act, and you:

- Fail to file the return or report timely. If convicted, you will be fined not more than \$1,000 or imprisoned for not more than 180 days, or both, for each failure or neglect;
- Willfully fail to file the return or report timely. If convicted, you
  will be fined not more than \$1,000 or imprisoned for not more
  than 180 days, or both;
- Willfully attempt to evade or defeat a tax; willfully fail to collect, account for, or pay a tax; or willfully make fraudulent and false statements or fail to provide information. See DC Official Code §47-4101 through 4107.

These penalties are in addition to penalties under DC Code §22-2405 for false statements (and any other applicable penalties).

#### **Enforcement Actions**

OTR may use lien, levy, seizure, collection agencies, and liability offset if the taxpayer fails to pay the District within 20 days after receiving a Notice of Tax Due and a demand for payment. Visit MyTax.DC.gov.

# **Special filing circumstances**

#### **Amended return**

File an amended DC return if your DC tax liability for a prior open tax year (usually 3 years from date of filing) has changed on the D-40 return for the tax year you are amending. To file an amended return for the current year, complete another 2022 DC Individual Income Tax Return and fill in the "amended return" oval on the form. Attach a list with explanations of the changes covered by your amended return.

If you are filing an amended return for a prior year, attach a copy of the original and any amended returns filed for that tax year. You can download forms from <a href="MyTax.DC.gov">MyTax.DC.gov</a> or call 202-727-4829 to request forms by mail.

If the IRS adjusts your individual federal tax return, you must file an amended DC return within 90 days of receiving a final determination of the federal adjustment. Attach a copy of the adjusted federal return and/or determination letter.

**Filing for a deceased taxpayer.** Fill in the oval for a deceased taxpayer at the top of the page of the D-40.

If a taxpayer died in 2021 or 2022 before filing a return, a return must be filed for that person. Complete a D-40 on the correct year's tax return and provide the deceased person's information, not your own. Do not adjust the deceased's income, exemptions or deductions to reflect the date of death, unless a D-41 is being filed for the remainder of the year after the date of death. Tax preparers, other than the surviving spouse/registered domestic partner, such as executors, attorneys, or other personal representatives, must attach letters of administration. If a refund is due, all tax preparers must attach а completed FR-147, Statement of Persons Claiming Refund Taxpayer, found on MyTax.DC.gov and a copy of the death certificate. Do not use the federal form to request a DC refund. Refunds will be issued by paper check only.

#### **Joint Returns After Separate Returns**

You can change your filing status from a separate return to a joint return by filing an amended return. You generally can change a joint return anytime within three (3) years from the due date of the separate return or returns. This does not include any extensions. A separate

return includes a return filed by you or your spouse/registered domestic partner claiming married filing separately, registered domestic partners filing separately, single, or head of household filing status.

#### **Separate Returns After Joint Return**

Once you file a joint return, you cannot choose to file separate returns for that year after the due date of the return. **Exception**. A personal representative for a decedent can change from a joint return elected by the surviving spouse to a separate return for the decedent. The personal representative has one (1) year from the due date of the return (including extensions) to make this change.

#### **Exclusion of Certain Grants From District Gross Income**

The District of Columbia enacted legislation amending D.C.Code § 47-1803.02 to exclude the following grants made by the District from District gross income:

- Small business loans awarded and subsequently forgiven under § 7A of the Small Business Act (15 U.S.C. § 636m);
- For tax years beginning after December 31, 2020, public health emergency response grants issued pursuant to § 5b of the District of Columbia Public Emergency Act of 1980 (D.C. Official Code § 7-2304.02);
- Public health emergency small business grants awarded pursuant to section 2316 of the Small and Certified Business Enterprise Development and Assistance Act of 2005 (D.C. Law 24-9; 68 DCR 6913);
- Public health emergency grants authorized pursuant to section 16(m)(1) of the Advisory Neighborhood Commissions Act of 1975, effective March 26, 1976 (D.C. Law 1-58; D.C. Official Code § 1-309.13(m)(1);
- Lump-sum payments received by individuals from the Early Educator Pay Parity Program pursuant to DC Code § 1-325.431;
- Rebates issued by the Mayor pursuant to the Automated External Defibrillator Incentive Program;
- Grants awarded by the Mayor under the COVID-19 Hotel Recovery Grant Program of 2021;
- The following grants awarded by the Office of the Deputy Mayor for Planning and Economic Development (DMPED);
  - I- Grants awarded to Check It Enterprises under §1-328.4(h) (1)(A):
  - II- Small business grants awarded under § 1-328.04(I);
  - III- Grants to DC Center for LQBT Community awarded under § 1-328.04(m);
  - IV- Large company grants awarded under § 1-328.04(n);
  - V- Local food access grants awarded under § 1-328.04(o);
  - VI- Guaranteed income pilot program grants awarded under § 1-328.04(p);
  - VII- Grants awarded to Community Development Financial Institutions or Minority Depository Institutions awarded under § 1-328.04(q);
  - VIII- Equity growth impact grants awarded under § 1-328.04(r);
  - IX- Great Streets program grants awarded under § 1-328.04(s);
  - X- Bridge fund recovery and special event support grants awarded under § 1-328.04(t);
  - XI- Small and medium business recovery and growth program grants awarded under § 1-328.04(u);
  - XII- Equity impact enterprise commercial property acquisition grants awarded under § 1-328.04(v);

- XIII- Grants awarded to housing providers under DC Code § 1-328.04(w); and
- XIV- Central Business District grants awarded under DC Code § 1-328.04(x);
- The following grants awarded by the Department of Energy & Environment;
  - I- Funding received pursuant to the Solar for All Program established by DC Code § 8-1774.16; and
  - II- Sustainable Energy Trust Fund grants awarded pursuant to DC Code § 8-1774.10(c)(22).

The exclusion of cash assistance grants awarded by the Washington Convention and Sports Authority to excluded workers has been extended through tax year ending December 31, 2023.

The amount received by businesses and individuals pursuant to these grants may be subject to federal income tax and included in federal gross income. For Form D-40 Individual Income Tax Return: the amount of the grant should be included in the federal Adjusted Gross Income that is reported on the federal Form 1040 to Line 4 of Form D-40. Therefore, complete and submit Schedule I which is a Schedule for Additions to and Subtractions from federal Adjusted Gross Income. Use Line 13 of Schedule I to report the amount of the grant. The total additions to and subtractions from federal Adjusted Gross Income captured by Schedule I are carried over to Form D-40. Submit the 1099G showing the amount of the grant.

# **Getting Started**

To complete the paper Form D-40, in general you will need:

- A copy of your completed 2022 federal return, as applicable (Form 1040, 1040-SR, 1040-NR, or 1040-NR-EZ) and any additional forms or worksheets related to the return. You can copy many entries directly from federal forms 1040, 1040-SR, 1040-NR or 1040-NR-EZ. Please be careful since the line numbers may differ from the District Form D-40 line numbers;
- A copy of your completed state returns if you filed an income tax return with another state;
- Your 2022 W-2 and applicable 1099 forms with DC withholding tax or taxable income:
- A pen with black ink;
- A calculator.

Not all items will apply. Fill in only those that do. If an amount is zero, make no entry, leave the line blank.

Do not enter cents. Round to the nearest dollar. Examples: \$10,500.50 rounds to \$10,501 \$10,500.49 rounds to \$10,500

### **Taxpayer Identification Number(s) (TIN)**

You must have a TIN, whether it is a Federal Employer Identification Number (FEIN, Social Security Number (SSN, Individual Taxpayer Identification Number (ITIN or Preparer Tax Identification Number (PTIN

- An FEIN is a valid number issued by the IRS. To apply for an FEIN, get Form SS-4, Application for Employer Identification Number, or get this form online at <a href="https://www.irs.gov/businesses">www.irs.gov/businesses</a> and click on Employer Identification Number (EIN) under Starting a Business. You may also get this form by calling 1-800-TAX-FORM (1-800-829-3676);
- An SSN is a valid number issued by the Social Security Administration (SSA) of the United States Government. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or online at <a href="https://www.ssa.gov">www.ssa.gov</a>. You may also get this form by calling 1-800-772-1213;

- An ITIN, Individual Taxpayer Identification Number is a valid number issued by the Internal Revenue Service (IRS). The IRS issues ITINs to individuals who are required to have a U.S. taxpayer identification number but who do not have, and are not eligible to obtain, an SSN from the SSA. ITINs do not serve any purpose other than federal and state tax reporting.
- A PTIN, Preparer Tax Identification Number is an identification number issued by the IRS that all paid tax preparers must use on tax returns or claims for refund.

You must wait until you receive either number before you file a DC return. Your return may be rejected if your TIN is missing, incorrect or invalid. You could be subject to a balance due or disallowance of credits if your dependent's or other qualifying person's TINs are missing, incorrect or invalid.

# Filling out the form

To aid us in processing your return please follow these rules.

Do not print outside the box	es.
Use black ink. Print in CAPITAL letters.	ROBERTS
Leave a space between words and between words and numbers.	8 ELM
Write 3s with a rounded top, not a flat top.	3.7 3 7
Write 7s without a middle bar.	
Fill in ovals completely. Do not "\scritter" or "x" ovals.	
Do not enter cents. Round cents to the nearest dollar.	57204.00
Note: Your taxpayer identific purposes only.	cation number is used for tax

#### **Personal information**

Complete the personal information as instructed using CAPITAL letters and black ink. Use one block per letter, including using a space between address fields. Please write clearly, as this can delay processing your return.

# Wages, tips and salaries

Enter the amount from your federal 1040, 1040-SR, 1040-NR, or 1040-NR-EZ, <u>plus</u> any unemployment compensation received on Line a, Income Information on the D-40, from your withholding statement, W2 or 1099.

### DC income tax withheld (paper filers)

Add the DC income tax withheld as shown on your 2022 federal Forms W-2 and applicable Forms 1099. Attach all copies of your Forms W-2 and 1099 that show DC tax withheld to Form D-40 and submit with Form D-40.

#### Filing Status

More than one filing status may apply to you. Use the one that will give you the lowest tax. Please ensure the oval to the left of the filing status is filled in.

Generally, you will use the same filing status on your DC return as that used on your federal return. However, if you used married filing jointly on your federal return, it may be better for you to file your DC return using either married/registered domestic partners filing separately or married/registered domestic partners filing separately on the same return. If both have income, figure the tax both ways.

#### Single

You were unmarried, divorced or legally separated as of December 31, 2022, or were widowed prior to January 1, 2023, and did not remarry before January 1, 2023.

#### **Filing Jointly**

You were married or have a registered domestic partner and both spouses/registered domestic partners were DC residents as of December 31, 2022, or your spouse/ registered domestic partner died in 2022 and you did not remarry/register in 2022. If legally separated, do not file jointly. If your spouse died during the year, you are considered married for the whole year for filing status purposes. If you did not remarry before the end of the tax year, you can file a joint return for yourself and your deceased spouse.

If claiming injured spouse allocation, complete Form DC-8379 and attach it to your D-40 return.

If you are filing a joint return or filing separately on the same return, enter the name and TIN shown first on your previous year return, then enter the name and TIN shown second on your previous year return.

#### **Registered domestic partners**

To be considered as a registered domestic partner for DC tax purposes, the parties must be registered with the Vital Records Division of the DC Department of Health. If you have registered your relationship you may either file a joint return or file separately on the same return. You may also file separately using the married filing separately status.

**Domestic partners or other similar relationship registered in other jurisdictions.** If you have registered your relationship in another jurisdiction, you may file a joint return, or file separately on the same return, or file a separate return using the single status.

- If filing jointly is chosen, enter the total federal adjusted gross income of both registered domestic partners on Line 4 of the Form D-40.
- <u>If you are married or registered domestic partners</u>, you may file either a joint return or file separately on the same return. If filing jointly is chosen, enter the total federal adjusted gross income of both spouses/partners on Line 4, Form D-40.
- If filing separately on the same return is chosen, follow the instructions under Married or Registered Domestic Partners filing separately on the same return.

#### Married or registered domestic partner filing separately

If you are married or have a registered domestic partner and both spouses/partners had income, you can use this filing status. Include your spouse/registered domestic partner's name and Taxpayer Identification Number (TIN) in the <u>Personal Information</u> section.

You will each report only your own income, deductions, and credits. You will each report one-half of the income from any securities, bank accounts, real estate, etc., that are registered or titled in both names.

Registered domestic partners who choose to file as married and married individuals must use this filing status if:

- You and/or your spouse/registered domestic partner were partyear residents of DC during different periods of 2022;
- You were a DC resident and your spouse/registered domestic partner was one of the following:
  - A member of the US armed forces and not considered a DC resident, but you are required to report income in DC;
  - A member of the US Congress or an employee on the personal staff of a member of Congress who is considered a resident of the member's state of residency;

- An officer of the US Executive Branch whose primary residence was not in DC, who is appointed by the President, confirmed by the US Senate and serves at the pleasure of the President; or
- A justice of the US Supreme Court whose primary residence was not in DC.

#### Dependent claimed by someone else

If you are claimed as a dependent on someone else's return, fill in the 'dependent claimed by someone else' oval.

# Married or registered domestic partner filing separately on the same return

You and your spouse/registered domestic partner must combine your separate amounts using Calculation J on Schedule S so that you will either receive one refund or make one tax payment. You may also claim a credit for child and dependent care expenses. Using this filing status may reduce the amount of tax you owe by allowing each spouse/registered domestic partner to take advantage of lower tax brackets.

Before completing Calculation J, and the Form D-40, you will need to figure the following for you and your spouse/registered domestic partner:

- Each person's federal adjusted gross income;
- Each person's additions to federal income;
- Each person's subtractions from federal income; and
- Each person's deductions.

NOTE: If you and your spouse/registered domestic partner were partyear residents of DC during different periods of 2022, you cannot file separately on the same return. You must file separate returns.

#### **Injured Spouse Allocation**

If either spouse/registered domestic partner has an outstanding liability for prior federal tax, DC income tax, DC unemployment compensation debt, child support, a federal nontax debt, such as a student loan or DC ticket and traffic penalties, the non-liable party may request that his/her portion of the refund, if any, not be offset to satisfy the other spouse's/registered domestic partner's debt by requesting "injured spouse" allocation. You must file Form DC-8379 before an offset occurs. Once the offset has been applied to a debt, you must contact the agency to which the offset was directed. After an offset has occurred, OTR cannot refund offset amounts. If not filing electronically, fill in the oval on the D-40 form, attach Form DC-8379 (Injured Spouse Allocation) to your return and mail to:

Office of Tax and Revenue PO Box 96145 Washington, DC 20090-6145

#### **Head of Household**

You may claim this status if you were unmarried or legally separated as of December 31, 2022, and paid over half of the costs of maintaining a home for a qualifying person, such as a child or parent. Certain individuals who lived apart from the spouse/domestic partner for the last six (6) months of 2022 may also be able to use this filing status. Use the appropriate section of Schedule S to enter the full name, TIN, relationship and Date of Birth (DOB) of the qualifying person whether that person is a dependent or the qualifying non-dependent. Failure to provide a Schedule S can delay processing. All the information must be complete, i.e., name, TIN, relationship and DOB.

#### **Qualifying Widow(er) with Dependent Child**

If your spouse/registered domestic partner died in 2022, you can use married filing jointly as your filing status for 2022 if you otherwise qualify to use this status. The year of death is the last year for which you can file jointly with your deceased spouse. You may be eligible to use qualifying widow(er) with dependent child as your filing

status for 2 years following the year your spouse/registered domestic partner died. For example, if your spouse/registered domestic partner died in 2020, and you have not remarried, you may be able to use this filing status for 2022.

This filing status entitles you to use joint return tax rates and the highest standard deduction amount (if you do not itemize deductions) but it does not entitle you to file a joint return.

**Eligibility rules.** You are eligible to file your 2022 return as a qualifying widow(er) with dependent child if you meet all of the following tests:

- You were entitled to file a joint return with your spouse/registered domestic partner for the year your spouse/registered domestic partner died. It does not matter whether you actually filed a joint return.
- Your spouse/registered domestic partner died in 2020 or 2021 and you did not remarry by the end of 2022.
- You have a child or stepchild whom you can claim as a dependent. This does not include a foster child.
- Your child lived in your home all year, except for temporary absences. There are exceptions for a child who was born or died during the year and for a kidnapped child.
- You paid more than half the cost of keeping up your home for the year.

#### **Standard Deduction**

You are not entitled to the standard deduction if you itemize on your federal return. You are entitled to the itemized deductions excluding the state and local taxes and subject to the DC 5 percent limitation.

District Code §47-1803.03 (c) states "Every individual who claims the standard deduction on his or her federal income tax return shall claim the applicable standard deduction specified in District Code §47-1801.04 (44). Every individual who itemizes the deductions on his or her federal income tax return shall itemize the deductions permissible under this chapter. If spouses or registered domestic partners file separate returns, the applicable standard deduction shall not be allowed to either spouse or registered domestic partner if the net income of one of the spouses/registered domestic partners is determined by itemizing deductions." Each spouse/registered domestic partner can claim only his/her own itemized deduction.

Single individuals, and married/registered domestic partners filing separately are allowed a standard deduction amount of \$12,950. Head of household filers are allowed a standard deduction of \$19,400. Married/registered domestic partners filing jointly, qualifying widow(ers) with dependent children, and married/ registered domestic partners filing separately on the same return are allowed a standard deduction of \$25,900.

An additional standard deduction amount of \$1,400 (\$1,750 if single or head of household) is allowed if you were born before January 2, 1958, or blind. You must attach the Schedule S with a completed Calculation G-1 to claim the additional standard deduction except if you are a dependent filer.

Dependent filers are allowed a standard deduction in an amount based on a formula. Dependent filers should use the worksheet on page 20 to calculate their standard deduction only if someone can claim you, or your spouse/registered domestic partner if filing jointly, as a dependent.

### **DC Earned Income Tax Credit (EITC)**

You cannot claim the DC EITC if your filing status is Dependent claimed by someone else.

#### Taxpayers with a Qualifying Child

Enter the number of qualifying children on Line 27a of the D-40. The amount of, and distribution of, the DC Earned Income Tax

(EITC) for individuals with qualifying children, has changed. Pursuant to the "Earned Income Tax Credit as Basic Income Amend-ment Act of 2021", for taxable year January 1, 2022, and ending December 31, 2022, taxpayers with a qualifying child who are eligible for and who claim the federal earned income credit (federal EIC) may also claim an increased DC EITC of 70% of the federal credit. However, payment of the credit will be made differently than in previous years.

For the taxable year beginning January 1, 2022, and ending December 31, 2022, the DC EITC will be distributed as follows: an amount equal to 40% of the federal EIC will be paid to the individual in one lump sum payment, and if the amount of the remaining refund is at least \$600, the remaining refund will be paid in 11 equal monthly installments. If the amount of the remaining refund is less than \$600, the remaining refund shall be included in one lump sum payment.

OTR will send a notice to every individual whose refund, or any portion thereof, will be paid in monthly refund payments pursuant to the Act. OTR will calculate the refund distribution amount for you.

Eligible DC EITC part-year residents with qualifying children will NOT have a portion of their EITC paid in monthly payments. They will receive their EITC refunds in one lump sum payment prorated according to the period of DC residency.

#### **Qualifying Child for EITC Purposes**

A qualifying child as defined by the IRS for the EIC is a child who is your son, daughter, stepchild, foster child, brother, sister,

Stepbrother, stepsister, or a descendant of any of them (for example, your grandchild, niece or nephew) and was:

- At the end of the filing year, younger than you (or your spouse, if you file a joint return) and younger than 19;
- At the end of the filing year, younger than you (or your spouse, if you file a joint return), younger than 24 and a full-time student; and,
- At the end of the filing year, any age and permanently and totally disabled.

In addition, they must have lived with you in the US for more than half of 2022, **unless you are claiming** the DC EITC as a non-custodial parent (see instructions for Schedule N).

If your child was married at the end of the year, the child is not a qualifying child <u>unless</u> you can claim the child as a dependent or you have been given the right to claim the child as a dependent in an agreement signed by the child's custodial parent releasing the dependency exemption.

DC Law also allows the same 70% of federal EIC to those who are not allowed to claim the EIC at the federal level but who meet other DC requirements, such as a non-custodial parent who is a District resident between the ages of 18 and 30, and paying child support under a court order for a minor child. The taxpayer must have paid the child support of at least the amount due for the year through a government sponsored support collection unit and the order must have been in effect for at least one-half of the year. You must file a D-40 form to use this exception. Complete Schedule N, DC Non-Custodial Parent EITC Claim, and attach to the D-40. Also enter the amount to be claimed on the Schedule U, Part 1B, Line 1. Eligible Schedule N, DC Non-Custodial Parent EITC claimants will NOT have a portion of their EITC paid in monthly payments. They will receive their DC EITC refund in one lump sum payment.

#### Taxpayers without a Qualifying Child

Taxpayers without a qualifying child must use the DC Earned Income Tax Credit (EITC) Worksheet For Filers Without a Qualifying Child on page 21 to determine the DC EITC. You may need information from the federal instruction booklet concerning the Earned Income Credit to determine your eligibility for the DC

Earned Income Tax Credit. If you do not have a qualifying child for the EITC and did not qualify for the federal credit due to your income, you may still qualify for the DC EITC. Eligible DC EITC claimants without a qualifying child will NOT have a portion of their EITC paid in monthly payments. They will receive their DC EITC refund in one lump sum payment.

#### **Contributions**

There are three (3) DC contributions. Contributions will be deducted from the refund due or added to the tax due. You can contribute as much as you would like, however your contribution cannot exceed your amount to be overpaid and the smallest contribution you can make to any one fund is \$1.00.

#### DC Statehood Delegation Fund

Enter on Part II Contributions, Line 1 of the Schedule U, and attach to the D-40.

<u>Taxpayer Support for Afterschool Programs for At-Risk Students</u> Enter on Part II Contributions, Line 2 of the Schedule U, and attach to the D-40.

Anacostia River Cleanup and Protection Fund

Enter on Part II Contributions, Line 3 of the Schedule U, and attach to the D-40.

#### Tax tables

If your taxable income is \$100,000 or less, use the tax tables on pages 83-92 to find the tax on Line 20 of the D-40.

If your taxable income is greater than \$100,000, use Calculation I on page 18 to determine your tax.

#### Tax paid with extensions

Report tax paid with extension of time to file on Line 33 of the D-40.

#### Tax paid with original return

Report tax paid with original return if this is an amended return on Line 34 of the D-40.

#### **Refund Options**

There are three refund options offered for individual income tax returns. All individual income tax returns require that one of three refund options be selected.

#### 1. Direct deposit of refund

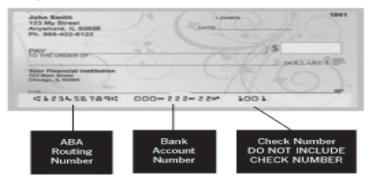
Direct Deposit Facts:

- 1. It's simple. You don't have to go to the bank to cash your check.
- 2. It's safe. No more lost, stolen or misplaced checks.
- 3. It's fast. Your money will be available the morning of the payment.

All new direct deposit requests (taxpayers requesting a direct deposit for the first time) will receive a paper check.

If you want your refund deposited directly in your bank account, complete the Direct Deposit Information on the D-40. If the routing or account number begins with zeros, include the zeros.

Fill in the bank routing and account number information. You can obtain this information from the lower left portion of your check (see example below).



**NOTE:** Refer to your own check or financial institution for your num-bers. The routing and account numbers may be in different places on your check.

Your routing number is the left-most number located on your check, identified as the American Banking Association (ABA) routing number. The ABA number identifies your bank uniquely within the direct deposit system. It must be:

- Nine (9) digits in length, including zeros;
- A current valid bank routing number.

Your account number:

- Is usually just to the right of your ABA routing number including zeros;
- Can be up to 18 digits long; and
- Can be both letters and numbers.

You may want to verify your account and routing numbers with your financial institution before filling in the information.

Fill in the oval to show the type of bank account. If you want the refund to go to a savings account instead of your checking account, you may need to contact your financial institution for the account and routing number information.

Check the ABA routing number and account number carefully. If your bank account information is incorrect or missing digits, the money can be deposited in someone else's account. Please double check your routing and account number. OTR is not liable for any ABA routing and account numbers reported on the return in error.

If you do not select the checking or savings oval, we will assume the refund will be deposited in your checking account. If the funds are returned to OTR, a paper check will be issued.

In the event of a rejection of direct deposit, refunds will be re-issued on a paper check.

**Note:** Identity theft and fraud using direct deposit has grown significantly nationally and locally in recent years. To minimize direct deposit/identity theft refund fraud, OTR is converting new direct deposit refund requests to paper checks mailed to the taxpayer's address of record. Also see number 3, Paper Check section below for when paper checks will be issued.

# Refund direct deposit to a foreign account – International ACH Transaction (IAT)

If you request your refund to be direct deposited to an account outside of the United States, you will receive a paper check.

#### 2. U.S. Bank ReliaCard™

If you want your refund on a **ReliaCard**, select "ReliaCard" under the Refund Options on the D-40 form. Refunds under \$2 or greater than \$4,000 do not qualify for the ReliaCard. Non-qualified refunds will receive a paper check if direct deposit is not selected.

To obtain more information, visit https://www.usbankreliacard.com.

Note: If you selected the ReliaCard as your refund choice and are eligible to receive monthly EITC refund payments, please retain your U.S. Bank Reliacard. Monthly payments will be reloaded onto the initial card that you received containing your initial lump sum refund payment.

### 3. Paper Check

A paper check will be issued if:

- · no refund option is selected;
- the taxpayer selects this option, or direct deposit is not selected or if the taxpayer selects "ReliaCard" and it is beyond the threshold for a ReliaCard;
- taxpayer is a first time filer, even if they select direct deposit;
- there is a gap between filing i.e., filed in 2019 and 2020, but did not file in 2021; or
- the bank account changes from one year to the next; or
- the taxpayer requests a refund on behalf of a deceased taxpayer.

#### **Refund status inquiry**

To check the status of your refund visit <u>MyTax.DC.gov.</u> You will need to enter your taxpayer identification number (TIN) and the refund amount you requested on your return.

#### **Third Party Designee**

If you want to authorize another person to discuss your 2022 tax return with the OTR, fill-in the oval in the Third Party Designee block on page 3 of the D-40, and enter the designee's name and phone number. If you want to authorize your paid preparer, enter 'preparer' in the 'third party designee' block. If you are filing a joint return, filling in the third party designee block oval constitutes authorization by both filers. Filling in the oval also gives the designee authorization to:

- Give OTR any information missing from your return;
- Contact OTR for information about processing your return and the status of any refund or payment; and
- Request, receive and/or respond to OTR notices related to your return.
   The authorization does not:
- Give the designee the right to receive your refund;
- Bind you to any additional tax liability related to your return; or
- Otherwise represent you before OTR.

This authorization automatically ends on April 15, 2024 (without regard to extensions).

#### **Signature**

Sign and date your return. If your filing status is married filing jointly or married filing separately on the same return, both spouses/ registered domestic partners must sign. If the return is not signed, it will be sent back to you. If the return was prepared by a paid tax preparer, the tax preparer must also sign the return and provide his or her identification (PTIN) and telephone number. You, the taxpayer(s) is/are responsible for the information prepared and submitted by a paid preparer.

#### **Email address**

Enter the email address of the person authorized to discuss your 2022 tax return with OTR. This can be the taxpayer, the third party designee, or the paid preparer if you have filled in the oval authorizing the paid preparer to discuss this return with OTR.

Send in your original return and attachments, if applicable; <u>please</u> keep a copy for your records.

#### Do not understate your taxes

There may be a penalty if an understatement of the tax required to be shown on your return exceeds the greater of:

- 10% of the tax required to be shown on the return; or
- \$2,000

The penalty is 20% of the excess of the amount required to be shown on the return over the tax shown on the return.

# **Using a Paid Preparer**

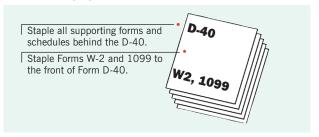
Although you may use a paid preparer, you the taxpayer(s) are respon-sible for the filing and payment of your tax return. Please review the tax return before you allow a paid preparer to issue a return on your behalf.

# Preparers must pay a penalty for understating taxes where:

- The refund or amount due is based on unrealistic information;
- The preparer should have been aware of a relevant law or regulation; or
- Relevant facts about the return are not adequately disclosed.
   Penalties range from \$250 to \$10,000.

# **Assembling your D-40 return**

- Do not staple or otherwise damage the Bar Code located in the upper right hand corner of the form or schedule being attached;
- Do not cross out the tax year on the 2022 return. If you are not filing a 2022 Individual Income Tax Return, do not use this booklet. Request a booklet for the specific year you are filing by calling our Forms Center at (202) 727-4829, or visit our Customer Service Administration (CSA) at 1101 4th Street, SW, Washington, DC 20024. You may also visit our website at MyTax.DC.gov for prior year(s) individual income tax booklets/returns;
- Staple check or money order to the D-40P, Payment Voucher;
- Staple Forms W-2 and applicable 1099 to the front of your return;
- Staple any of the other required documents listed on this page in the upper left corner behind the return;
- Send in an original, signed DC return with attachments, if applicable, not a copy. Please fold your return once and use the return envelope provided;



- There are two adhesive mail labels on the back flap of the return envelope. If you are sending a <u>payment</u> by mail with your return, use the PO Box 96169 label on the return envelope. If you are filing a return with <u>no payment due or refund return</u>, use the PO Box 96145 label.
- Copies of the federal return and schedules are not required to be filed with DC and should not be attached unless specified below.

# List of other documents for D-40 filers

Staple these behind the D-40 return in file order.

- Schedule S Supplemental Information and Dependents;
- Schedule H, Homeowner and Renter Property Tax Credit;
- Schedule U, Additional Miscellaneous Credits and Contributions;
- D-8609, District of Columbia Low-Income Housing Tax Credit Allocation and Certification;
- Schedule I, Additions to and Substractions from Federal Adjusted Gross Income;
- Schedule N, DC Non-Custodial Parent EITC Claim;
- Schedule ELC, Keep Child Care Affordable Tax Credit;
- Schedule HSR, DC Health Care Shared Responsibility;
- DC-8379, Injured Spouse Allocation;
- D-2210, Underpayment of Estimated Income Tax by Individuals;
- D-40P, Payment Voucher;
- FR-127, Extension of Time to File a DC Income Tax Return;
- DC Form FR-147, Refund Claim for Deceased Taxpayer, with letters of administration and a copy of the death certificate;
- DC Form D-2440, Disability Income Exclusion (and any certification):
- DC Form D-2441, Child and Dependent Care Credit for Part-Year Residents:
- DC Residential Form, Alternative Fuel Vehicle Conversion and Infrastructure Credits.

If any of the above-referenced forms are needed, visit <a href="MyTax.DC.gov">MyTax.DC.gov</a>. Scroll to the "Individuals" section then click on "Current & Prior Year Tax Forms," and select form needed.

You may also contact our Forms Center at (202) 727-4829.

To complete your D-40 return, you will need to do a series of calculations contained in these instructions and copy many of the line items and totals onto your D-40. You may also need to attach DC schedules, or forms to your D-40. Unless instructed otherwise, if you complete any part of any Schedules S, H, U, I, N, ELC, HSR, DC-8379, D-2210, D-40P, FR-127, attach it to your return.

#### DC-8379 Injured Spouse Allocation.

You may be an injured spouse if you file a joint return and all or part of your portion of the overpayment is expected to be, offset to your spouse/ registered domestic partner's legally enforceable past-due federal tax, state income tax, state unemployment compensation debts, child support, or a federal nontax debt, such as a student loan. You must file the DC-8379 with your return. In order to be eligible for this relief, you must submit your completed DC-8379 prior to the offset occurring and filed with the return. Once funds have been offset, this relief may be unavailable.

#### Schedule ELC, Keep Child Care Affordable Tax Credit.

This schedule allows eligible taxpayers to claim an early learning tax credit for an eligible child under the age of 4 as of 9/30/22 and payments made during the taxable year after August 31st if the eligible child meets age requirements for enrollment in Pre-K according to DC Code §38-273.02(a).

#### Schedule H, Homeowners and Renter Property Tax Credit.

This schedule allows eligible residents to claim a property tax credit against their DC income tax liability. The total 2022 federal Adjusted Gross Income (AGI) of your "tax filing unit" cannot exceed \$57,600 (under age 70) or \$78,600 (age 70 or older). **Do not claim this credit** for an exempt property owned by a government, a house of worship or a non-profit organization. See Schedule H in this booklet.

required to file a D-40 because you are below the filing threshold, a dependent claimed by someone else. you may file the Schedule H by itself. It can be filed online via Calculation J is used to determine the DC tax amount for married or MyTax.DC.gov (if you are not a first time Schedule H filer and registered to use the web portal), or mailed to:

Office of Tax and Revenue 1101 4th St SW, FL4 Washington DC 20024

#### Schedule HSR, DC Health Care Shared Responsibility.

DC law requires all residents to have health care coverage, have an exemption or pay a tax penalty on their DC tax return. See instructions for Schedule HSR, DC Health Care Shared Responsibility.

#### Schedule I, Additions to and Subtractions from Federal AGI.

This schedule contains two calculations, one for additions and another for subtractions from federal Adjusted Gross Income. See Schedule I in this booklet. If you took the 100% federal bonus depreciation and/or the additional Internal Revenue Code (IRC) Section 179 expenses on your federal return, enter the total on Schedule I, Calculation A, Line 3.

If you reported deferred capital gains on your federal return due to an investment in a federal Qualified Opportunity Fund, you must add back the amount of the deferment on Line 8.

If you have deferred capital gains due to an investment in an approved DC Qualified Opportunity Fund, subtract the amount of the deferment on Line 15, provided this amount is also included in Line 8 of Schedule I.

Use Schedule I to exclude District nontaxable grants from District gross income where the amount of the grant is included in federal adjusted gross income. The amount of the grant should be included in the federal Adjusted Gross Income that is reported on the federal Form 1040, to Line 4 of Form-D-40. Use Line 13 of Schedule I to report the amount of the grant if the amount of the grant is included in federal Adjusted Gross Income. The total additions to and subtractions from federal Adjusted Gross Income captured by Schedule I are carried over to Form D-40. Submit the 1099G showing the amount of the grant.

#### Schedule N, DC Non-Custodial Parent EITC Claim.

Use this schedule to determine whether a non-custodial parent making court-ordered child support payments may claim the DC EITC. See Schedule N in this booklet.

#### Schedule S, Supplemental Information and Dependents.

If claiming dependents, use Schedule S to list each dependent's name, taxpayer identification number (TIN), relationship and date of birth (DOB). If filing head of household/qualifying widow(er) use Schedule S to report dependents or other qualifying non-dependent person.

Calculation G-1 is used to determine the computation of the standard deduction. You must also use Calculation G-1 to claim the additional standard deduction for yourself or your spouse/registered domestic Note: File the Schedule H with your D-40 return. If you are not partner for being blind and/or age 65 or older, unless you are

registered domestic partners filing separately on the same return.

List any TINs (EIN) in the applicable space(s) if there is an amount on D-40, Line 11.

# Schedule U, Additional Miscellaneous Credits and Contributions

This schedule lists certain additional non-refundable and refundable credits you may be able to claim. It also lists several contributions funds to which you may wish to contribute. See Schedule U in this booklet.

#### Non-refundable credits include:

**1. Out of State tax credit.** The amount DC domiciliary taxpayers may claim as a credit for individual income tax paid to other state(s) if the income taxed by that state is derived from that state and that income is of a kind taxed by DC. The tax paid to a state is the total state tax liability shown on the state tax return. (It is not the state withholding shown on your Form W-2.) The credit is limited to the rate of tax charged in the District. If you are a statutory resident, the state in which you are domiciled gives you a credit for the taxes paid to DC.

Calculation K Out-of-state-income tax credit	
a Amount of income tax paid to other state(s), enter from the other state(s) return(s).	а
b Income subject to income tax in other states and received while a resident of DC.	b
c DC adjusted gross income from D-40, Line 16.	С
d Divide Line b by Line c. (Enter the percent.)	d
e DC Tax from D-40, Line 20.	е
f Maximum out-of-state credit. Multiply Line e by Line d.	f
g Enter the lesser of Line a or Line f. Also enter on Schedule U, Part 1a Line 2.	g

Complete Calculation K on the previous page, to determine your out of state credit. Enter the credit amount on Schedule U, Part 1a, Line 2. If you paid tax to more than one state, enter the respective amounts and other state codes in the spaces provided.

For information regarding credits for income taxes paid by pass-through entities (PTE taxes) to other states, see OTR Notice 2022-03, District Treatment of Pass-through Entities Taxes Paid to Other Jurisdictions.

No DC credit is allowed for any other tax imposed by a state, including the following:

- Corporate franchise tax;
- License tax;
- Excise tax;
- · Unincorporated business franchise tax; and
- · Occupation tax.

#### 2. Alternative Fuel Vehicle Conversion and Infrastructure

**Credits.** See D.C. Code Sections 47-1806.12 and 47-1806.13. A credit up to 50% of the costs for purchase and installation of qualified alternative fuel storage and dispensing or charging equipment per qualified alternative fuel vehicle refueling property or private residence. The credit shall not exceed \$1,000 per vehicle charging station for a private residence and \$10,000 per qualified alternative fuel vehicle refueling property or vehicle charging station. The cost of the purchase of the land on which the refueling or charging station will be located or the construc-

tion or purchase of any structure is not included in the equipment or labor costs. The unused credit can be carried over for two years.

A credit not to exceed \$19,000 per vehicle, up to the tax liability, for 50% of the cost of equipment and labor per vehicle for vehicle owners who modify owners who modify their existing petroleum derived gasoline or diesel fuel vehicle into a vehicle capable of operating on one of a list of acceptable operating fuels: 85% ethanol; natural gas; compressed natural gas; liquefied natural gas; liquefied petroleum gas; biodiesel (excluding kerosene); electricity from a vehicle charging station; or hydrogen. Any unused credit for vehicle conversion cannot be carried forward.

If you are claiming one of these credits, complete the residential form, Alternative Fuel Vehicle Conversion and Infrastructure Credits available online only at <a href="MyTax.DC.gov">MyTax.DC.gov</a> under Individual Income Tax Forms: attach it to the D-40, Schedule U.

If gross income derived from the operation of an alternative fuel dispensing or charging station exceeds \$12,000, you must file a DC Form D-30 Unincorporated Business Franchise Tax Return.

#### Refundable credits include:

- a. DC Non-custodial parent EITC. See Shedule N.
- b. Keep Cild Care Affordable Tax Credit. See Schedule ELC.

#### **Contributions include:**

- 1. DC Statehood Delegation Fund;
- 2. Taxpayer Support for Afterschool Programs For At-Risk Students; and
- 3. Anacostia River Cleanup and Protection Fund.

Note: Calculations A and B are on Schedule I)  Calculation C Standard deduction.  See instructions, page 11.  b Number of days you lived in DC from D-40, Line 2.  c Divide Line b by the number 365 (366 if leap year).  d Part-year DC standard deduction. Multiply Line a by Line c, enter here and on D-40, Line 18.  d Calculation D DC Itemized deductions for part-year DC residents.  a Total Itemized Deductions from Form 1040 or 1040-SR, Schedule A, Line 17, or Form 1040-NR, Schedule A, Line 8.  b Portion of Line a that applies to the time you were a DC resident.  c Portion of your state and local tax deduction reported on Form 1040 or 1040-SR, Schedule A, Line 7, or Form 1040-NR, Schedule A, Line 1b that was paid to DC.  d Subtract Line c from Line b.  e Portion of your state and local real estate tax deduction from Form 1040 or 1040-SR, Schedule A, Line 5b that was paid to DC.  g DC itemized deductions. Add Lines d, e, and f. If your District Adjusted Gross Income (AGI) is equal to or less than \$200,000 (\$100,000 if married filing separately) stop here and enter this amount on Line 18 of the D-40.  Note: If your District AGI is greater than \$200,000 (\$100,000 if married filing separately) continue below to determine the allowable itemized deductions.  h Enter the sum of Form 1040 or 1040-SR, Schedule A, Lines 4, 9, and 15 allocable to the time you were a DC resident.  i Subtract amount on Line h from Line g.  j Enter the amount of DC adjusted gross income.  k Enter \$200,000 (or \$100,000 if married filing separately).  k Enter \$200,000 (or \$100,000 if married filing separately).  k Enter the Allowable itemized deductions.  n Multibly amount on Line k from Line j.  m Multibly amount on Line k from Line j.  m Multibly amount on Line k b 5%.	3. Anacostia River Cleanup ar	nd Protection Fund.
a Your standard deduction. See instructions, page 11.  b Number of days you lived in DC from D-40, Line 2.  c Divide Line b by the number 365 (366 if leap year).  d Part-year DC standard deduction. Multiply Line a by Line c, enter here and on D-40, Line 18.  d Calculation D DC Itemized deductions for part-year DC residents.  a Total Itemized Deductions from Form 1040 or 1040-SR, Schedule A, Line 17, or Form 1040-NR, Schedule A, Line 8.  b Portion of Line a that applies to the time you were a DC resident.  c Portion of your state and local tax deduction reported on Form 1040 or 1040-SR, Schedule A, Line 7, or Form 1040-NR, Schedule A, Line 1b that was paid to DC.  d Subtract Line c from Line b.  e Portion of your state and local real estate tax deduction from Form 1040 or 1040-SR, Schedule A, Line 5b that was paid to DC.  f Portion of your other taxes deduction from Form 1040 or 1040-SR, Schedule A, Line 6 that was paid to DC.  g DC itemized deductions. Add Lines d, e, and f. If your District Adjusted Gross Income (AGI) is equal to or less than \$200,000 (\$100,000 if married filing separately) stop here and enter this amount on Line 18 of the D-40.  Note: If your District AGI is greater than \$200,000 (\$100,000 if married filing separately) continue below to determine the allowable itemized deductions.  h Enter the sum of Form 1040 or 1040-SR, Schedule A, Lines 4, 9, and 15 allocable to the time you were a DC resident.  i Subtract amount on Line h from Line g.  j Enter the amount of DC adjusted gross income.  k Enter \$200,000 (or \$100,000 if married filing separately).  k Enter \$200,000 (or \$100,000 if married filing separately).	·	
See instructions, page 11.  b Number of days you lived in DC from D-40, Line 2.  c Divide Line b by the number 365 (366 if leap year).  d Part-year DC standard deduction. Multiply Line a by Line c, enter here and on D-40, Line 18.  calculation D DC Itemized deductions for part-year DC residents.  a Total Itemized Deductions from Form 1040 or 1040-SR, Schedule A, Line 17, or Form 1040-NR, Schedule A, Line 8.  b Portion of Line a that applies to the time you were a DC resident.  c Portion of your state and local tax deduction reported on Form 1040 or 1040-SR, Schedule A, Line 7, or Form 1040-NR, Schedule A, Line 1b that was paid to DC.  d Subtract Line c from Line b.  e Portion of your state and local real estate tax deduction from Form 1040 or 1040-SR, Schedule A, Line 5b that was paid to DC.  f Portion of your other taxes deduction from Form 1040 or 1040-SR, Schedule A, Line 6 that was paid to DC.  g DC itemized deductions. Add Lines d, e, and f. If your District Adjusted Gross Income (AGI) is equal to or less than \$200,000 (\$100,000 if married filing separately) stop here and enter this amount on Line 18 of the D-40.  Note: If your District AGI is greater than \$200,000 (\$100,000 if married filing separately) continue below to determine the allowable itemized deductions.  h Enter the sum of Form 1040 or 1040-SR, Schedule A, Lines 4, 9, and 15 allocable to the time you were a DC resident.  i Subtract amount on Line h from Line g.  j Enter the amount of DC adjusted gross income.  k Enter \$200,000 (or \$100,000 if married filing separately).  k Enter \$200,000 (or \$100,000 if married filing separately).	Calculation C Standard deduction for part-year DC residents	
Calculation D DC Itemized deductions for part-year DC residents.  a Total Itemized Deductions from Form 1040 or 1040-SR, Schedule A, Line 17, or Form 1040-NR, Schedule A, Line 8.  b Portion of Line a that applies to the time you were a DC resident.  c Portion of your state and local tax deduction reported on Form 1040 or 1040-SR, Schedule A, Line 7, or Form 1040-NR, Schedule A, Line 18 that was paid to DC.  d Subtract Line c from Line b.  e Portion of your state and local real estate tax deduction from Form 1040 or 1040-SR, Schedule A, Line 5b that was paid to DC.  f Portion of your other taxes deduction from Form 1040 or 1040-SR, Schedule A, Line 6 that was paid to DC.  g DC itemized deductions. Add Lines d, e, and f. If your District Adjusted Gross Income (AGI) is equal to or less than \$200,000 (\$100,000 if married filling separately) stop here and enter this amount on Line 18 of the D-40.  Note: If your District AGI is greater than \$200,000 (\$100,000 if married filling separately) continue below to determine the allowable itemized deductions.  h Enter the sum of Form 1040 or 1040-SR, Schedule A, Lines 4, 9, and 15 allocable to the time you were a DC resident.  i Subtract amount on Line h from Line g.  j Enter the amount of DC adjusted gross income.  k Enter \$200,000 (or \$100,000 if married filling separately).  k Subtract amount on Line k from Line j.		а
Calculation D DC Itemized deductions for part-year DC residents.  a Total Itemized Deductions from Form 1040 or 1040-SR, Schedule A, Line 17, or Form 1040-NR, Schedule A, Line 8.  b Portion of Line a that applies to the time you were a DC resident.  c Portion of your state and local tax deduction reported on Form 1040 or 1040-SR, Schedule A, Line 7, or Form 1040-NR, Schedule A, Line 1b that was paid to DC.  d Subtract Line c from Line b.  e Portion of your state and local real estate tax deduction from Form 1040 or 1040-SR, Schedule A, Line 5b that was paid to DC.  f Portion of your other taxes deduction from Form 1040 or 1040-SR, Schedule A, Line 6 that was paid to DC.  g DC itemized deductions. Add Lines d, e, and f. If your District Adjusted Gross Income (AGI) is equal to or less than \$200,000 (\$100,000 if married filling separately) stop here and enter this amount on Line 18 of the D-40.  Note: If your District AGI is greater than \$200,000 (\$100,000 if married filling separately) continue below to determine the allowable itemized deductions.  h Enter the sum of Form 1040 or 1040-SR, Schedule A, Lines 4, 9, and 15 allocable to the time you were a DC resident.  i Subtract amount on Line h from Line g.  j Enter the amount of DC adjusted gross income.  k Enter \$200,000 (or \$100,000 if married filling separately).  k Enter \$200,000 (or \$100,000 if married filling separately).	Number of days you lived in DC from D-40, Line 2.	b
a Total Itemized Deductions from Form 1040 or 1040-SR, Schedule A, Line 17, or Form 1040-NR, Schedule A, Line 8.  b Portion of Line a that applies to the time you were a DC resident.  c Portion of your state and local tax deduction reported on Form 1040 or 1040-SR, Schedule A, Line 7, or Form 1040-NR, Schedule A, Line 1b that was paid to DC.  d Subtract Line c from Line b.  e Portion of your state and local real estate tax deduction from Form 1040 or 1040-SR, Schedule A, Line 5b that was paid to DC.  f Portion of your other taxes deduction from Form 1040 or 1040-SR, Schedule A, Line 6 that was paid to DC.  g DC itemized deductions. Add Lines d, e, and f. If your District Adjusted Gross Income (AGI) is equal to or less than \$200,000 (\$100,000 if married filing separately) stop here and enter this amount on Line 18 of the D-40.  Note: If your District AGI is greater than \$200,000 (\$100,000 if married filing separately) continue below to determine the allowable itemized deductions.  h Enter the sum of Form 1040 or 1040-SR, Schedule A, Lines 4, 9, and 15 allocable to the time you were a DC resident.  i Subtract amount on Line h from Line g. j Enter the amount of DC adjusted gross income.  k Enter \$200,000 (or \$100,000 if married filing separately).  l Subtract amount on Line k from Line j.	Divide Line b by the number 365 (366 if leap year).	С
a Total Itemized Deductions from Form 1040 or 1040-SR, Schedule A, Line 17, or Form 1040-NR, Schedule A, Line 8.  b Portion of Line a that applies to the time you were a DC resident.  c Portion of your state and local tax deduction reported on Form 1040 or 1040-SR, Schedule A, Line 7, or Form 1040-NR, Schedule A, Line 1b that was paid to DC.  d Subtract Line c from Line b.  e Portion of your state and local real estate tax deduction from Form 1040 or 1040-SR, Schedule A, Line 5b that was paid to DC.  f Portion of your other taxes deduction from Form 1040 or 1040-SR, Schedule A, Line 6 that was paid to DC.  g DC itemized deductions. Add Lines d, e, and f. If your District Adjusted Gross Income (AGI) is equal to or less than \$200,000 (\$100,000 if married filing separately) stop here and enter this amount on Line 18 of the D-40.  Note: If your District AGI is greater than \$200,000 (\$100,000 if married filing separately) continue below to determine the allowable itemized deductions.  h Enter the sum of Form 1040 or 1040-SR, Schedule A, Lines 4, 9, and 15 allocable to the time you were a DC resident.  i Subtract amount on Line h from Line g.  j Enter the amount of DC adjusted gross income.  k Enter \$200,000 (or \$100,000 if married filing separately).  l Subtract amount on Line k from Line j.	d Part-year DC standard deduction. Multiply Line a by Line c, enter here and on D-40, Line 18.	d
Form 1040-NR, Schedule A, Line 8.  b Portion of Line a that applies to the time you were a DC resident.  c Portion of your state and local tax deduction reported on Form 1040 or 1040-SR, Schedule A, Line 7, or Form 1040-NR, Schedule A, Line 1b that was paid to DC.  d Subtract Line c from Line b.  e Portion of your state and local real estate tax deduction from Form 1040 or 1040-SR, Schedule A, Line 5b that was paid to DC.  f Portion of your other taxes deduction from Form 1040 or 1040-SR, Schedule A, Line 6 that was paid to DC.  g DC itemized deductions. Add Lines d, e, and f. If your District Adjusted Gross Income (AGI) is equal to or less than \$200,000 (\$100,000 if married filing separately) stop here and enter this amount on Line 18 of the D-40.  Note: If your District AGI is greater than \$200,000 (\$100,000 if married filing separately) continue below to determine the allowable itemized deductions.  h Enter the sum of Form 1040 or 1040-SR, Schedule A, Lines 4, 9, and 15 allocable to the time you were a DC resident.  i Subtract amount on Line h from Line g.  j Enter the amount of DC adjusted gross income.  k Enter \$200,000 (or \$100,000 if married filing separately).  k Enter \$200,000 (or \$100,000 if married filing separately).  l Subtract amount on Line k from Line j.	Calculation D DC Itemized deductions for part-year DC residents.	
c Portion of your state and local tax deduction reported on Form 1040 or 1040-SR, Schedule A, Line 7, or Form 1040-NR, Schedule A, Line 1b that was paid to DC.  d Subtract Line c from Line b.  e Portion of your state and local real estate tax deduction from Form 1040 or 1040-SR, Schedule A, Line 5b that was paid to DC.  f Portion of your other taxes deduction from Form 1040 or 1040-SR, Schedule A, Line 6 that was paid to DC.  g DC itemized deductions. Add Lines d, e, and f. If your District Adjusted Gross Income (AGI) is equal to or less than \$200,000 (\$100,000 if married filing separately) stop here and enter this amount on Line 18 of the D-40.  Note: If your District AGI is greater than \$200,000 (\$100,000 if married filing separately) continue below to determine the allowable itemized deductions.  h Enter the sum of Form 1040 or 1040-SR, Schedule A, Lines 4, 9, and 15 allocable to the time you were a DC resident.  i Subtract amount on Line h from Line g.  j Enter the amount of DC adjusted gross income.  k Enter \$200,000 (or \$100,000 if married filing separately).  l Subtract amount on Line k from Line j.		а
Schedule Å, Line 7, or Form 1040-NR, Schedule A, Line 1b that was paid to DC.  d Subtract Line c from Line b.  e Portion of your state and local real estate tax deduction from Form 1040 or 1040-SR, Schedule A, Line 5b that was paid to DC.  f Portion of your other taxes deduction from Form 1040 or 1040-SR, Schedule A, Line 6 that was paid to DC.  g DC itemized deductions. Add Lines d, e, and f. If your District Adjusted Gross Income (AGI) is equal to or less than \$200,000 (\$100,000 if married filing separately) stop here and enter this amount on Line 18 of the D-40.  Note: If your District AGI is greater than \$200,000 (\$100,000 if married filing separately) continue below to determine the allowable itemized deductions.  h Enter the sum of Form 1040 or 1040-SR, Schedule A, Lines 4, 9, and 15 allocable to the time you were a DC resident.  i Subtract amount on Line h from Line g.  j Enter the amount of DC adjusted gross income.  k Enter \$200,000 (or \$100,000 if married filing separately).  l Subtract amount on Line k from Line j.	Portion of Line a that applies to the time you were a DC resident.	b
e Portion of your state and local real estate tax deduction from Form 1040 or 1040-SR, Schedule A, Line 5b that was paid to DC.  f Portion of your other taxes deduction from Form 1040 or 1040-SR, Schedule A, Line 6 that was paid to DC.  g DC itemized deductions. Add Lines d, e, and f. If your District Adjusted Gross Income (AGI) is equal to or less than \$200,000 (\$100,000 if married filling separately) stop here and enter this amount on Line 18 of the D-40.  Note: If your District AGI is greater than \$200,000 (\$100,000 if married filling separately) continue below to determine the allowable itemized deductions.  h Enter the sum of Form 1040 or 1040-SR, Schedule A, Lines 4, 9, and 15 allocable to the time you were a DC resident.  i Subtract amount on Line h from Line g.  j Enter the amount of DC adjusted gross income.  k Enter \$200,000 (or \$100,000 if married filling separately).  l Subtract amount on Line k from Line j.		С
Schedule A, Line 5b that was paid to DC.  f Portion of your other taxes deduction from Form 1040 or 1040-SR, Schedule A, Line 6 that was paid to DC.  g DC itemized deductions. Add Lines d, e, and f. If your District Adjusted Gross Income (AGI) is equal to or less than \$200,000 (\$100,000 if married filing separately) stop here and enter this amount on Line 18 of the D-40.  Note: If your District AGI is greater than \$200,000 (\$100,000 if married filing separately) continue below to determine the allowable itemized deductions.  h Enter the sum of Form 1040 or 1040-SR, Schedule A, Lines 4, 9, and 15 allocable to the time you were a DC resident.  i Subtract amount on Line h from Line g.  j Enter the amount of DC adjusted gross income.  k Enter \$200,000 (or \$100,000 if married filing separately).  l Subtract amount on Line k from Line j.	d Subtract Line c from Line b.	d
that was paid to DC.  g DC itemized deductions. Add Lines d, e, and f. If your District Adjusted Gross Income (AGI) is equal to or less than \$200,000 (\$100,000 if married filing separately) stop here and enter this amount on Line 18 of the D-40.  Note: If your District AGI is greater than \$200,000 (\$100,000 if married filing separately) continue below to determine the allowable itemized deductions.  h Enter the sum of Form 1040 or 1040-SR, Schedule A, Lines 4, 9, and 15 allocable to the time you were a DC resident.  i Subtract amount on Line h from Line g.  j Enter the amount of DC adjusted gross income.  k Enter \$200,000 (or \$100,000 if married filing separately).  l Subtract amount on Line k from Line j.		е
is equal to or less than \$200,000 (\$100,000 if married filing separately) stop here and enter this amount on Line 18 of the D-40.  Note: If your District AGI is greater than \$200,000 (\$100,000 if married filing separately) continue below to determine the allowable itemized deductions.  h Enter the sum of Form 1040 or 1040-SR, Schedule A, Lines 4, 9, and 15 allocable to the time you were a DC resident.  i Subtract amount on Line h from Line g.  j Enter the amount of DC adjusted gross income.  k Enter \$200,000 (or \$100,000 if married filing separately).  l Subtract amount on Line k from Line j.	Fortion of your other taxes deduction from Form 1040 or 1040-SR, Schedule A, Line 6 that was paid to DC.	f
continue below to determine the allowable itemized deductions.  h Enter the sum of Form 1040 or 1040-SR, Schedule A, Lines 4, 9, and 15 allocable to the time you were a DC resident.  i Subtract amount on Line h from Line g.  j Enter the amount of DC adjusted gross income.  j Enter \$200,000 (or \$100,000 if married filing separately).  l Subtract amount on Line k from Line j.	is equal to or less than \$200,000 (\$100,000 if married filing separately) stop here and	g
time you were a DC resident.  i Subtract amount on Line h from Line g.  j Enter the amount of DC adjusted gross income.  j Enter \$200,000 (or \$100,000 if married filing separately).  k Enter \$200,000 Line k from Line j.	continue below to determine the allowable itemized deductions.	
j Enter the amount of DC adjusted gross income. j k Enter \$200,000 (or \$100,000 if married filing separately). k l Subtract amount on Line k from Line j. l		h
k Enter \$200,000 (or \$100,000 if married filing separately). k  I Subtract amount on Line k from Line j. I	Subtract amount on Line h from Line g.	i
I Subtract amount on Line k from Line j.	Enter the amount of DC adjusted gross income.	j
	k Enter \$200,000 (or \$100,000 if married filing separately).	k
m Multiply amount on Line I by 5%.	Subtract amount on Line k from Line j.	1
	m Multiply amount on Line I by 5%.	m
n Subtract amount on Line m from amount on Line i (if < 0, enter 0).	n Subtract amount on Line m from amount on Line i (if < 0, enter 0).	n
o Add the amounts on Line h and Line n (enter this on Line 18 of the D-40).	o Add the amounts on Line h and Line n (enter this on Line 18 of the D-40).	0

#### Who is a Resident?

You are a resident of DC if:

- 1. You are an individual domiciled in DC at any time during the taxable year, or  $% \left( 1\right) =\left( 1\right) \left( 1\right)$
- 2. You are an individual who maintains a place of abode within DC for an aggregate of 183 days or more during the taxable year, this is also known as a statutory resident.

#### **Domiciliary**

An individual is domiciled in DC if his/her permanent home is in DC. Domicile, once established, is presumed to continue until it is shown to have been changed. To establish a change of domicile from DC to a new jurisdiction, a person must demonstrate (1) physical presence in the new jurisdiction, (2) an intent to abandon his or her domicile in DC, and (3) an intent to remain in the new jurisdiction for an indefinite period of time. An individual can only have one domicile at a time. An individual domiciled in DC is a full-year resident under DC law and must file a full-year individual income tax return, except, if you establish or abandon your DC domicile during the year, then you are a part-year resident and will file a part-year return.

#### **Statutory Resident**

An individual is a DC statutory resident, even though not domiciled in DC, if he/she maintained a place of abode in DC for an aggregate of 183 days or more days during the taxable year. The period of residency does not have to be consecutive days. In determining whether an individual has maintained a place of abode in DC for 183 or more days, temporary absences from the DC residence i.e. vacations, hospitalization, business trips, and the like, shall be considered as periods of District residency. A statutory resident is a full-year resident under DC law and, therefore, must file a tax return reporting his/her entire income for the taxable year even if he/she maintained a place of abode for less than the full year. A statutory resident may seek credits for individual income taxes paid to other state(s), while concurrently a resident of DC. However, he/she must provide satisfactory proof of payment, including an individual income tax return filed with the other state(s), in order to be eligible for a credit.

#### **Part-Year Resident**

An individual is a part-year resident if he/she moves into or out of DC during the year with the intent to establish or abandon his/her domicile in DC. The calculation of tax liability for a part-year resident is prorated based on the income earned in DC, during the period of residency. An individual filing a part-year return must indicate the period of domicile on Line 2 of Form D-40. All credits, exemptions and deductions must be prorated according to the time domiciled in DC.

#### **Part-Year Instructions**

If you are a part-year resident for the 2022 tax year, fill in the oval on Line 2 of the D-40, complete the applicable month, day and year in the "from" and "to" boxes. Divide the number of days lived in DC by 365 (366 if leap year). Use that number (standard rounding to four decimal places) and multiply by your credit, additions or subtractions amounts not previously prorated. Complete Calculation C for standard deduction and Calculation D for DC itemized deductions showing the type and amount of income received:

- During the time you were domiciled in DC;
- · During the time you were not domiciled in DC; and
- The total income reported on your federal return as adjusted for DC purposes.

Before completing the D-40, calculate the following:

- Income received when you were domiciled in DC, and when you were domiciled outside of DC; and
- Allowable expenses paid or incurred when you were domiciled in DC and when you were domiciled outside of DC. The same allocation is required for credits, and other deductions.

If you claimed itemized deductions on your federal income tax return, include, for DC purposes, only those relating to the time you were domiciled in DC. Your federal worksheet will assist you in completing Schedule I (Calculations A and B) and Calculation D (if

applicable). Keep a copy of your worksheet, a copy of your tax return and all calculations. If you were domiciled in DC for only part of the 2022 tax year, allocate your DC income and deductions attributable to the time you were domiciled in DC. Also prorate your standard deduction and credits by dividing the number of days you were domiciled in DC by 365 (366 if leap year) and multiplying the result times the standard deduction/ credit amount.

Example: \*71 days of residency domiciled in DC divided by 365 (366 for leap year) equals 0.1945. A taxpayer who is eligible to claim the maximum EITC For Filers Without a Qualifying Child, the credit amount is \$560. Multiply \$560 by 0.1945 and the result, \$109, is the prorated amount of the credit.

January February March 
$$31 + 28 + 12 = 71 \text{ Days}^*$$

**Standard deduction for part-year DC residents.** Adjust your standard deduction to reflect the number of months you were domiciled in DC. Complete Calculation C on page 15.

Itemized deductions for part-year DC residents. Effective January 1, 2011, DC Official Code §47-1803.03 (b-4) provides that certain DC itemized deductions of DC taxpayers with over \$200,000 of DC AGI (\$100,000 for a separate return filed by a married individual) will be limited. Reduce the DC itemized deduction amount by 5% of DC AGI in excess of \$200,000 (\$100,000 for a separate return filed by a married individual). The itemized deductions that are not subject to the 5% limitation are medical and dental expenses, expenses incurred in the production of investment interest and casualty or theft loss deduction.

If your DC deductions are limited and you were a part-year DC resident, complete Calculation D on page 15.

Credit for child and dependent care expenses for part-year DC residents. Complete the DC Form D-2441 and enter the amount from Line 5 on Line 21 of the D-40. Attach a copy of your DC Form D-2441.

Do not include income tax withheld for other states in the DC tax withheld, Line 31, D-40.

#### **Income Information Section**

- Copy Line a through d from the appropriate lines on the federal return. Do not recalculate any amounts or totals.
- Not all items will apply to you. Fill in only those that do. If the amount is zero, leave the line blank.
- If you had a loss for Lines b, c, d, 4, 7, 16, or 19, fill in the "Fill in if loss" oval to indicate that the figure entered is a negative one. Do not enter a minus sign or brackets in the boxes.

**Line a Wages, salaries, unemployment compensation, and/or tips** Enter the amount from your federal 1040, 1040-SR, 1040-NR or 1040-NR-EZ plus any unemployment compensation received.

All unemployment compensation received in 2022 is taxable by the federal government. However, DC has enacted legislation that excludes all unemployment insurance benefits provided by the District, any other state, or the federal government, from District gross income. If any such unemployment insurance benefits are included in your D-40, Line 4 federal adjusted gross income, use Line 13 of the D-40 return to subtract all unemployment insurance benefits from District gross income.

#### Line b Business income or loss

If you had gross business/self-employment income from DC sources of more than \$12,000 from an unincorporated business or business activity, see the instructions for D-30, Unincorporated Franchise Tax Return, to see if you are required to file that return. If you are, do not include the income here, but report it on your D-30 return instead.

Total itemized deductions from Form 1040 or 1040-SR, Schedule A, Line 17, or Form 1040-NR, Schedule A, Line 8.	а	
Total state and local tax deductions. Enter the amount from your Form 1040 or 1040-SR, Schedule A Line 7, or Form 1040-NR, Schedule A, Line 1b.	, b	
Subtract Line b from Line a.	С	
State and local real estate tax from Form 1040 or 1040-SR, Schedule A, Line 5b.	d	
Other taxes from Form 1040 or 1040-SR, Schedule A, Line 6.	е	
DC itemized deductions. Add Lines c, d, and e. If your District Adjusted Gross Income (AGI) is equal to or less than \$200,000 (\$100,000 if married filing separately) <b>stop here and enter this amount on Line 18 of the D-40 form.</b>	f	
ote: If your District AGI is greater than \$200,000 (\$100,000 if Married filing separately) ontinue below to determine the allowable itemized deductions		
Enter the sum of Form 1040 or 1040-SR, Schedule A, Lines 4, 9 and 15	g	
Subtract amount on Line g from Line f.	h	
Enter the amount of DC adjusted gross income.	i	
Enter \$200,000 (\$100,000 if married filing separately).	j	
Subtract amount on Line j from Line i.	k	
Multiply amount on Line k by 5%.	I	
Subtract amount on Line I from amount on Line h (if < 0, enter 0).	m	
Add the amounts on Lines g and m (enter this on Line 18 of the D-40).	n	

#### Line c Capital gains or loss

Enter the amount from your 1040, 1040-SR or 1040-NR. The maximum allowable annual capital loss claim is \$3000 (\$1500 if married or registered domestic partner filing separately).

If you had farm income or loss, enter on Line c the amount on Line 6 of your 1040 or 1040-SR, or Line 19 of your 1040-NR in the amount entered on Line c. If a loss, fill in the oval.

For DC tax purposes, upon disposing of an asset not fully depreciated, compute the capital gain/loss reported on your federal return for the year of disposition excluding any bonus depreciation.

#### Line d Rental real estate, royalties, S corporations, trusts, etc

Enter the amount from your 1040, 1040-SR or 1040-NR. If you had gross income, from DC sources, of more than \$12,000 from a unincorporated business or business activity, including rents and royalties, do not include on D-40. You are required to file a D-30 return. File a DC Form D-30, Unincorporated Franchise Tax Return if capital is a material income producing factor. An S Corporation must file a D-20, Corporation Franchise Tax Return.

# Computation of DC Gross and Adjusted Gross Income

#### Line 4 Federal adjusted gross income

Enter the amount from 1040, 1040-SR, 1040-NR, or 1040-NR-EZ. Include your taxable portion of pension/annuity in your federal adjusted gross income.

NOTE: Any grants and stipends received by certain DC public or charter school teachers under the Housing Support for Teachers Act of 2007 are subject to both federal and DC income tax.

#### **Additions to DC Income**

#### **Line 5 Franchise Tax**

Enter any franchise tax deducted on a federal business tax return, from federal Forms 1065 or 1120S.

#### Line 6 Other additions from DC Schedule I

Enter the amount from Line 9 of Calculation A, Schedule I.

#### Line 7 Add Lines 4, 5 and 6

Add federal adjusted gross income, franchise tax deducted and additions to DC income. Fill in oval if loss.

#### **Subtractions from DC Income**

# Line 8 Income received by a part-year resident during period domiciled outside DC

For each type of income reported on your federal 1040 or 1040-SR, determine the amount you received when you were domiciled in DC. Subtract that amount from your total income and enter the results on Line 8.

**NOTE:** Do not include any unemployment insurance benefits as a part of income received during the period domiciled outside DC on Line 8. Enter the total amount of all unemployment insurance benefits on Line 13, provided this amount is also included on Line 4 of the D-40 return.

# Line 9 Taxable refunds, credits or offset of state and local income tax

Enter the amount from your 1040, 1040-SR or 1040-NR.

# Line 10 Taxable amount of social security and tier 1 railroad retirement Enter the amount from 1040 or 1040-SR.

# Calculation I/Tax Rate Schedule

# If your taxable income from D-40, Line 19 is:

Not over \$10,000

4% of the taxable income

Over \$10,000 but not over \$40,000 Over \$40,000 but not over \$60,000 Over \$60,000 but not over \$250,000 Over \$250,000 but not over \$500,000 \$400, plus 6% of the excess over \$10,000 \$2,200, plus 6.5% of the excess over \$40,000 \$3,500, plus 8.5% of the excess over \$60,000 \$19,650, plus 9.25% of the excess over \$250,000

Over \$500,000 but not over \$1,000,000

\$42,775, plus 9.75% of the excess over \$500,000

Over \$1,000,000

\$91,525, plus 10.75% of the excess over \$1,000,000

# Line 11 Income reported and taxed this year on a DC franchise or fiduciary return (D-20, D-30 or D-41)

If the income reported on your 1040 or 1040-SR included income reported and taxed on a DC franchise or DC fiduciary return, enter that amount here. Provide the taxpayer identification number (TIN) and your share of the income reported. Refer to Instructions, page 9 regarding TINs. Include the TIN on page 2 of the Schedule S.

#### Line 12 DC and federal government survivor benefits

If you are an annuitant's survivor and 62 years of age or older as of December 31, 2022, enter the total survivor benefits (do not include Social Security survivor benefits).

#### **Line 13 Unemployment Insurance Benefits**

Unemployment insurance benefits provided by the District or any other state, are excluded in the computation of District gross income.

#### Line 14 Other subtractions from DC Schedule I

# Line 15 Total subtractions from DC Income

Add Lines 8-14.

# **DC Adjusted Gross Income**

#### Line 16 DC adjusted gross income

Line 7 minus Line 15.

#### **DC** Taxable Income

#### **Line 17 Deduction type**

Indicate which type of deduction (itemized or standard) you are taking by filling in the appropriate oval. You must take the same type of deduction on your DC return as you took on your federal return.

#### Line 18 DC deduction amount

Enter the amount from your federal return.

<u>Standard deduction</u>. Reference page 11 of the Instructions. Part-year DC residents, reference page 16.

<u>Itemized deductions.</u> Do not copy the amount from your federal return. Use Calculation D if you are a part-year DC resident, or Calculation F if you are a full-year or statutory DC resident. DC does not allow a deduction for state and local income taxes. You can deduct your entire state and local real estate taxes.

If your DC AGI is \$200,000 or less, complete Calculation F on page 17. DC income taxes paid are not deductible on your DC return. Therefore, reduce your federal itemized deductions amount by those taxes before entering the total on your DC return.

Certain DC itemized deductions of DC taxpayers with over \$200,000 of DC adjusted gross income (\$100,000 for a separate return filed by a married individual) will be limited. Reduce the DC itemized deduction amount by 5% of DC AGI in excess of \$200,000 (\$100,000 for a separate return filed by a married individual). The itemized deductions that are not subject to the 5% limitation are medical and dental expenses, expenses incurred in the production of investment interest and casualty or theft loss deduction.

If your DC deductions are limited, complete Calculation F on page 17.

#### Line 19 DC taxable income

Subtract Line 18 from Line 16. Enter the result, if a loss, fill in the oval.

#### Line 20 Tax

If Line 19 is \$100,000 or less, use the tax tables on pages 83-92 to determine your tax. If Line 19 is more than \$100,000, use Calculation I on this page to determine your tax.

Married or registered domestic partners filing separately on the same return - Before completing Calculation J, the tax computation, on Schedule S, you must determine each person's separate federal AGI, additions to income, subtractions from income, and deductions. You must combine the separate amounts for each person before making entries on Lines 21-35 of the D-40.

# DC tax, credits, and payments

The credits claimed on Lines 21 and 22 are non-refundable, which means they can reduce the taxes you owe, but they will not result in a tax refund. The credits you claim on Lines 27d or 27e, 28 and 29 are refundable credits, which means if these credits plus any tax payments are greater than your total tax due, you may receive a refund.

#### Line 21 Credit for child and dependent care expenses

If your status is married or registered domestic partner filing separately on the same return, you may claim the credit and divide it between spouses/ registered domestic partners any way you wish.

If you were a full-year or statutory DC resident, to figure your DC credit, multiply by .32, the amount from federal Form 2441, Line 9c. Enter the result on Line 21 of the D-40. (Do not use the DC Form D-2441.)

If you were a part-year resident, see the instructions on page 16.

If you were eligible for the Child and Dependent Care Credit but did not claim it for federal purposes, complete the federal Form 2441, multiply the result by .32 and claim the DC credit for child and dependent care expenses.

Generally, married persons must file a joint return to claim the credit. If you claim the credit and your filing status is married filing separately, you are required to show you meet the special requirements listed in the IRS Form 2441 instructions.

#### Line 22 Non-refundable credits from DC Schedule U

This entry is the total of non-refundable amounts from DC Schedule U, Part 1a, Line 7.

#### Line 23 Total non-refundable credits

Add Lines 21 and 22.

#### Line 24 Subtract Line 23 from Line 20

Subtract Line 23 from Line 20. If Line 20 is less than Line 23, enter zero.

#### **Line 25 DC Health Care Shared Responsibility**

If you, your spouse/registered domestic partner (If filing jointly or separately on the same return), and anyone you or your spouse/registered domestic partner can claim as a dependent, had qualifying health coverage or an exemption for every month of 2022, enter zero. Otherwise complete Schedule HSR and accompanying worksheets to determine the amount of your Health Care Shared Responsibility Payment. From Schedule HSR, Part IV, Line 17.

# Line 26 Total tax and DC Health Care Shared Responsibility

Add Lines 24 and 25.

#### **DC EITC**

Refer to Instructions, page 11.

#### Line 27a Qualified EITC children

Refer to Instructions, page 11.

Line 27b Enter your earned income amount.

**Line 27c** Enter your federal earned income credit (for taxpayers with qualifying children only).

**Line 27d** Multiply federal EIC x .70 and enter result (for taxpayers with qualifying children only).

**Line 27e** For filers without qualifying children, use the DC Earned Income Tax Credit Worksheet For Filers Without a Qualifying Child to determine your DC EITC and enter result.

### Line 28 Property tax credit

If you filed a DC Schedule H, Homeowner and Renter Property Tax Credit, enter the amount from the appropriate Line (3 or 7). See the instructions in this booklet for assistance in completing Schedule H. If you are filing a D-40 and Schedule H by paper, attach Schedule H to your D-40.

### Line 29 Refundable credits from DC Schedule U

Complete Schedule U, Part 1b. Attach Schedule U to your D-40. See Schedule N, DC Non-Custodial Parent EITC Claim, to determine if you are eligible to claim this credit. If you complete a Schedule N, attach it to your D-40.

#### **Line 30 Total Refundable Credits**

Add line 27d or 27e through Line 29.

#### Line 31 DC income tax withheld

Add the amount of DC income tax withheld as shown on your applicable 2022 federal Forms W-2 and 1099 that show DC tax withheld.

# Line 32 2022 Estimated income tax payments and amount applied from 2020 return

Enter the total of your 2022 DC estimated income tax payments and any amount applied from your 2021 return as a carry forward. If you are filing separate returns and paid estimated income tax payments, you and your spouse/registered domestic partner must divide the payments according to which spouse/registered domestic partner paid them. You cannot arbitrarily allocate the estimated payments between you.

#### Line 33 Tax paid with extension of time to file

If you filed Form FR-127, Extension of Time to file a DC Income Tax Return, enter the amount you paid with the FR-127.

# Line 34 If this is an amended 2022 return, enter payments made with original 2022 D-40 return.

# Line 35 If this is an amended 2022 return, enter refunds requested with original 2022 D-40 return.

#### Line 36 Total payments and refundable credits

Add Lines 30 through Line 34. Do not include Line 35.

#### Line 37 Tax due

Subtract Line 36 from Line 26.

#### **Line 38 Amount overpaid**

Subtract Line 26 from Line 36.

#### Line 39 Amount to be applied to your 2023 estimated tax

#### **Line 40 Underpayment interest**

Fill in the oval if Form D-2210 is attached.

#### D-2210:Underpayment of Estimated Income Tax By Individuals

You may use this form to calculate your underpayment interest when submitting your D-40 form. If you do, fill in the oval, attach it to your tax return and enter the interest amount on Line 40 of the D-40. If you do not wish to calculate the interest, the Office of Tax and Revenue (OTR) will do it when your return is processed and will notify you of the amount due. You may also complete this form if you believe the interest assessed by OTR for underpayment of estimated income tax is incorrect.

#### Line 41 Contribution amount from Schedule U, Part II, Line 5

(Cannot exceed refund amount on Line 38) Reference Instructions, page 12.

If you wish to contribute and you are not due a refund or do not owe additional tax, please enter the total contribution amount on Line 41. Make your payment payable to the DC Treasurer and include it with your return.

#### Line 42 Total amount due

Add Lines 37, 40 and 41. You must pay this amount in full with your return. See page 7 for payment options under Instructions.

#### **Line 43 Net Refund**

Subtract total of Lines 39, 40 and 41 from Line 38.

Be sure to use the PO Box 96145 mail label from the back flap of the return envelope when mailing your return, requesting a refund.

If you answer yes to the question, "Will this refund go to an account outside the U.S.", you will be issued a paper check in lieu of direct deposit. See page 12 of the Instructions.

#### Line 44 Injured spouse allocation

Fill in the oval if either spouse is claiming injured spouse allocation, and attach Form DC-8379 (Injured Spouse Allocation). Your DC-8379 must be attached to your return at the time of filing or the offsets cannot be recoverable by OTR.

#### Electronic 1099-G

The Office of Tax and Revenue (OTR) offers a paperless option for receiving the Form 1099-G income tax refund statement. If you agree to receive your statement electronically, fill in the oval. We will notify you in January 2023 that your statement is available to be viewed and printed from our web portal if you are a registered user. Otherwise, you will continue to receive your paper statement unless you choose the paperless option.

	iction Worksheet	-		g jointly, as a dependent. To f	ind out if someone can
claim you as a depender	- · · · · · · · · · · · · · · · · · · ·	or your spouse, registered o	omestic partiter if filling	g jointly, as a dependent. To t	ma out il someone can
1. Check if Y	<b>ou</b> were born before Janı	uary 2, 195 <b>8</b>			
Y	ou are blind				
s	pouse/registered domest	ic partner was born bef	ore January 2, 1958	3	
S	pouse/registered domesti	c partner is blind	Total number of	of boxes checked1	
2. Is your <b>earned inc</b>	come* more than \$750?				
	400 to your earned inco	me.			
No. Enter S	\$1.150	Enter the to	otal	2	
3. Enter the amount	shown below for your fil			_	
<ul> <li>Married/reg</li> </ul>	narried/registered domest gistered domestic partner ousehold - \$19,400	ic partner filing separate s filing jointly or filing s	ely - \$12,950 eparately on the san	ne return \$25,900 } 3	
4. Standard deducti	on.			•	
a. Enter the	e <b>smaller</b> of Line 2 or Lir			blind, <b>stop here</b> and4a	
					, -
			-	\$1,400 (\$1,750 if single 4b	. ———
c. Add Line	es 4a and 4b. Enter the t	otal here and on Form [	D-40, Line 18	4c	
				tion received for personal	
services you perform	ned. It also includes any	taxable scholarship of	fellowship grant. Ge	nerally, your earned incom	
amount(s) you repor	ted on Form D-40, Line	4, less any amount rep	resenting unemploy	ment compensation receive	ed.
Standard Dedu	ction Chart for P	eonle who Were	Rorn hefore	January 2, 1958, or	Are Rlind
		-		tly, as a dependent. Instead, u	
You were born	before January 2, 1958				
You are blind					
Spouse/registe	red domestic partner wa	s born before January 2	, 1958		
Spouse/register	red domestic partner is b	lind			
Enter the total number	er of boxes checked				
If your filing status is	AND the number in the box above is	THEN your standard deduction is	If your filing status is	AND the number in the box above is	THEN your standard deduction is
	0	\$12,950	11 - 1 - 6	0	\$19,400
Single	1 2	14,700 16,450	Head of Household	1 2	21,150 22,900
Married/registered	0	\$25,900		0	\$12,950
domestic partner	1	27,300	Married filing	1	14,350
filing jointly or filing	2	28,700	separately	2	15,750
separately on the same return	3 4	30,500 31,500		3* 4*	17,150 18,550
			* Vou con clai	m an additional standard d	aduation for
Qualifying widow(er)	0	\$25,900		m an additional standard di <b>nly</b> if your spouse had no in	
	1	27,300 28,700	a federal or D0	C income tax return and car n another person's return.	

# District of Columbia Earned Income Tax Credit (EITC) Worksheet For Filers Without A Qualifying Child

This worksheet is for taxpayers who do not have a qualifying child for the Earned Income Credit. If you have a qualifying child DO NOT USE THIS WORKSHEET.

If your earned income or federal adjusted gross income (fed AGI) is greater than \$27,136



#### YOU CANNOT CLAIM THIS CREDIT

#### Section A: General Eligibility for the DC Childless Worker EITC.

If you qualified for the federal Earned Income Credit, go directly to Section B, below. If you did not qualify for the federal Earned Income Credit, answer these questions:

- 1. Were you, or your spouse/registered domestic partner if married filing jointly, or married filing separately on the same return, at least age 25, but not age 65 at the end of 2022? (born after December 31, 1957, and before January 2, 1998). If your spouse died in 2022 or if you are preparing a return for someone who died in 2022, see IRS Pub. 596 before you answer. If YES continue. If NO, STOP, you cannot claim the EITC.
- 2. Do you, and your spouse/registered domestic partner (if filing on the same tax return) have a social security number that allows you to work, or is valid for EITC purposes? (See the federal tax return instruction booklet for more information.) If YES, continue.
- 3. **If you answer YES to any of the following questions, STOP, you are not eligible for the EITC.** If you can answer NO to all the questions, go to step 4.
  - a. If you are unmarried, can you be claimed as a dependent on someone else's 2022 tax return, or are you someone else's qualifying child?
  - b. If you are married, and you are not filing with your spouse, can you be claimed as a dependent on someone else's 2022 tax return, or are you someone else's qualifying child?
  - c. On your federal return are you filing form 2555?
  - d. Is your investment income more than \$10,300? (Investment income includes: taxable interest, tax-exempt interest, ordinary dividends and capital gains more than \$0)
  - e. Did you file form 4797 with your federal return?
  - f. Did you file Schedule E with your federal return?
  - g. Did you have income from the rental of personal property not used in trade or business on your federal return?
  - h. Did you elect to report child's interest and dividends on your federal return?
  - i. Are you a qualifying child of another person for the Earned Income Credit?

- 4. Were you or your spouse a nonresident alien for any part of 2022? If NO, continue to Line 5. If YES, see the special rule below.
  - **Special Rule for nonresident Aliens:** If you are not married, and were a nonresident alien for any part of the year, **STOP**, you do not qualify for the EITC. If you were married, and both spouses were nonresident aliens for any part of the tax year, **STOP**, you do not qualify for the EITC. If only one spouse was a nonresident alien for any part of the year, you cannot claim the EITC unless your federal filing status is married filing jointly.
- 5. If you had income or loss from a passive activity, see IRS Pub. 596 to see if you can claim the EITC.

### **SECTION B: Calculating Your Earned Income**

(For Individuals without federal Schedule SE, Schedule C, and who were not members of the clergy or statutory employees)

If you were self-employed at any time in 2022, or are filing federal Schedule SE because you were a member of the clergy or had church employee income, or are filing federal Schedule C as a statutory employee, <u>DO</u> NOT USE THIS WORKSHEET to figure out your earned income. See special instructions below.

This worksheet is for taxpayers without a qualifying child only. If you claimed the federal EITC on a 1040 or a 1040-SR, DO NOT USE THIS WORKSHEET to figure out your earned income. Report the earned income amount derived from the federal worksheet used to make your federal EITC claim on your 1040 or 1040-SR.

1.	Enter the amount of your wages, salaries, tips, etc.,  (from federal Form 1040 or 1040-SR)	
_		
2.	Enter any amount included on Line 1, that is a Medicaid waiver	
	payment you exclude from income	
3.	Subtract Line 2 from Line 1	
4.	Enter all of your nontaxable combat pay if you elect to include it in earned income4.	
	earned income44.	_
5.	Add Lines 3 and 4. This is your earned income	

Special instructions for Members of the Clergy, Statutory employees and those filing Schedule SE, Schedule C. See IRS 1040 instruction, Worksheet B. Use the amount on line 4b as your earned income. (Ignore line 5). Clergy and Church employees take note of special instructions.

# **SECTION C: Figuring your DC Earned Income Credit**

**Note: This Earned Income Credit Worksheet is for filers without a qualifying child only.** If you are a filer with a qualifying child, DO NOT USE THIS WORKSHEET.

If your earned income or federal adjusted gross income (fed AGI) is greater than \$27,136, STOP, you cannot claim this credit.

1.	Enter your earned income from Line 5 of the Earned Income worksheet on the previous page, or from Line 4b of Worksheet B from the IRS instructions1.	
2.	If earned income is less than \$7,320, multiply the amount by 0.0765, otherwise enter \$560. \$560 is the maximum amount that can be claimed. This is your tentative EITC amount based on your earned income.  Complete the Lines below to determine the actual EITC amount	
3.	Enter your federal adjusted gross income (from Form 1040 or 1040-SR)	
4.	Enter the higher of Line 1 or Line 34.	
5.	If Line 4 is less than \$20,532, enter the amount from Line 2. This is your actual EITC. If you are a part-year resident, you must prorate the credit attributable to the time of your DC residency. Enter this amount on Form D-40, Line 27e	
6.	If Line 4 is between \$20,532 and \$27,136 subtract \$20,532 from the amount on Line 4, enter result	
7.	Multiply the amount on Line 6 by 0.0848, enter result	
8.	Subtract Line 7 from Line 2, enter result here. If less than zero, enter zero. If you are a part-year resident, you must prorate the credit attributable to the time of your DC residency. This is your actual EITC. Enter this amount on Form D-40, Line 27e	

# U.S. Bank ReliaCard® Pre-Acquisition Disclosure Program Name: District of Columbia Personal Income Tax

Monthly fee	Per purchase <b>\$0</b>	ATM withdrawal \$0 in-network \$2.00 out-of-network	Cash reload <b>N/A</b>		
ATM Balance	ATM Balance Inquiry (in-network or out-of-network)				
Customer Service (automated or live agent)			\$0 percall		
Inactivity (after 90 days with no transactions)			\$2.00 per month		
We charge 4	other types of fees.				

#### No overdraft/credit feature.

Your funds are eligible for FDIC insurance.

For general information about prepaid accounts, visit *cfpb.gov/prepaid*. Find details and conditions for all fees and services inside the card package or call **1-877-528-6408** or visit **usbankreliacard.com**.

# U.S. Bank ReliaCard® Fee Schedule

Program Name: District of Columbia Personal Income Tax

All fees	Amount	Details		
Getcash	-			
ATM Withdrawal (in-network)	\$0	This is our fee per withdrawal. "In-network" refers to the U.S. Bank or MoneyPass <sup>®</sup> or Allpoint <sup>®</sup> ATM networks. Locations can be found at <u>usbank.com/locations</u> or <u>moneypass.com/atm-locator.html</u> or <u>allpointnetwork.com</u> .		
ATM Withdrawal (out-of-network)	\$2.00	This is our fee per withdrawal. "Out-of-network" refers to all the ATMs outside of the U.S. Bank or MoneyPass or Allpoint ATM networks. You may also be charged a fee by the ATM operator even if you do not complete a transaction.		
Teller Cash Withdrawal	\$0	This is our fee for when you withdraw cash off your card from a teller at a bank or credit union that accepts Visa <sup>®</sup> .		
Information				
ATM Balance Inquiry (in-network)	\$0	This is our fee per inquiry. "In-network" refers to the U.S. Bank or MoneyPass or Allpoint ATM networks. Locations can be found at <a href="mailto:usbank.com/locations">usbank.com/locations</a> or <a href="mailto:moneypass.com/atm-locator.html">moneypass.com/atm-locator.html</a> or <a href="mailto:allpointnetwork.com">allpointnetwork.com</a> .		
ATM Balance Inquiry (out-of-network)	\$1.00	This is our fee per inquiry. "Out-of-network" refers to all the ATMs outside of the U.S. Bank or MoneyPass or Allpoint ATM networks. You may also be charged a fee by the ATM operator.		
Using your card outside the U.S.				
International Transaction 3%		This is our fee which applies when you use your card for purchases at foreign merchants and for cash withdrawals from foreign ATMs and is a percentage of the transaction dollar amount, after any currency conversion. Some transactions, even if you and/or the merchant or ATM are located in the United States, are considered foreign transactions under the applicable network rules, and we do not control how these merchants, ATMs and transactions are classified for this purpose.		
International ATM Withdrawal	\$2.00	This is our fee per withdrawal. You may also be charged a fee by the ATM operator even if you do not complete a transaction.		
International ATM Balance Inquiry	\$2.00	This is our fee per inquiry. You may also be charged a fee by the ATM operator.		
Other				
Card Replacement	\$5.00	This is our fee per replacement of a lost card mailed to you with standard delivery (up to 10 business days).		
Card Replacement Expedited Delivery	\$25.00	This is our fee for expedited delivery (up to 3 business days) charged in addition to any Card Replacement fee.		
Inactivity	\$2.00	This is our fee charged each month after you have not completed a transaction using your card for 90 consecutive days.		

Your funds are eligible for FDIC insurance. Your funds will be held at U.S. Bank National Association, an FDIC-insured institution, and are insured up to \$250,000 by the FDIC in the event U.S. Bank fails. See <u>fdic.gov/deposits/prepaid.html</u> for details.

# No overdraft/credit feature.

Contact Cardholder Services by calling 1-877-528-6408, by mail at P.O. Box 551617, Jacksonville, FL 32255 or visit usbankreliacard.com.

For general information about prepaid accounts, visit <u>cfpb.gov/prepaid</u>. If you have a complaint about a prepaid account, call the Consumer Financial Protection Bureau at 1-855-411-2372 or visit <u>cfpb.gov/complaint</u>.

CR-20905167

Divulgación Previa a la Adquisición de la Tarjeta U.S. Bank ReliaCard® Nombre del Programa: District of Columbia Personal Income Tax

Los servicios pueden estar disponibles solamente en inglés.

Cargo mensual <b>\$0</b>	Por compra <b>\$0</b>	Retiro de fondos en ATM \$0 dentro de la red \$2.00 fuera de la red	Recarga de efectivo <b>N/A</b>		
Consulta de	e Saldo en ATM (dentro	o o fuera de la red) \$0	o \$1.00		
	Atención al Cliente o representante en vivo)	\$0	porllamada		
Inactividad	(después de 90 días sin tra	unsacciones) \$2	.00 por mes		
Cobramos otros 4 tipos de cargos.					
Sus fondos so Para obtener in Encuentre det		cuentas prepagadas, visite <i>cfpb.gov/pre</i> os los cargos y servicios en el paquete c			

# Lista de Cargos de la Tarjeta U.S. Bank ReliaCard®

Nombre del Programa: District of Columbia Personal Income Tax

Todos los cargos	Monto	Detalles			
Retiros de efectivo					
Retiro de Fondos en ATM (dentro de la red)	\$0	Este es nuestro cargo por cada retiro de fondos. "Dentro de la red" se refiere a las redes de ATM de U.S. Bank, MoneyPass <sup>®</sup> y Allpoint <sup>®</sup> . Puede encontrar ubicaciones en <u>usbank.com/locations</u> (en inglés), <u>moneypass.com/atm-locator.html</u> (en inglés) y <u>allpointnetwork.com</u> (en inglés).			
Retiro de Fondos en ATM (fuera de la red)	\$2.00	Este es nuestro cargo por cada retiro de fondos. "Fuera de la red" se refiere a todos los ATM que se encuentran fuera de las redes de ATM de U.S. Bank, MoneyPass y Allpoint. El operador del ATM también puede cobrarle un cargo, incluso si no termina de realizar la transacción.			
Retiro de Efectivo con Personal de Ventanilla	\$0	Este es nuestro cargo por realizar un retiro de efectivo desde su tarjeta con la ayuda del personal de ventanilla en un banco o cooperativa de crédito que acepte Visa®.			
Información					
Consulta de Saldo en ATM (dentro de la red)	\$0	Este es nuestro cargo por cada consulta. "Dentro de la red" se refiere a las redes de ATM de U.S. Bank, MoneyPass y Allpoint. Puede encontrar ubicaciones en <u>usbank.com/locations</u> (en inglés), <u>moneypass.com/atm-locator.html</u> (en inglés) y <u>allpointnetwork.com</u> (en inglés).			
Consulta de Saldo en ATM (fuera de la red)	\$1.00	Este es nuestro cargo por cada consulta. "Fuera de la red" se refiere a todos los ATM que se encuentran fuera de las redes de ATM de U.S. Bank, MoneyPass y Allpoint. El operador del también puede cobrarle un cargo.			
Uso de su tarjeta fuera de los EE.	JU.				
Transacción Internacional	3%	Este es el cargo que cobramos y que se aplica al uso de su tarjeta para compras en comercios extranjeros y por retiros de efectivo en ATM extranjeros y es un porcentaje del monto en dólares de la transacción después de cualquier conversión de moneda. Algunas transacciones, aunque usted y/o el comercio o ATM estén ubicados en los Estados Unidos, se consideran transacciones en el extranjero conforme a las reglas aplicables de la red, y nosotros no tenemos control sobre cómo se clasifican estos comercios, ATM y transacciones para este fin.			
Retiro de Fondos en ATM Internacional	\$2.00	Este es nuestro cargo por cada retiro de fondos. El operador del ATM también puede cobrarle un cargo, incluso si no termina de realizar la transacción.			
Consulta de Saldo en ATM Internacional	\$2.00	Este es nuestro cargo por cada consulta. El operador del ATM también puede cobrarle un cargo.			
Otros					
Reemplazo de Tarjeta	\$5.00	Este es nuestro cargo por reemplazo de una tarjeta extraviada con servicio de entrega está (hasta 10 días hábiles).			
Reemplazo de Tarjeta con Entrega Expresa	\$25.00	Este es nuestro cargo por entrega expresa (hasta 3 días hábiles), adicional a cualquier cargo po Reemplazo de Tarjeta.			
Inactividad	\$2.00	Este es nuestro cargo por mes si no ha completado una transacción con su tarjeta durante 90 día consecutivos.			

Si bien esta comunicación de U.S. Bank se ofrece en español, las futuras comunicaciones de U.S. Bank y los documentos relacionados con sus acuerdos contractuales, divulgaciones, notificaciones y estados de cuenta, así como los servicios en Internet y de la banca móvil, pueden estar disponibles solamente en inglés. Usted debe poder leer y comprender estos documentos o tener asistencia en su traducción para poder entender y utilizar este producto o servicio. Los documentos en inglés están disponibles a petición suya.

Sus fondos son elegibles para el seguro FDIC. Sus fondos se conservarán en U.S. Bank National Association, una institución asegurada por la FDIC, y están asegurados por la FDIC hasta \$250,000 en caso de que U.S. Bank no lo haga. Consulte <u>fdic.gov/deposit/deposits/prepaid.html</u> (en inglés) para obtener detalles.

### Sin prestación de sobregiro/crédito.

Comuníquese con Servicios para Titulares de Tarjetas, llamando al **1-877-528-6408**, por correo a: Cardholder Services P.O. Box 551617, Jacksonville, FL 32255 o visite <u>usbankreliacard.com</u> (en inglés).

Para obtener información general sobre cuentas prepagadas, visite <u>cfpb.gov/prepaid</u> (en inglés). Si tiene alguna queja sobre una cuenta prepagada, llame a la Oficina para la Protección Financiera del Consumidor (Consumer Financial Protection Bureau) al 1-855-411-2372, o visite <u>cfpb.gov/complaint</u> (en inglés).

CR-20905167

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# U.S. Bank ReliaCard® 수령 전 고지

프로그램명: District of Columbia Personal Income Tax

서비스는 영어로만 이용 가능할 수 있습니다.

월 수수료 <b>\$0</b>	구매 건당 <b>\$0</b>	ATM 인출 <b>\$0</b> 네트워크 내 <b>\$2.00</b> 네트워크 외	<sup>현금 충전</sup> <b>해당 없음</b>	
ATM 잔액조회	(네트워크 내 또는 네트워크	외)	\$0 또는 \$1.00	
고객서비스(자	\$0 통화 건당			
휴면 계좌(거래	\$2.00 매월			
4가지의 기타 수수료가 부과됩니다.				

# 당좌차월/신용거래 기능 없음

귀하의 자금은 FDIC 보험으로 보호받습니다.

선불 계좌에 대한 일반 정보를 원하시면 *cfpb.gov/prepaid*(영어)를 방문해 주십시오. 모든 수수료와 서비스의 내용과 조건에 대해서는 본 카드 패키지에서 찾아보거나, **1-877-528-6408**로 전화하거나 **usbankreliacard.com**(영어)을 방문해 주십시오.

# U.S. Bank ReliaCard® 수수료 안내

프로그램명: District of Columbia Personal Income Tax

모든 수수료	금액	내역
출금	•	
ATM 인출(네트워크 내)	\$0	이 수수료는 인출 건당 수수료입니다. '네트워크 내'라 함은 U.S. Bank, MoneyPass <sup>®</sup> 또는 Allpoint <sup>®</sup> ATM 네트워크를 뜻합니다. 기기의 위치는 <i>usbank.com/locations</i> (영어) 또는 <u>moneypass.com/atm-locator.html</u> (영어) 또는 <u>allpointnetwork.com</u> (영어)에서 확인하실 수 있습니다.
ATM 인출(네트워크 외)	\$2.00	이 수수료는 인출 건당 수수료입니다. "네트워크 외"란 U.S. Bank, MoneyPass 또는 Allpoint 자동화기기 네트워크 외에 존재하는 기타 모든 ATM기기를 뜻합니다. 귀하가 거래를 완료하지 않은 경우에도 ATM 운영자가 수수료를 부과할 수 있습니다.
창구 현금 인출	\$0	이 수수료는 귀하가 은행이나 Visa®를 취급하는 신용 조합의 창구에서 카드로 현금을 인출할 때 부과되는 수수료입니다.
정보		
ATM 잔액조회(네트워크 내)	\$0	이 수수료는 조회 건당 수수료입니다. '네트워크 내'란 U.S. Bank, MoneyPass 또는 Allpoint ATM 네트워크를 뜻합니다. 기기의 위치는 <u>usbank.com/locations(</u> 영어) 또는 <u>moneypass.com/atm-locator.html(</u> 영어) 또는 <u>allpointnetwork.com</u> (영어)에서 확인하실 수 있습니다.
ATM 잔액조회(네트워크 외)	\$1.00	이 수수료는 조회 건당 수수료입니다. "네트워크 외"란 U.S. Bank, MoneyPass 또는 Allpoint ATM기기 네트워크 외에 존재하는 기타 모든 ATM기기를 뜻합니다. 또한, ATM 운영자가 수수료를 부과할 수 있습니다.
미국 외에서의 카드 사용	-	
해외 거래	3%	이 수수료는 귀하가 해외 가맹점에서 카드로 구매하거나 해외 ATM을 사용하여 현금을 인출한 경우에 적용되며, 환전 후 달러 기준거래 금액의 백분율입니다. 일부 거래는 귀하 및/또는 가맹점 또는 ATM이 미국에 위치하고 있어도 해당 네트워크 규정에 따라 해외 거래로 간주되며, 당사는 해당 가맹점, ATM 및 거래가 어떻게 이러한 목적으로 분류되는지를 통제하지 않습니다.
해외 ATM 인출	\$2.00	이 수수료는 인출 건당 수수료입니다. 귀하가 거래를 완료하지 않은 경우에도 ATM 운영자가 수수료를 부과할 수 있습니다.
해외 ATM 잔액조회	\$2.00	이 수수료는 조회 건당 수수료입니다. 또한, ATM 운영자가 수수료를 부과할 수 있습니다.
기타	-	
카드 재발급	\$5.00	이 수수료는 카드 분실 시 재발급 카드를 표준 배송(최대 10영업일 소요)으로 우송할 때 부과되는 카드 교체 건당 수수료입니다.
카드 재발급 긴급 배송	\$25.00	이 수수료는 카드 교체 수수료 외에 별도로 부과되는 긴급 배송(최대 3영업일 소요) 수수료입니다.
휴면 계좌	\$2.00	이 수수료는 90일 연속으로 카드 사용 거래 실적이 없는 경우 매월 부과되는 수수료입니다.

본 공지는 한국어로 제공되지만, 이후의 U.S. Bank 공지와 계약 동의서, 고지, 알림 및 입출금 내역서와 관련된 문서와 인터넷, 모바일 뱅킹 서비스는 영어로만 이용 가능할 수 있습니다. 귀하가 이런 문서를 읽고 이해할 수 있어야 하거나 다른 사람의 도움을 받아 이들 문서를 번역할 수 있어야만 본 상품이나 서비스를 이해하고 이용하실 수 있습니다. 영어 문서는 요청하시면 제공해 드릴 수 있습니다.

귀하의 자금은 FDIC 보험으로 보호받습니다. 귀하의 자금은 FDIC 보험 가입 기관인 U.S. Bank National Association에 예치되며, U.S. Bank가 파산할 경우, FDIC가 최대 \$250,000까지 보장합니다. 더 자세한 내용은 <u>fdic.gov/deposit/deposit/prepaid.html</u>(영어)을 확인해 주십시오.

#### 당좌차월/신용거래 기능 없음

카드소지자 서비스는 **1-877-528-6408**으로 전화하시거나 우체국 사서함 551617, Jacksonville, FL 32255로 우편을 통해, 또는 <u>usbankreliacard.com</u>(영어)에 방문하여 문의하십시오.

선불 계좌에 대한 일반 정보를 원하시면 <u>cfpb.gov/prepaid(</u>영어)를 방문해 주십시오. 선불 계좌에 대하여 불만 사항이 있으신 경우, 소비자 금융보호국(Consumer Financial Protection Bureau)에 1-855-411-2372으로 전화하시거나 <u>cfpb.gov/complaint(</u>영어)를 방문하십시오.

CR-20905167

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# U.S. Bank 全美銀行 ReliaCard® 領卡前披露事項 計劃名稱: District of Columbia Personal Income Tax (哥倫比亞特區個人所得稅)

服務可能僅以英文提供。

月費 <b>\$0</b>	每次購物 <b>\$0</b>	ATM 提款 <b>\$0</b> 網內 <b>\$2.00</b> 網外	現金儲值 不適用
ATM 餘額	查詢 (網內或網外)		\$0 或 \$1.00
客戶服務	(自動語音或線上客服人員)	\$0 每通電話	
閒置(未進	行交易逾90天後)	\$2.00 每月	
我們還收	取另外4種費用。		_

# 無透支/信貸功能。

您的資金符合 FDIC 保險資格。

如需瞭解預付帳戶的一般資訊,請造訪 cfpb.gov/prepaid(英文)。 如需瞭解所有費用和服務的詳細資訊與條件,請參閱卡片文件包內資訊,也可致電 **1-877-528-6408** 或 造訪 usbankreliacard.com(英文)。

# U.S. Bank 全美銀行 ReliaCard® 費用明細表

計劃名稱: District of Columbia Personal Income Tax (哥倫比亞特區個人所得稅)

所有費用	金額	詳細資訊	
提領現金			
ATM 提款(網內)	\$0	這是我們接次收取的提款費用。「網內」是指 U.S. Bank 全美銀行或 MoneyPass <sup>®</sup> 或 Allpoint <sup>®</sup> ATM 網絡。ATM 位置請參閱 <u>usbank.com/locations</u> (英文)或 <u>moneypass.com/atm-locator.html</u> (英文)或 <u>allpointnetwork.com</u> (英文)。	
ATM 提款(網外)	\$2.00	這是我們按次收取的提款費用。「網外」是指 U.S. Bank 全美銀行或 MoneyPass 或 Allpoint ATM 網絡以外的所有 ATM。即使您未完成交易,ATM 營運商仍可能向您收取費用。	
臨櫃提領現金	\$0	這是您在接受 Visa® 的銀行或信用合作社的櫃檯,使用您的卡提領現金時,我們會收取的費用。	
資訊	-		
ATM 餘額查詢(網內)	\$0	這是我們接次收取的查詢費用。「網內」是指 U.S. Bank 全美銀行或 MoneyPass 或 Allpoint ATM 網絡。ATM 位置請參閱 <u>usbank.com/locations</u> (英文)或 <u>moneypass.com/atm-locator.html</u> (英文)或 <u>allpointnetwork.com</u> (英文)。	
ATM 餘額查詢(網外)	\$1.00	這是我們按次收取的查詢費用。「網外」是指 U.S. Bank 全美銀行或 MoneyPass 或 Allpoint ATM 絡以外的所有 ATM。ATM 營運商可能也會向您收取費用。	
在美國境外使用您的卡	-		
國際交易	3%	這是您向境外商家使用卡片購物,或使用卡片在境外 ATM 提領現金時,我們會向您收取的費用;這是經匯率換算後依照美金交易金額計算的百分比。即使您和 / 或商家或 ATM 位於美國,部分交易仍會根據適用的網絡規則,以境外交易處理;且我們不會因此目的而控管這些商家、ATM 及交易的分類方式。	
國際 ATM 提款	\$2.00	這是我們接次收取的提款費用。即使您未完成交易,ATM 營運商仍可能向您收取費用。	
國際 ATM 餘額查詢	\$2.00	這是我們按次收取的查詢費用。ATM 營運商可能也會向您收取費用。	
其他			
換卡	\$5.00	這是我們對遺失卡片按次收取的換卡費用,卡片會以標準遞送方式郵寄給您(最多 10 個工作日)。	
換卡急件遞送方式	\$25.00	這是我們在任何換卡費用以外加收的急件遞送費用(最多3個工作日)。	
閒置	\$2.00	這是您連續 90 天未用卡完成任何交易後,我們每月會收取的費用。	

雖然這份通訊文件是以中文提供,但後續與您的契約、披露、通知與對帳單、網路與行動銀行服務等相關的 U.S. Bank 全美銀行通訊與文件等,可能只以 英文提供。您必須能夠閱讀和理解這些文件,或取得協助以翻譯這些文件,才能瞭解和使用此產品或服務。可應要求提供英文文件。

您的資金符合 FDIC 保險資格。您的資金會由 FDIC 承保之 U.S. Bank National Association 全美銀行全國聯合會持有,若 U.S. Bank 全美銀行失去支付能力,FDIC 會承兌您的資金,最高為 \$250,000。詳細資訊請參閱 <u>fdic.gov/deposit/deposits/prepaid.html</u>(英文)。

#### 無透支/信貸功能。

如需聯絡 Cardholder Services(持卡人服務部),請致電 **1-877-528-6408**、寄信至 P.O. Box 551617, Jacksonville, FL 32255,或造訪 <u>usbankreliacard.com</u>(英文)。

如需瞭解預付帳戶的一般資訊,請造訪 <u>cfpb.gov/prepaid</u>(英文)。如果您想就預付帳戶事宜提出投訴,請致電 Consumer Financial Protection Bureau(消費者金融保護局),服務電話:1-855-411-2372,或造訪 <u>cfpb.gov/complaint</u>(英文)。

#### CR-20905167

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# **Key website resources**

# **DC Official Code**

www.lexisnexis.com/hottopics/dccode/

# **DC Regulations**

www.dcregs.dc.gov/

# **DC Tax Forms/Publications**

MyTax.DC.gov

# **Mailing Address for Returns**

MyTax.DC.gov

# **Electronic Funds Transfer (EFT) Guide**

MyTax.DC.gov

# **NACHA Guidelines**

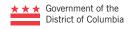
www.nacha.org/

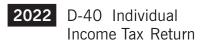
# **Social Security Administration**

www.ssa.gov/

### **Internal Revenue Service**

www.irs.gov







Important: Print in CAPITAL letters using black ink.

×	Personal information Your telephone number				Fill in if: Filing an amended return. See instructions. OFFICIAL USE ONLY Vendor ID#0000				
IN BACK	You	r taxpayer identification number (TIN)	and Date of Birth (MM	IDDYYYY)	Spouse's/re	egistered d	domestic partner's	TIN and Date of Birth	(MMDDYYYY)
LEFT	You	r first name	M.I.	Last name					Fill in if Deceased
DOCUMENTS IN UPPER LEFT									
TS IN I	Spo	use's/registered domestic partner's first n	ame M.I.	Last name					Fill in if Deceased
NMEN.	Hon	ne address (number, street and suite/apar	tment number if applica	ble)					
3 DOC									
STAPLE OTHER									
APLE	City					Sta	ate Zip Co	ode +4	
ST									
	Email	Address							
	<u>Filir</u>	ng status							
l M	1	Fill in only one: Single,	Married filing jo	ointly,	Married filin	g separat	tely, Depo	endent claimed by sor	meone else
S HEF		Marriad	filing concretcly on as	ana ratura	Fatar aamabin		ata faulinaa E. A	2 Can instructions	
MENT			filing separately on sa						
STATE		9	ed domestic partners 5-43. See instruction		O filir	g separat	tely on same ret	urn Enter combined a	imounts
-DING		Head of	household Enter qua	lifying deper	ndent and/or r	non-depen	ndent information	n on Schedule S.	
I SHE		Qualifying widow(er) with dependent child Enter qualifying dependent and/or non-dependent information on Schedule S.							
ER WIT			.8aa(a.) aap		a zmen quan	<i>J</i> 6 4 5 6			
AND ANY OTHER WITHHOLDING STATEMENTS HERE									
D AN	2	Fill in if you are: Part-yea	r resident in DC from		MDDYYYY)	to	(MMDDYYY	See instruct	tions.
2s AN	3	Did you have qualifying health care	coverage for all members	•	•	aibility far	•		No
STAPLE W-2s	J	If no, or if claiming an exemption, or				Sibility Tai	nnny for the enth	re year: res	No O
STAF		Complete your fee	deral return first -	– Enter yo	ur depend	ents' inf	formation on	DC Schedule S	
	Inco	ome Information			Round		earest dollar. If amou ninus, enter amount a	unt is zero, leave line blank; and fill in oval.	
	а	Wages, salaries, unemployment	compensation and/c	or tips,	a \$			.00	0
	b	see instructions. Business income or loss, see instr	uctions.	Fill in if loss	o b \$			.00	0
	С	Capital gain or loss.		Fill in if loss	_ c \$			.00	0
	d	Rental real estate, royalties, pa	rtnerships, etc.	Fill in if loss	od \$			.00	0
	Con	nputation of DC Gross and Adj	justed Gross Incor	<u>ne</u>					
	4	Federal adjusted gross income.		ome lines on f	ederal Fill	n if loss (	O 4 \$		.00
		Forms 1040, 1040-SR, 1040-NR or 10	/+U-ΝΠ-ΕΔ.						

Ent	40 PAGE 2 er your last name. er your TIN 2 2 0 4		•
Ado	litions 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.	7 \$	00
Sub	tractions 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		14 \$	00
15	Total subtractions from DC income, Lines 8-14.	15 \$	00
16	DC adjusted gross income, Line 7 minus Line 15.	16 \$ 6	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 Lin	
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 in instructions.	20\$	00
21	Fill in if filing separately on same return. Complete Calculation J on Schedule S.  Credit for child and dependent care expenses  From federal Form 2441; if part-year DC resident, from Line 5, DC Form 2441	21 \$	00
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		
27a	Enter the number of qualified EITC children. 27b Enter earned income amount	27b \$	00
270	For filers with qualifying children. Enter federal EIC \$ .00 X .70 Enter result >	27d \$	00
276	e For filers <b>without</b> 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

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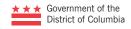
D-40 PAGE 3								
Enter your last name.								
Enter your TIN	2 2 0 4	0 0 1 3 0 0 0 0						
29 Refundable cr	edits from DC Schedule U, Part 1b, Line 3. Attach Schedule U.	29 \$	00					
30 Total refundat	ole credits. Add Line 27d or 27e through Line 29.	30 \$	.00					
31 DC income tax	withheld shown on Forms W-2 and 1099. Attach these forms.	31 \$	.00					
32 2022 estimate	ed income tax payments and amount applied from 2021 return.	32 \$	.00					
33 Tax paid with	Form FR-127 Extension of Time to File.	33 \$	.00					
34 If this is an an	nended 2022 return, enter payments made with original 2022 D-40 return.	34 \$	.00					
35 If this is an an	nended 2022 return, enter refunds requested with original 2022 D-40 return.	35 \$	00					
36 Total payment	s and refundable credits. Add Line 30 through Line 34. (Do not include Line 35).	36 \$	00					
37 Tax Due. Subti	ract Line 36 from Line 26.	37 \$	00					
38 Amount overp	aid. Subtract Line 26 from Line 36.	38 \$	00					
39Amount to be ap	plied to your 2023 estimated tax.	39 \$	00					
40 Underpaymen	t Interest. Fill in the oval and attach Form D-2210.	40 \$	00					
41 Contribution a	mount 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					
	d go to an account outside the U.S.? Yes No See instructions.							
44 Fill in O if either spouse is claiming injured spouse protection. You <b>must</b> attach Form DC-8379.								
Refund Options: Fo	or information on the tax refund card and program limitations, see instructions or visit ou	r website MyTax.DC.gov.						
Mark one refund ch	noice: Direct deposit or Reliacard (See instructions) or Pa	per check						
Direct Deposit. To h	ave your refund deposited to your <b>checking or savings</b> account, fill in oval and enter bank rou	uting and account numbers. See instructions.						
Routing Nur	nber Account Number							
Fill in if you ag	ree to receive your 1099-G Income Tax refund statement electronically (see instr	uctions).						
Third party designee To a	authorize another person to discuss this return with OTR, fill in here and enter the name and pho	one 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  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						

\*Pursuant to the "Earned Income Tax Credit as Basic Income Amendment Act of 2021", for tax year 2022, eligible EITC taxpayers with qualified children may have a portion of their EITC paid in 11 monthly payments. If you are a taxpayer receiving monthly EITC payments, OTR will calculate the distribution of your net refund amount for you and your initial lump sum payment received will differ from the Line 43 Net Refund amount. OTR shall send a notice to every individual whose refund, or any portion thereof, will be paid in monthly refund payments pursuant to the Act.

Eligible DC EITC part-year taxpayers with qualifying children, eligible DC EITC taxpayers without a qualifying child, and Schedule N DC Non-Custodial Parent EITC claimants will NOT have a portion of their EITC paid in monthly payments. They will receive their DC EITC refunds in one lump sum payment.

If you have selected the ReliaCard as your refund choice and are eligible to receive monthly EITC refund payments, please retain your U.S. Bank ReliaCard. Monthly payments will be reloaded onto the initial card that you received containing your initial lump sum refund payment.

All DC EITC credits are immediately subject to the offset provisions of DC Code § 47-4431.







Important: Print in CAPITAL letters using black ink.

A S	Personal information Your telephone number	Fill in if: Filing an amended return. See instructions. OFFICIAL USE ONLY Vendor ID#0000									
N BA(	Your taxpayer identification number (TIN) and Date of Birth (MMD	DYYYY)	Spouse's/regis	stered domestic p	partner's TIN	and Date of Birth (	MMDDYYYY)				
EFT	Your first name M.I.	Last name									
PER L	Your first name M.I.	Last name					Fill in if Deceased				
N UP	Spouse's/registered domestic partner's first name M.I.	Last name					Fill in if Deceased				
SNTS											
CUME	Home address (number, street and suite/apartment number if applicab	e)									
STAPLE OTHER DOCUMENTS IN UPPER LEFT IN BACK											
OTHE											
APLE	City			State	Zip Code +4						
S											
	Email Address										
4											
	Filing status										
ا ا	1 Fill in only one: Single, Married filing joi	ntly, N	Married filing s	separately,	Dependent	claimed by some	eone else				
S HE	, — — — — — — — — — — — — — — — — — — —										
MENT	Married filing separately on sar	ne return <i>En</i>	nter combined	amounts for Lir	ies 5–43. See	instructions.					
TATE	Registered domestic partners fi for Lines 5-43. See instruction:	0,	filing s	separately on s	ame return En	ter combined am	nounts				
SINGS	O Hard of harmshall 5 c	·			0	0					
HOL	Head of household Enter qualifying dependent and/or non-dependent information on Schedule S.										
M∏ M	Qualifying widow(er) with depe	ndent child	Enter qualifyii	ng dependent a	nd/or non-depe	endent informatio	n on Schedule S.				
AND ANY OTHER WITHHOLDING STATEMENTS HERE											
ANY O	2 Fill in if you are: Part-year resident in DC from			to		See instruction	ns.				
		IMM)	DDYYYY)	(MN	(IDDYYYY)						
W-2s	3 Did you have qualifying health care coverage for all members			ility family for	the entire year:	Yes /	No O				
STAPLE W	If no, or if claiming an exemption, complete Schedule HSR	(see instruct	tions).								
ST	<ul><li>Complete your federal return first –</li></ul>	Enter your	r dependen	ts' informati	ion on DC S	schedule S •					
	Income Information		Round ce	nts to nearest dolla if minus, enter	r. If amount is zer amount and fill in	o, leave line blank; oval.					
	a Wages, salaries, unemployment compensation and/or	tips,	a \$			.00					
	b Business income or loss, see <i>instructions</i> .	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 Incom	e									
	4 Federal adjusted gross income. From adjusted gross income	_	deral Fill in i	f loss 4	\$		.00				
	Forms 1040, 1040-SR, 1040-NR or 1040-NR-EZ.										

Ent	40 PAGE 2 er your last name. er your TIN 2 2 0 4		•
Ada	litions 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.	7 \$	00
Sub	otractions 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		14 \$	00
15	Total subtractions from DC income, Lines 8-14.	15 \$	00
16	DC adjusted gross income, Line 7 minus Line 15.	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 Lin	
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 in instructions.	20\$	00
21	Fill in if filing separately on same return. Complete Calculation J on Schedule S.  Credit for child and dependent care expenses  From federal Form 2441; if part-year DC resident, from Line 5, DC Form 2441	21 \$	00
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		
278	Enter the number of qualified EITC children. 27b Enter earned income amount	27b \$	00
270	For filers <b>with</b> qualifying children. Enter federal EIC \$ .00 X .70 Enter result >	27d \$	00
276	e For filers <b>without</b> 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

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D-40 PAGE 3									
Enter your last name.									
Enter your TIN	2 2 0 4 0 0 1 3 0								
29 Refundable credits from DC Sch	nedule U, Part 1b, Line 3. Attach Sched	ule U.	29 \$	.00					
30 Total refundable credits. Add Lin	e 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 2022 estimated income tax pay	ments and amount applied from 202	1 return.	32 \$	.00					
33 Tax paid with Form FR-127 Ext	ension of Time to File.		33 \$	.00					
34 If this is an amended 2022 retu	urn, enter payments made with origina	al 2022 D-40 return.	34 \$	.00					
35 If this is an amended 2022 retu	urn, enter refunds requested with original	inal 2022 D-40 return.	35 \$	.00					
36 Total payments and refundable	credits. Add Line 30 through Line 34. (Do not inclu	ude 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					
39Amount to be applied to your 202	3 estimated tax.		39 \$	.00					
40 Underpayment Interest. Fill in t	the oval and attach Form D-2210.		40 \$	.00					
41 Contribution amount from Sche	dule U, Part II, Line 5. (Cannot exceed an	nount on Line 38)	41 \$	.00					
42 Total Amount Due. Add Lines 37,	40 and 41.		42 \$	.00					
43 Net Refund*. Subtract total of Lines			43 \$	00					
Will this refund go to an accour		See instructions.	10						
44 Fill in if either spouse is cla	iming injured spouse protection. You	must attach Form DC-837	9. 						
-	e tax refund card and program limitations		website MyTax.DC.gov.						
	et deposit <b>or</b> Reliacard (See in		per check						
Direct Deposit. To have your refund depos	ited to your <b>checking or savings</b> accou		iting and account numbers. See instructi	ions.					
Routing Number	Account	Number							
Fill in if you agree to receive you	Fill in O if you agree to receive your 1099-G Income Tax refund statement electronically (see instructions).								
Third party designee To authorize another person	on to discuss this return with OTR, fill in here	and enter the name and pho	ne number of that person. See instruction	ns.					
Designee's name Phone number									
Signature Under penalties of law, I declare that I ha	ave examined this return and, to the best of my knowled Date	dge, it is correct. Declaration of paid pre Preparer's signature	eparer is based on information available to the p Date						
<u> </u>	5410	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	buc						
Spouse's/registered domestic partner's signature if filing jo	pintly or separately on same return Date	Preparer's Tax Identification Number (	PTIN) PTIN telephone number						

\*Pursuant to the "Earned Income Tax Credit as Basic Income Amendment Act of 2021", for tax year 2022, eligible EITC taxpayers with qualified children may have a portion of their EITC paid in 11 monthly payments. If you are a taxpayer receiving monthly EITC payments, OTR will calculate the distribution of your net refund amount for you and your initial lump sum payment received will differ from the Line 43 Net Refund amount. OTR shall send a notice to every individual whose refund, or any portion thereof, will be paid in monthly refund payments pursuant to the Act.

Eligible DC EITC part-year taxpayers with qualifying children, eligible DC EITC taxpayers without a qualifying child, and Schedule N DC Non-Custodial Parent EITC claimants will NOT have a portion of their EITC paid in monthly payments. They will receive their DC EITC refunds in one lump sum payment.

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All DC EITC credits are immediately subject to the offset provisions of DC Code § 47-4431.

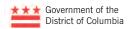
#### SCHEDULES PAGE 2

Last name and SSN



Calculation G-1 Computation of Standard Deduction Calculation G-1 must be completed and submitted with the return except for dependent filers Calculation G Number of exemptions. Do not attach Schedule S to your D-40 if you only [Illed in Lines a, f and i and have not [Illed in any other section of Schedule S. a Basic standard deduction amount. See instructions. a Enter I for yourself and 00 b Enter 1 if you are age 65 or over b Enter 1 if you are pling as a head of household and b b c Enter 1 if you are blind c Enter 1 if you are age 65 or over and 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  $e^{e} \ \ \text{Enter1} \ \text{number of dependents} \\ \text{domestic partner filing jointly or filing separately on same return}$ е f and the ur spouse of registered domestic painter if ling jointly or ling separately on same return f g Totaler 4mb go of and ditions to standard of this piece of the first of the fir gh Additional respondent dediction in growint with the properties of the second of the 00 i Total number of exemptions, Add Lines a-h, enter here and on D-40, Line 18.17. 00 i Cantallation or Taken of the same DC registered domestic partners ∏ling separately on the same DC re Enter separate amounts in each column. Combine amounts on line k. Your spouse/domestic partners filing separately on the same DC return. Anti-edeptal accidented grosscincomen. Combine amounts on Line m. You O Your spouse/registered domestic partner If you and your spouse □led a joint federal return, enter each person's 00 🔾 00 Federaloadjustedagyoseingooseincome. Registered domeEtilonjaluser a throul area trent perut hap de ste falle A a ljoë ptofet de la ahret beinr, se ptaratec fe perad n'et urns. Portion of federal adjusted gross income. Registered domestic partners rotal additions to rederal adjusted gross income. 00 00 should enter the federal AGI reported on their separate federal returns. Enter each person's portion of additions entered on D-40. Lines 4 and 5. Agtal additions to federal adjusted gross income. 00 00 Foter each person's perting of additions instead on S-40 Lines 5 and 6. 88 Acter pashapansph's portion of subtractions entered on D-401 Hinaold. 8 HOTA SUBTESCENOS HOTA TECH SUBTRICT STEP SUBTRICT STATES THE SET OF SUBTRICT STATES THE SET OF SUBTRICT STATES SUBTRICT STATES SUBTRICT STATES SUBTRICT STATES SUBTRICT STATES SUBTRICT 99 00 Deducation personal profession of subtractions entered on D-40, Line 14. 00 00 Enter each person's portion of the amount entered on D-40. Line 17. UC adjusted gross income. Subtract Line of from Line c. Fill in it loss (You may allocate this amount as you wish.) 00 00 Deduction amount. 00 00 Enter each person's portion of the amount entered the bird 140, Line 19. (You may allocate this amount as you wish.)
Add Lines f and g. 00 00 Tentative taxable income. Subtract Line f from Line e. Fill in if loss Taxable income. Subtract Line f from Line e. 00 00 Next capital gains from osade lokes, change of the eligible investment in an QHThanfor00,000 Linsel Oalculation I, page. 00 00 Add the amounts on Line is enter here and on D-40, Line 2711 in if loss 00 00 Tentative tax. If Line i is \$100,000 or less, use tax tables. 99 99 If more than \$100,000, use Calculation i in instructions. 88 k 3% tax on eligible QHTC capital gains income, from D-40, Line 22. 99 Add Line J and Line K (M) Total tax Add the amounts on Line I, enter here and on D-40, Line 23 m List TINs associated with Income reported and taxed on Franchise and Fiduciary Returns for the amount listed on D-40, Line 11. h C. а d е h

g



# SCHEDULE S Supplemental Information and Dependents

Unless instructed otherwise -If you fill in any part of this schedule, attach it to your D-40. Print in CAPITAL letters using black ink.



OFFICIAL USE ONLY Vendor ID#0000

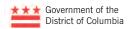
Enter your last name			Enter your TIN
Dependents If you have more than	8 dependents, list them or	<u>ı an attac</u>	hment.
First name		M.I.	Last Name
Taxpayer identification number	Relationship		Date of Birth (MMDDYYYY)
First name		M.I.	Last Name
Taxpayer identification number	Relationship		Date of Birth (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 TIN of	qualifying non-dependent pers	son	Date of Birth of qualifying non-dependent person (MMDDYYYY)
or qualifying widow(er)			
Do not enter your information  First name of qualifying non-dependent po	orcon	M.I.	Last Name
That hame of qualitying non-dependent p	EISUIT	(VI.I.	Last Ivanie

Last name and TIN Last name and SSN



	alculation G-1 Computation of Standard Deduction Calculation of fyou were born before January 2, 1958, you are considered to be age 65 at the end of 2022	à-1	must	be completed and submitte	d with the re	turn e	except for dependent fi	lers
	Basic standard deduction amount. See instructions.					а	\$	00
b	Enter 1 if you are age 65 or over *					b		
	Enter 1 if you are blind					С		
d	Enter 1 if married or registered domestic partner filing jointly or filing and your spouse or registered domestic partner is 65 or over *		d					
е	Enter $1$ if married or registered domestic partner filing jointly or filing and your spouse or registered domestic partner is blind		е					
f	Total number of additions to standard deductions. Add Lines b thro	ug	h e.			f		
g	Additional standard deduction amount. Multiply $$1,400 ($1,750 if by number on Line f. See instructions.$	sin	ngle o	r head of household.		g	\$	00
h	Total standard deduction. Add Lines a and g, enter here and on D-4	0,	Line	18.		h	\$	00
i	Total number of dependents					i		
(	Calculation J Tax computation for married or registered domestic	с р	artne	ers filing separately on	the same	DC	return.	
E	Inter separate amounts in each column. Combine amounts on Line i.			You	Your spo	ouse/	registered domestic pa	rtner
ć	Federal adjusted gross income. Fill in if loss  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.		a \$		.00 🔾 \$			00
ł	Total additions to federal adjusted gross income.  Enter each person's portion of additions entered on D-40, Lines 5 and 6.		b \$		.00 \$			00
(	Add Lines a and b. Fill in if loss		c \$		.00 🗢 \$			00
(	Total subtractions from federal adjusted gross income.		d \$		.00 \$			00
6	Enter each person's portion of subtractions entered on D-40, Line 15.  DC adjusted gross income. Subtract Line d from Line c. Fill in if loss	5	\$ e \$		.00 \$			00
f	Deduction amount.  Enter each person's portion of the amount entered on D-40, Line 18.  (You may allocate this amount as you wish.)		f \$		.00 • \$			00
٤	g Taxable income. Subtract Line f from Line e. Fill in if loss		g \$		.00 🗢 \$			00
ŀ	Tax. 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 20.			i \$			00 Total to	ах
Ī	ist TINs associated with Income <b>reported and taxed</b> on Franchise a b d e h	ind	Fidu	ciary Returns for the an	nount listed	lon	D-40, Line 11.	
	a b			С				
	d e			f				
	g h			i				

Revised 68/19



# SCHEDULE S Supplemental Information and Dependents

Unless instructed otherwise -If you fill in any part of this schedule, attach it to your D-40. Print in CAPITAL letters using black ink.



OFFICIAL USE ONLY Vendor ID#0000

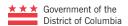
Enter your last name			Enter your TIN
Dependents If you have more than	8 dependents, list them or	<u>ı an attac</u>	hment.
First name		M.I.	Last Name
Taxpayer identification number	Relationship		Date of Birth (MMDDYYYY)
First name		M.I.	Last Name
Taxpayer identification number	Relationship		Date of Birth (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 TIN of	qualifying non-dependent pers	son	Date of Birth of qualifying non-dependent person (MMDDYYYY)
or qualifying widow(er)			
Do not enter your information  First name of qualifying non-dependent po	orcon	M.I.	Last Name
That hame of qualitying non-dependent p	EISUIT	(VI.I.	Last Ivanie

Last name and TIN Last name and SSN



	alculation G-1 Computation of Standard Deduction Calculation of f you were born before January 2, 1958, you are considered to be age 65 at the end of 2022	à-1	must	be completed and submitte	d with the re	turn e	except for dependent fi	lers
	Basic standard deduction amount. See instructions.					а	\$	00
b	Enter 1 if you are age 65 or over *					b		
	Enter 1 if you are blind					С		
d	Enter 1 if married or registered domestic partner filing jointly or filing and your spouse or registered domestic partner is 65 or over *		d					
е	Enter $1$ if married or registered domestic partner filing jointly or filing and your spouse or registered domestic partner is blind		е					
f	Total number of additions to standard deductions. Add Lines b thro	ug	h e.			f		
g	Additional standard deduction amount. Multiply $$1,400 ($1,750 if by number on Line f. See instructions.$	sin	ngle o	r head of household.		g	\$	00
h	Total standard deduction. Add Lines a and g, enter here and on D-4	0,	Line	18.		h	\$	00
i	Total number of dependents					i		
(	Calculation J Tax computation for married or registered domestic	с р	artne	ers filing separately on	the same	DC	return.	
E	Inter separate amounts in each column. Combine amounts on Line i.			You	Your spo	ouse/	registered domestic pa	rtner
ć	Federal adjusted gross income. Fill in if loss  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.		a \$		.00 🔾 \$			00
ł	Total additions to federal adjusted gross income.  Enter each person's portion of additions entered on D-40, Lines 5 and 6.		b \$		.00 \$			00
(	Add Lines a and b. Fill in if loss		c \$		.00 🗢 \$			00
(	Total subtractions from federal adjusted gross income.		d \$		.00 \$			00
6	Enter each person's portion of subtractions entered on D-40, Line 15.  DC adjusted gross income. Subtract Line d from Line c. Fill in if loss	5	\$ e \$		.00 \$			00
f	Deduction amount.  Enter each person's portion of the amount entered on D-40, Line 18.  (You may allocate this amount as you wish.)		f \$		.00 • \$			00
٤	g Taxable income. Subtract Line f from Line e. Fill in if loss		g \$		.00 🗢 \$			00
ŀ	Tax. 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 20.			i \$			00 Total to	ах
Ī	ist TINs associated with Income <b>reported and taxed</b> on Franchise a b d e h	ind	Fidu	ciary Returns for the an	nount listed	lon	D-40, Line 11.	
	a b			С				
	d e			f				
	g h			i				

Revised 68/19



### 2022 SCHEDULE H Homeowner and Renter Property Tax Credit



Important: Read eligibility requirements before completing. Print in CAPITAL letters using black ink. OFFICIAL USE ONLY Vendor ID#0000 Personal information Your daytime telephone number and Date of Birth (MMDDYYYY) Spouse's/registered domestic partner's TIN and Date of Birth (MMDDYYYY) Your taxpayer identification number (TIN) Your first name M.I. Last name Spouse's/registered domestic partner's first name Last name Mailing address (number, street and suite/apartment number if applicable) City State Zip Code +4 **Email Address** Address of DC property (number, street and suite/apartment number if applicable) for which you are claiming the credit if different from above House Type of property for which you are claiming the credit. Fill in only one: Apartment Rooming house Condominium Complete Section A or Section B, whichever applies. ◆ Do not claim this credit for an exempt property owned by a government, a house of worship or a non-profit organization. Round cents to nearest dollar. If amount is zero, leave line blank. Section A Credit claim based on rent paid 00 1 1 Federal adjusted gross income of the tax filing unit (see instructions). If less than zero, enter zero. 2 Rent paid by you on the property in 2022 00 x.20 = 200 3 Property tax credit. Use the "Computing Your Property Tax Credit" worksheet. 3 00 4 Landlord's name Landlord's address (number, street and suite/apartment number if applicable) Apartment number Landlord's telephone number City State Zip Code +4 Round cents to nearest dollar. Section B Credit claim based on real property tax owed. If amount is zero, leave line blank. 00 5 Federal adjusted gross income of the tax filing unit (see instructions). If less than zero, enter zero. 5 6 00 6 DC real property tax bill for tax year 2022. Do not include special assessments, interest, penalties and service charges. 7 Property tax credit Use the "Computing Your Property Tax Credit" worksheet. 7 00 8 Enter information from your real property tax bill or assessment. If a section is blank on your property tax bill, leave it blank here. Square number Suffix number Lot number



				2 2 9 9 8 0 1 2 0 0 0 0						
F	<u> </u>	or STANDALONE FILERS only, please complete the following "Refund Options" information Will this refund go to an account outside of the U.S.? Yes No Refund Options: For information on the tax refund card and program limitations, see instructions or visit our website 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 or checking or savings account, fill in oval and enter bank routing and account numbers. See instructions.								
		Routing Number Acc	count	Number						
	S	Signature under penalty of law, I declare that I have examined this return and, to th	e best o	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 Date		Preparer's Tax Identification Number (PTIN) PTIN telephone number						
		on same return.								
	F	FOR STANDALONE FILERS ONLY - WORKS	HEE	T TO DETERMINE FEDERAL ADJUSTED GROSS INCOME						
		This Worksheet is for use by standalone filers or	nly. If	you are filing a D-40 Return, do not complete this worksheet.						
				COLUMN A (YOU) COLUMN B (SPOUSE/DOMESTIC PARTNER)						
ı	1	Wages, salaries, tips, etc.	1 \$	\$						
AE.	2	Taxable interest	2							
INCOME	3	Ordinary Dividends	3							
Z	4	Taxable refunds, credits, or offsets of state and local income taxes	4							
	5	Alimony received (only if divorce or separation agreement on or before 12/31/18)	5							
	6	Business Income Fill in if minus	6	Fill in if minus						
	7	Capital gain Fill in if minus	7	Fill in if minus						
	8	Other gains Fill in if minus	8	Fill in if minus						
	9	IRA distributions: Taxable amount	9							
	10	Pensions and annuities: Taxable amount	10							
	11	Rental real estate, royalties, partnerships, S-Corp., trusts, etc. Fill in if minus	11	Fill in if minus						
	12	Farm income Fill in if minus	12	Fill in if minus						
	13	Unemployment compensation	13							
	14	Social security benefits: Taxable amount	14							
	15	Other taxable income. Attach separate sheet(s) Fill in if minus	15	Fill in if minus						
	16	Add Lines 1 through 15 in each column. Fill in if minus	16	Fill in if minus						
	17	Educator expenses	17							
	18	Certain business expenses of reservists, performing artists, and fee-basis government officials	18							
Z	19	Health savings account deduction	19							
NEN	20	Moving expenses for members of the armed forces. Attach fed. Form 3903	20							
STI	21	Deductible part of self-employment tax	21							
ADJUSTMENTS	22	Self-employed SEP, SIMPLE, and qualified plans	22							
⋖	23	Self-employed health insurance deduction	23							
	24	Penalty on early withdrawal of savings	24							
	25	Alimony paid (only if divorce or separation agreement on or before 12/31/18)	25							
	26	IRA deduction	26							
	27	Student loan interest deduction	27							
		Tuition and fees per federal Form 8917	28							
		Add Lines 17 through 28 in each column	29							
		Subtract Line 29 from Line 16 Fill in if minus	30	Fill in if minus						
		Total federal adjusted gross income. Add amounts entered on Line 30								

#### **WORKSHEET TO COMPUTE YOUR PROPERTY TAX CREDIT**

This credit may not be claimed if you live in a property owned by a government, a house of worship or a nonprofit organization.

The credit equals a percentage of the property taxes paid or accrued *or* the portion of the rent paid that is equivalent to property taxes (20% of rent paid) *in* excess of the applicable percentage of the total federal adjusted gross income. The maximum credit amount is \$1250.

Percentage -

s: \$0 - \$24,999 The amount of property tax that exceeds 3.0% of the adjusted gross income							
\$25,000 - \$51,999	The amount of property tax that exceed	eds 4.0% of the adjusted gross income					
\$52,000 - \$57,600	The amount of property tax that exceeds 5.0% of the adjusted gross income						
If you are age 70 or older and the							
Federal AGI of your tax filing unit	Percentage -						
is: \$0 - \$78,600	The amount of property tax that exceed	eds 3.0% of the adjusted gross income of the tax filing unit					
<ol> <li>Enter federal AGI (Line 1, Section A, Schedule H).</li> <li>Enter real property tax bill for 2022 of (Do not include special assessments, interest,</li> </ol>	or 20% of rent paid in 2022.	1 2					
3. Multiply Line 1 by the applicable percentage (.03), (.04) or (.05).		3					
4. Balance (Subtract Line 3 from Line 2	).	4					
5. Property Tax Credit Limit.		5. <u>\$1,250.00</u>					
<ol> <li>Enter the smaller of Line 4 or Line 5 Schedule H, Section A for credit based H, Section B for credit based on real nearest whole dollar.</li> </ol>	ed on rent paid, or Line 7 of Schedule	6					

If you are under age 70 and the Federal AGI of your tax filing unit

#### **Instructions for Schedule H**

#### **Homeowner and Renter Property Tax Credit**

#### **Home Defined**

The term "home" refers to houses, apartments, rooming houses, condominiums, and cooperatives.

#### Eligibility

You must meet the following requirements to claim this credit:

- You were a District of Columbia (DC) resident from Jan 1. through Dec. 31, 2020;
- Your residence is not part of a public housing dwelling;
- You rented or owned and lived in your home, apartment, rooming house, or condominium in DC during all of 2020;
- Your 2020 federal adjusted gross income (AGI), was \$5₹,600 or less (\$78,600 or less if you are age 70 or older);
- You did not rent from a landlord whose property
  was either exempt from real property taxes or
  puloperalydtaxpe rocentagepafdentadrocatage to DC
  infateatalofinpayinegta Dealiestated takpaying a
  real estate tax;
- You must not be claimed as a dependent on
- Sooneousterise's declarate data tea one penine on a setoneous erise's declarate histate gen 65 Coim combetave December 31, 2020.

#### Additional Information:

- A Homeowner and Renter Property Tax Credit cannot be claimed on behalf of a taxpayer who died on or before December 31, 2020.
- Only one claimant per "tax filing unit" can claim the property tax credit.
- An individual who is claimed as a dependent on someone else's individual income tax return is eligible to file the claim for his/her tax filing unit only if the individual is 65 years of age or older.

#### **Tax Filing Unit Defined**

A tax filing unit is defined as an individual or married couple that would -- were their income above the federal filing threshold -- file an individual income tax return. A married couple/ registered domestic partners residing in the same household are part of the same tax filing unit whether filing jointly, separately on the same return, or separately on separate returns.

#### **D-40 Filers**

If you are required to file a DC individual income tax return

(D-40), attach Schedule H to your D-40 return. Use the federal adjusted gross income amount from Line 4 of your D-40 (and the AGI of your spouse/registered domestic partner if filing separately on separate returns). You have three years from the due date to claim the credit. If you have already submitted your tax return for a previous Standwitheutites Schedule H form, you may file an amended return to include Schedule H. If you are not required to file a DC individual income tax return because you are below **Standalone Falers**ing threshold, you can file Schedule H as a standalone return. You may use the "Whoykisheere Thot Determendero Federal DAC junctivated wat comes men to a gret 2m die Sauheed when helre to be loan cathete in the met daan filied grahmestij oksted vog rosen irfdemSchoedyderself, asnot, istapplädande, return spylose onavegusteredde dWpessineearffreeDetermine Federal Adjusted Income" on page 2 of Schedule H to calculate the total federal adjusted gross Yronomarfonovoursleft; ramidalify afiliplicables tayodal speu Sehord register by docesstingpthrenewlyTax.DC.gov web portal. For more information,

You My Tax DC gov to find my Salving at 120217.59 3.246 ule H by accessing the My Tax DC.gov web portal. For more information, visit My Tax DC.gov or call e-Services at (202) 759-1946. When is Schedule H due?

The Schedule H is due by April 15 2021 when is Schedule H due?

The Schedule H is Where to Mail Schedule H u have three years from the due date to claim the credit. If you are required to file a DC income tax return, attach Schedule H to your DC income tax return. Send it to:

Where to Mail Schedule H

If you are required to file and the complete of the second section. Send it to:

Washington, DC 20090-6145

Office of Tax and Revenue If you file Schedule H by mail as a standalone return, send it to:

Washington, DC 20090-6145 Office of Tax and Revenue

If you file Schedule Holy Athir Street standation a return, send it to: Washington, DC 20024

Office of Tax and Revenue

1101 4th Street, SW FL 4

Use Section A or Section B?
Washington, DC 20024

If you **rent** your home, apartment, rooming house, condominium, or cooperative, use Section A or Section B?

If you **own** your home, apartment, rooming house, condominium by cooperative, use apartment, rooming house, condominium, or cooperative, use Section A.

If you **own** your home, apartment, rooming house, condominium or cooperative, use Section B.

Revised 06/2020 -1-

#### Section A—Credit claim based on rent paid

#### Line 1 Total federal AGI of the tax filing unit

If you filed a D-40, enter the amount, you and if applicable, your spouse or registered domestic partner reported on Line 4 of your D-40. If you are a standalone filer, you must compute your federal adjusted gross income and enter that amount on Line 1 of Schedule H. For assistance in computing your federal adjusted gross income you may complete the "Worksheet To Determine Federal Adjusted Gross Income".

If the sum of your federal AGI is more than \$57,600, (\$78,600 if you are age 70 or older) do not claim the property tax credit. You are not eligible.

If you are a standalone filer it is important that you list the name, taxpayer identification number, and date of birth on page 1 of Schedule H of the person whose income is included in the total federal AGI of your tax filing unit.

#### Line 2 Rent paid on the property in 2022

Enter the total rent you paid for the property during the year and multiply it by .20. If you sublet part of your home to another person, the rent that you received is gross income and must be reported on your D-40, or D-30 if gross rental income is greater than \$12,000.

Note: If a claimant rents more than one home in the District in the same calendar year, rent paid by the claimant during the year is determined by dividing the rent paid pursuant to the last rental agreement in force during the year by the number of months during the year for which this rent was paid and by multiplying the result by 12. Multiply the rent entered by .20.

#### Line 3 Property tax credit

Using the amounts entered on Lines 1 and 3, calculate your property tax credit amount using the "Computing Your Property Tax Credit Worksheet".

### Section B—Credit claim based on real property tax paid or accrued

#### Line 5 Total federal AGI of the tax filing unit

If you filed a D-40, enter the amount, you, and if applicable, your spouse or registered domestic partner reported on Line 4 of your D-40. If you are a standalone filer, you must compute your federal adjusted gross income and enter that amount on Line 1 of Schedule H. For assistance in computing your federal adjusted gross income you may complete the "Worksheet To Determine Federal Adjusted Gross Income".

If the sum of your federal AGI is more than \$57,600, (\$78,600 if you are age 70 or older) do not claim the property tax credit. You are not eligible.

If you are a standalone filer, it is important that you list the name, taxpayer identification number, and date of birth on page 1 of the person whose income is included in the total federal AGI of your tax filing unit.

#### Line 6 DC real property tax bill for tax year 2022

Refer to your real property tax bill. Enter the amount of DC real property tax for tax year 2022 as reflected on the District real estate tax bill ordinarily sent out in September each year. The claim is based upon the amount of real property taxes owed, whether paid or unpaid. Do not include interest, penalties, special assessments or service charges, and do not include taxes paid for earlier tax periods.

If a home is an integral part of a larger unit such as a multi-purpose building or a multi-dwelling building, property taxes accrued shall be that percentage of the total property taxes accrued as the value of the home bears to the total value of the property.

REMINDER: If you rent out part of your residence to another person, the rent you receive is gross income and needs to be reported on your federal and DC tax returns. If gross rental income is greater than \$12,000, you will need to file a DC Form D-30.

#### Line 7 Property tax credit

Using the amounts entered on Lines 8 and 9, calculate your property tax credit amount using the "Worksheet to Compute Your Property Tax Credit".

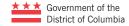
#### SCHEDULES PAGE 2

Last name and SSN



Calculation G-1 Computation of Standard Deduction Calculation G-1 must be completed and submitted with the return except for dependent filers Calculation G Number of exemptions. Do not attach Schedule S to your D-40 if you only [Illed in Lines a, f and i and have not [Illed in any other section of Schedule S. a Basic standard deduction amount. See instructions. a Enter I for yourself and 00 b Enter 1 if you are age 65 or over b Enter 1 if you are pling as a head of household and b b c Enter 1 if you are blind c Enter 1 if you are age 65 or over and 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  $e^{e} \ \ \text{Enter1} \ \text{number of dependents} \\ \text{domestic partner filing jointly or filing separately on same return}$ е f and the ur spouse of registered domestic painter if ling jointly or ling separately on same return f g Totaler 4mb go of and ditions to standard of this piece of the first of the fir gh Additional respondent dediction in growint with the properties of the second of the 00 i Total number of exemptions, Add Lines a-h, enter here and on D-40, Line 18.17. 00 i Cantallation or Taken of the same DC registered domestic partners ∏ling separately on the same DC re Enter separate amounts in each column. Combine amounts on line k. Your spouse/domestic partners filing separately on the same DC return. Anti-edeptal accidented grosscincomen. Combine amounts on Line m. You O Your spouse/registered domestic partner If you and your spouse □led a joint federal return, enter each person's 00 🔾 00 Federaloadjustedagyoseingooseincome. Registered domeEtilonjaluser a throul area trent perut hap de ste falle A a ljoë ptofet de la ahret beinr, se ptaratec fe perad n'et urns. Portion of federal adjusted gross income. Registered domestic partners rotal additions to rederal adjusted gross income. 00 00 should enter the federal AGI reported on their separate federal returns. Enter each person's portion of additions entered on D-40. Lines 4 and 5. Agtal additions to federal adjusted gross income. 00 00 Foter each person's perting of additions instead on S-40 Lines 5 and 6. 88 Acter pashapansph's portion of subtractions entered on D-401 Hinaold. 8 HOTA SUBTESCENOS HOTA TECH SUBTRICT STEP SUBTRICT STATES THE SET OF SUBTRICT STATES THE SET OF SUBTRICT STATES SUBTRICT STATES SUBTRICT STATES SUBTRICT STATES SUBTRICT STATES SUBTRICT 99 00 Deducation personal profession of subtractions entered on D-40, Line 14. 00 00 Enter each person's portion of the amount entered on D-40. Line 17. UC adjusted gross income. Subtract Line of from Line c. Fill in it loss (You may allocate this amount as you wish.) 00 00 Deduction amount. 00 00 Enter each person's portion of the amount entered the bird 140, Line 19. (You may allocate this amount as you wish.)
Add Lines f and g. 00 00 Tentative taxable income. Subtract Line f from Line e. Fill in if loss Taxable income. Subtract Line f from Line e. 00 00 Next capital gains from osade lokes, change of the eligible investment in an QHThanfor00,000 Linsel Oalculation I, page. 00 00 Add the amounts on Line is enter here and on D-40, Line 2711 in if loss 00 00 Tentative tax. If Line i is \$100,000 or less, use tax tables. 99 99 If more than \$100,000, use Calculation i in instructions. 88 k 3% tax on eligible QHTC capital gains income, from D-40, Line 22. 99 Add Line J and Line K (M) Total tax Add the amounts on Line I, enter here and on D-40, Line 23 m List TINs associated with Income reported and taxed on Franchise and Fiduciary Returns for the amount listed on D-40, Line 11. h C. а d е h

g



### Covernment of the District of Columbia 2022 SCHEDULE U Additional Miscellaneous Credits and Contributions



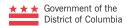
**Important:** Print in CAPITAL letters using black ink. Attach to D-40. **NOTE:** Contribution(s) will either decrease a refund or increase the tax owed by the amount of the contribution(s).

OFFICIAL USE ONLY Vendor ID#0000

Enter your last name	Taxpayer Identification Number (TIN)
Part I Credits  a. Non-refundable Credits  1 Enter state income tax credit. List additional states on a separate sheet, attach it to the (Enter total of all state tax credits on Line 2 below.)	
State (a) \$ .00 (b) \$ State (c) \$ .00 (d) \$	00
2 Total of Line 1 state tax credits and any additional tax credits from the attachm	nents. 2 \$ .00
3 Enter alternative fuel credits, see instructions. 3(a) Alternative fuel infrastructure - private residence. # of stations	00
3(b) Alternative fuel infrastructure - public use. # of stations	-00
3(c) Alternative fuel vehicle conversion. # of vehicles	.00
4 Total of Line 3 alternative fuel credits. Add Lines 3(a) - 3(c) only and enter here	e. 4 \$ .00
5 DC Low-Income Housing Tax Credit. See D-8609 and DC LIHTC instructions.	5 \$ .00
6 RESERVED	6 \$ .00
7 Total your non-refundable credits, enter here and on Form D-40, Line 22.	7 \$ .00
b. Refundable Credits	
1 DC Non-custodial parent EITC. See Schedule N.	1 \$ .00
2 Keep Child Care Affordable Tax Credit. See Schedule ELC.	2 \$ .00
3 Total your refundable credits, enter here and on Form D-40, Line 29.	3 \$ .00
Part II Contributions (The minimum contribution is \$1.00.)	
1 DC Statehood Delegation Fund.	1 \$ .00
2 Taxpayer Support for Afterschool Programs for At-Risk Students.	2 \$ .00
3 Anacostia River Cleanup and Protection Fund.	3 \$ .00
4 RESERVED	4 \$ .00
5 Total your contributions, enter here and on Form D-40, Line 41.	5 \$ .00

If you are not due a refund and do not owe tax, you may still make contributions. Total your contributions and enter on Form D-40, Line 41 If you owe tax, make the payment plus any contributions, payable to the DC Treasurer and mail it with your return.

Attach this schedule to your D-40 Return.



# 2022 D-8609 District of Columbia Low-Income Housing Tax Credit Allocation and Certification



Important: Print in CAPITAL letters using black ink.

OFFICIAL USE ONLY
Vendor ID#0000

Important. Time in one time letters using black link.		vendor iD#0000
		This Section to be completed by DHCD
Part IA. Credit		
Building Address		
2a. Building Owner Name		
b. Building Owner Address		
3. Building Owner TIN		
4. Federal Building Identification Number	DC	
5. Maximum Allowable DC LIHTC Amount*		
6. Date of Allocation		
7. Date Building Placed in Service		
8. Fill in if election to begin credit period made on Federal Form 8609, Line 10a.	the first year after the b	uilding is placed in service was
Signature of Authorized DHCD Official		Date
*The amount for each year of the 10-year credit period		Date
		Ownership Entity
Part IB. Owner Certification  Under penalties of perjury, I declare that: (1) the above housing development and meets the requirements of I (2) the qualified basis of the building (check one) and to the best of my knowledge and belief, it is true,	Internal Revenue Code Sectio hashas not decreased for	n 42(g) and DC Code §47-4801 and
Signature Ta	xpayer ID Number	Date
Name (please type or print)		

#### DISTRICT OF COLUMBIA LOW-INCOME HOUSING TAX CREDIT

The federal Low-Income Housing Tax Credit (LIHTC) was established by the Tax Reform Act of 1986 and is a dollar-for-dollar tax credit for federal taxpayers who invest in the construction and rehabilitation of housing for low and moderate-income individuals and families in the United States.

Pursuant to the District of Columbia Low-Income Housing Tax Credit Clarification Amendment Act of 2020, (D.C. Law 23-149, § 7201), the District of Columbia has also acted to establish a low-income housing tax credit for qualified projects located in the District of Columbia. Effective October 1, 2020, a "qualified project" means a rental housing development in the District that receives an allocation of federal low-income housing tax credits under IRC §42(h)(1) or IRC §42(h)(4) after October 1, 2021, and receives an executed extended low-income housing commitment pursuant to IRC §42(h)(6)(B) from the District of Columbia Department of Housing and Community Development (DHCD) dated on or after October 1, 2021.

The District of Columbia low-income housing tax credit (DC LIHTC) can be taken against income tax, franchise tax, and insurance premium tax. The credit can be claimed equally for 10 years and subtracted from the amount of District tax otherwise due for each taxable period. The credit cannot be taken against any tax that is dedicated in whole or in part to the Healthy DC and Health Care Expansion Fund established by DC Code §31-3514.02.

The credit is not refundable, but any amount of the credit that exceeds the tax due for a taxable year can be carried forward to any of the 10 remaining subsequent taxable years. The owner of a qualified project eligible for the District low-income housing tax credit must submit a copy of the eligibility statement issued by the Department of Housing and Community Development with respect to the qualified project at the time of filing the project owner's DC tax return. If the eligibility statement is not attached, no credit will be allowed with respect to such qualified project for that year until the copy is provided to the Office of Tax and Revenue.

All or any portion of District low-income tax credits may be transferred, sold, assigned, or allocated to parties who are eligible pursuant to Chapter 48 of Title 47 of the District of Columbia Official Code. There is no limit on the total number of allocations of all or part of the total credit authorized. Collectively, all transfers, sales, assignments, and allocations are subject to the maximum credit allowable to a particular qualified project. A tax credit earned or purchased by, or transferred or assigned to, a partnership, limited liability company, S corporation, or other pass-through entity may be allocated to the partners, members, or shareholders in accordance with the provisions of any agreement among the partners, members, or shareholders and without regard to the ownership interest of the partners, members, or shareholders in the qualified project. A partner, member, or shareholder to whom a tax credit is allocated may further allocate all or part of the allocated credit or may transfer, sell, or assign the allocated credit. Collectively all transfers, sales, assignments, and allocations are subject to the maximum credit allowable to a particular qualified project.

An owner, transferee, purchaser, assignee, or taxpayer to whom a credit is allocated desiring to make a transfer, sale assignment or allocation must submit to the CFO and the Commissioner of the Department of Insurance, Securities, and Banking (Commissioner) a statement that describes the amount of District low-income housing tax credit for which such transfer, sale, assignment, or allocation of District credit is eligible. The owner, transferor, seller, assignor, or taxpayer must provide to the CFO and the Commissioner appropriate information so that the low-income housing tax credit can be properly allocated.

The District low-income housing tax credit can be recaptured if the owner fails to submit a copy of the eligibility statement issued by the Department with respect to the qualified project at the time of filing the return, or, if under IRC §42, a portion of any federal low-income tax credits taken on a low-income qualified project is required to be recaptured. If a recapture is required, any statement submitted to the CFO as required by DC Code §47-4806(b) must include the proportion of the credit required to be captured, the identity of each transferee subject to recapture, and the amount of credit previously transferred, sold, assigned, or allocated to such transferee, purchaser, assignee, or taxpayer to whom a credit is allocated.

Except for unused credits carried forward and for credits claimed under regulations promulgated by the Department consistent with the special rule set forth in IRC §42, a qualified District of Columbia project is not eligible for any District tax credits for more than 11 taxable years.

#### Sign-Up for MyTax.DC.gov

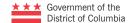
MyTax.DC.gov is the web portal where you can view your available DC LIHTC amount and report credit transfers, sales, assignments and allocations to other credit recipients. All credit owners, transferors and recipients must complete a one-time registration to sign up for an online account. Credit transferors must report any credit transfers, sales, assignments and allocations on their MyTax.DC account before the credit recipients can view their portion of available DC LIHTC credit. For further information on how to view your DC LIHTC information and report transactions, please see Instructions for DC Low-Income Housing Tax Credit Allocation and Certification.

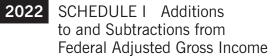
#### Claiming the Credit

The DC Low-Income Housing Tax Credit can only be claimed for buildings allocated a credit after October 1, 2021. A District tax return must be filed with the credit amount on the appropriate line of the return or schedule to receive the credit. It is important that you log onto your MyTax.DC account and verify your available DC LIHTC credit before filing a District tax return claiming the credit. The lines to claim this credit are:

D-40 Schedule U Line 5 D-41 Line 16 D-20 Schedule UB Line 8 D-30 Schedule UB Line 19

This is a non-refundable credit. The total amount of the credit being claimed should not exceed the amount of tax due.







Important: Print in CAPITAL letters using black ink. Attach to your D-40.

Las	t name Ta	xpayer Identification Number (TIN)		Vendor ID		
Cal	culation A Additions to federal adjusted gross incom	e. Fill in only those that apply.	D	ollars only,	do not ente	cents
1	Part-year DC resident – enter the portion of adjustments of 1040-SR or 1040-NR) that relate to the time you reside Lines 2 – 7 below include only the amounts related to the time	ed outside DC. For	1 \$			.00
2	Income distributions eligible for income averaging or (from federal Form 4972).		2 \$			.00
3	100% federal bonus depreciation and/or extra IRC §1	79 expenses claimed on fed. return.	3 \$			.00
4	Any part of a discrimination award subject to income	e averaging.	4 \$			.00
5	Deductions for S Corporations from Schedule K-I, Fo	rm 1120 S.	5 \$			00
6	Pass through losses from DC unincorporated business threshold (reported as a loss on federal 1040 or 104		6 \$			00
7	Other. See instructions on other side.		7 \$			.00
8	Capital gains deferred on federal return due to inves	tment in Qualified Opportunity Fund	8 \$			.00
9	Total additions. Add entries on Lines 1-8. Enter the total	here and on D-40, Line 6.	9 \$			.00
Cal	<b>culation B</b> Subtractions from federal adjusted gross	income. Fill in only those that apply.				
1	Taxable interest from US Treasury bonds and other o	bligations. See instructions on other side.	1 \$		$\perp$	00
2	Disability income exclusion from DC Form D-2440, Line	10. See instructions on other side.	2 \$			.00
3	Interest and dividend income of a child from Federal	Form 8814*.	3 \$			.00
4	Awards, other than front and back pay, received due employment discrimination.	to unlawful	4 \$		4	.00
5	Excess of DC allowable depreciation over federal allo	wable depreciation. See instructions.	5 \$			.00
6	Amount paid (or carried over) to DC College Savings p person, \$8,000 for joint filers if each is an account ov	· · · · · · · · · · · · · · · · · · ·	6 \$			.00
7a	Exclusion of up to \$10,000 for DC residents (certified as disabled) with adjusted annual household income of		7a \$			.00
7b	Annual household adjusted gross income. 7b S	.00				
8	Expenditures by DC teachers for necessary classroom per person. See instructions on other side.	teaching materials, \$500 annual limit	8 \$			00
9	Expenditures by DC teachers for certain tuition and feducations on other side.	es, \$1500 annual limit per person.	9 \$			.00
10	Loan repayment awards received by health-care profe See instructions on other side.	ssionals from DC government.	10 \$			00
11	Health-care insurance premiums paid by an employe domestic partner or same sex spouse.  Make no entry if the premium was deducted on your federal real real real real real real real		11 \$			.00
12	DC Poverty Lawyer Loan Assistance. See instructions or	other side.	12 \$			.00
13	Other. See instructions on other side.		13 \$			.00
14	Military Spouse Residency Relief Act. See instructions of	on other side.	14 \$			.00
15	Capital gains deferred due to DC approved investme		15 \$			00
16	Total subtractions. Add entries on Lines 1–7a and 8-15. E	nter the total here and on D-40, Line 14.	16 \$			.00

#### SCHEDULE I Additions to and Subtractions from Federal Adjusted Gross Income

#### **Calculation A Instructions**

Additions to federal adjusted gross income

**Line 6** Pass through losses from DC unincorporated businesses that exceed the \$12,000 threshold (reported as a loss on federal 1040 or 1040-SR return).

**Line 7 Other** is for those items not subject to federal tax but subject to DC tax. Please attach a list.

**Line 8** If you reported deferred capital gains on your federal return due to an investment in a Qualified Opportunity Fund, you must add back the amount of the deferment here.

#### **Calculation B Instructions**

Subtractions from federal adjusted gross income

Line 1 Taxable interest from US Treasury bonds and other obligations. This interest is included on your federal Forms 1040 or 1040-SR, Line 2b or 1040-NR, Line 9a. It may be all or part of that amount, or it may be 0. Also see your federal Form 1099-INT, Line 3.

Line 2 Disability income exclusion from DC Form D-2440. Enter the amount from Form D-2440, Line 10. Attach a completed D-2440. If disability payments were included in your federal gross income, you may be able to claim an exclusion for them on your DC return.

Line 5 Excess of DC allowable depreciation over federal allowable depreciation. If you claimed the federal bonus depreciation (100%) on your federal return, the DC basis for the depreciated property will be more than the federal basis. Use this line to subtract the excess depreciation from the federal AGI to show the proper DC depreciation allowable.

Line 6 DC College Savings Plan payments. Enter the amount contributed to a qualified DC "529" College Savings Plan. You may deduct up to \$4,000 annually for contributions you made to all qualified college savings accounts of which you are the owner. If you are married and file a joint or combined separate return, each spouse/registered domestic partner may deduct up to \$4,000 for contributions made to all accounts for which that spouse/registered domestic partner is the sole owner. A rollover distribution is not a contribution for purposes of this deduction. Contributions made to one or more accounts in excess of the allowable \$4,000 (\$8,000 for eligible joint filers) annual deduction may be carried forward as a deduction (subject to the annual limitation) for up to five years. If you were a part-year DC resident during the tax year, you may deduct only the amount contributed when you resided in DC.

Line 7a and 7b Exclusions for DC residents. Income not to exceed \$10,000 is excludable in computing DC gross income for persons determined by the Social Security Administration to be totally and permanently disabled and who are receiving: Supplemental Security Income or Social Security Disability; or railroad retirement disability benefits; or federal or DC government disability benefits; and whose annual household adjusted gross income is less than \$100,000.

Household income includes income received by all household members in the year, even income excluded from federal adjusted gross income.

Adjusted gross income is that of all persons residing in a household, excluding the adjusted gross income of any person who is a tenant under a written lease for fair market value.

#### Lines 8 and 9 Expenditures by DC teachers. An individual who:

- 1) has been approved by the DC public schools; and
- 2) has been a classroom teacher in a DC public school or public charter school for this entire tax year or the entire prior tax year may deduct:
  - the amount the teacher paid during the year for basic and necessary classroom teaching materials and supplies up to \$500 per person whether filing individually or jointly.

 the tuition and fees paid during the year for postgraduate education, professional development, or state licensing examination and testing for improving teaching credentials or maintaining professional certification – up to \$1,500 per person whether filing individually or jointly.

Interaction between DC deductions and similar federal deductions. To prevent a "double deduction" situation – if a DC classroom teacher claims a deduction on his/her federal return for personal expenses, the federal tax deduction claimed reduces the amount that may be claimed for those same expenses on the DC return. For example: a DC classroom teacher who claims \$1,500 or more for tuition and fees on the federal return (Form 1040 or 1040-SR) may not take any deduction for these same expenses on the DC return.

Line 10 Loan repayment awards. "Loan repayment awards" of up to \$120,000 paid over four years by DC to healthcare professionals to reduce their medical education debt are not taxed by DC. (This program is administered by the DC Department of Health.)

Line 11 Healthcare insurance premiums. Any healthcare insurance premium paid by an employer for an employee's domestic partner registered with the Vital Records Division of the DC Department of Health (see DC Code §32-701 (3) and 702) or same sex spouse is deductible, unless on your federal return the employee's registered domestic partner or same sex spouse is considered a dependent pursuant to IRC §152 and a deduction from income was taken for the premium on the employee's federal tax return.

Line 12 DC Poverty Lawyer Loan Assistance. Attach a copy of your Form 1099C (Cancellation of Debt) issued by the DC Office of the Attorney General (OAG). Lawyers eligible for this award are those whose legal practice has been certified by the DC OAG as serving the public interest.

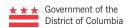
Line 13 Other. Other items not subject to DC tax subtracted from federal adjusted gross income, such as rebates/grants received from the Private Security Camera Systems Program, the Home Composting Incentive Program, the Safe at Home Grant Program, and certain other grants excluded from District gross income. See instructions page 9 and DC Code § 47-1803.02(a)(2)(LL).

Line 14 Military Spouse Residency Relief Act If you have determined that you are required to file a District of Co-lumbia tax return and you are in one of the U.S. military services, one of the following may apply:

- (1) If a servicemember's legal residence for taxes is not in DC but the servicemember and spouse reside in DC due to military orders, the military compensation and the non-military spouse's compensation should be deducted on Schedule I, Line 14. If this applies to you, a copy of the Department of Defense form providing the servicemember's legal residence for taxes and a copy of the non-military spouse's legal residence for taxes driver's license should be kept with your tax records in case it is subsequently needed.
- (2) If a servicemember's legal residence for taxes is in DC and the servicemember and spouse reside in DC in compliance with the servicemember's military orders, they will file Form D-40 and will report all their income in DC, as either married filing jointly or married filing separately.

#### **Line 15 DC Opportunity Fund Investment**

If you have deferred capital gains due to an investment in a DC approved Qualified Opportunity Fund, subtract the amount of deferment here, provided this amount is also included in Calculation A, Line 8 of Schedule I.



#### 2022 SCHEDULE N DC Non-Custodial Parent EITC Claim



**Important:** Print in CAPITAL letters using black ink.

Attach to Schedule U. File Schedules N and U with your D-40.

OFFICIAL USE ONLY Vendor ID#0000

First name of non-custodial parent	M.I.	Last name
Address (number, street and suite/apartment number if a	applicabl	e)
City		State Zip Code + 4
Taxpayer Identification Number (TIN)  Date o	f birth (N	(MDDYYYY)
		Credit you may be able to claim the DC Earned Income Tax Credit.
DC Non-Custodial Parent EITC Eligibility – Please comp You may claim the DC Non-Custodial Parent EITC only		checklist to determine your eligibility to file Schedule N. n answer "Yes" to the following questions.
,	,	
		YES NO
1 Is your Federal Adjusted Gross Income for 2022 less \$43,492 (\$49,622 married filing jointly) with one qu	ualifying	
\$49,399 (\$55,529 married filing jointly) with two q \$53,057 (\$59,187 married filing jointly) with three of		
2 Were you a DC resident taxpayer during the year?		
3 Were you between the ages of 18 and 30 as of Decer	mber 31	, 2022?
4 Are you a parent of a minor child(ren) with whom you	ı do not	reside?
5 Are you under a court order requiring you to make ch	ild suppo	ort payments?
6 Was the child support payment order in effect for at l	east 183	days in 2022?
7 Did you make child support payment(s) through a government	/ernmen	sponsored support collection unit?
8 Did you pay all of the court ordered child support due	for 202	2 by December 31, 2022?
If you answered "Yes" to the above questions, you may complete School N. and ettach it and School N. t.		
Complete Schedule N and attach it, and Schedule U, to	your D-2	· U.



Last name and TIN		
Last harne and Thy		

Qualifying Child Information First Name	M.I. Last Name
1. Child's name, #1	
Child's name, #2	
Child's name, #3	
If you have more than three qualifying children, you only need to li	st three to get the maximum credit.
2. Child's #1	#2 #3
#1 3. Child's date of birth	#2 #3
First Name 4. Custodian's name	M.I. Last Name
Number, street and suite/apartment nu	mber
5. Custodian's address	
City	State Zip Code + 4
6. Custodian's TIN	
7. Location of the court that ordered support payments for: #2	#3
8. Case or Docket number for:	9. Name of government agency to which you make payments for:
#1	#1
#2	#2
#3	#3
10. Address of #1	
the government agency for: #2	
#3	
11. Amount of	
court ordered #1 \$ 00 per month	#3 \$ 00 per month
#2 \$ 00 per month	
12. Date payments were #1 (MMDDYYYY) ordered to start	#2 (MMDDYYYY) #3 (MMDDYYYY)
#1 13. Total payments made during 2022 \$	#2 #3 .00 \$ 00 \$ 00

14. Computation: Using the amount on Line 4 of Form D-40, find the correct Earned Income Credit (EIC) amount from the EIC table in the Federal 1040 tax return booklet. Multiply that amount by .70 to determine the DC Non-Custodial Parent EITC amount to claim on Schedule U, Part 1b, Line 1. If you are a part-year filer, see part-year resident instructions in the D-40 booklet on prorating the credit to be claimed.

Revised 11/2022





#### Schedule ELC Keep Child Care Affordable Tax Credit



▶ Complete and attach to Form D-40 only if you have an eligible child.

Name shown on return		OFFICIAL U	USE ONLY Vendor ID# 0000
Your first name	M.I Last name	-	Taxpayer Identification Number (TIN)
Before you begin:  See the instructions on back of this f	orm to make sure that 1) you can take	the Keep Child Care Affordable Tax Cred	it and <b>2)</b> you have an eligible
∞ Be sure the child's name on Line 2	e may reduce or disallow your ELC if th	Line 3 matches with the eligible child's e name or TIN does not match the socia	
Eligible Child Information	Child 1	Child 2	Child 3
	Yes. STOP, your child is	Yes. STOP, your child is	Yes. STOP, your child is
1a Is this child a recipient of	not eligible for this credit.	not eligible for this credit.	not eligible for this credit.
the District's subsidized child care program?	No. Go to Line 1b.	No. Go to Line 1b.	No. Go to Line 1b.
1b Was the child under age 4	Yes. Go to Line 2.	Yes. Go to Line 2.	Yes. Go to Line 2.
as of 09/30/2022?	No. STOP, your child is not eligible for this credit.	No. STOP, your child is not eligible for this credit.	No. STOP, your child is not eligible for this credit.
2 Child's name	First name	First name	First name
	Last name	Last name	Last name
3 Child's taxpayer identification			
number	(MMDDYYYY)	(MMDDYYYY)	(MMDDYYYY)
4 Child's Date of Birth			
5 Child's relationship to you			
6 Name of Child Development Facility			
7a Child Development Facility License Number			
7b Is the child development	Yes.	Yes.	Yes.
facility operated by the federal government or by a private			
provider on federal property?	No.	No.	No.
8 Child Development Facility taxpayer identification number			
	Voc Include comments made	— Voc. Include normante made	— Voc. Include novements made
9 For payment purposes, was the child under age 3 as of 9/30/2022?	Yes. Include payments made for care from 01/01/2022 through 12/31/2022	Yes. Include payments made for care from 01/01/2022 through 12/31/2022	Yes. Include payments made for care from 01/01/2022 through 12/31/2022
	No. Include payments made for care from 01/01/2022 through 8/31/2022	No. Include payments made for care from 01/01/2022 through 8/31/2022	No. Include payments made for care from 01/01/2022 through 8/31/2022
10 Amount paid. See instructions	\$ .00	\$ .00	\$ .00
11 The maximum credit you can receive for each eligible child is \$1,045	\$ 1045.00	\$ 1045.00	\$ 1045.00
12 Enter the lesser of Line 10 or Line 11 for each eligible child here and on Schedule U, Part 1b, Line 2.	\$ .00	\$ .00	\$ .00

#### Instructions for Keep Child Care Affordable Tax Credit (Schedule ELC)

#### You are not eligible to receive this credit if:

- 1. You do not claim the eligible child as a dependent on your federal or District income tax return for that taxable year;
- 2. A person other than the taxpayer claimed the eligible child as a dependent on his or her federal and District income tax returns for that taxable year;
- 3. The child of the taxpayer was eligible for and received subsidized child care services pursuant to Chapter 4, Title 4 of the D.C. Code, during the taxable year;
- 4. A person other than the taxpayer received a credit under DC Code 47-1806.15 for the same taxable year for the same eligible child;
- 5. The payments for child care services for which you seek a tax credit were paid to an entity not licensed by the District to operate a child development facility unless operated by the federal government or by a private provider on federal property; or
- 6. The taxpayer's District taxable income for the taxable year exceeds the amounts for taxable year 2022:
  - a. Single and head of household: \$157,200;
  - b. Married/Registered Domestic PartnersFiling Jointly: \$157,200;
  - C. Married/Registered Domestic Partners
     Filing Separately on the same return:
     \$157,200;
  - d. Married/Registered Domestic Partners Filing Separately: \$78,600

#### **Definitions**

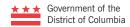
- 1. "Eligible child" means a dependent, claimed by a taxpayer who has not reached the age of 4 years by September 30th of the taxable year.
- 2. "Eligible child care expenses" means payments made by a taxpayer to a licensed child development facility for child care services of an eligible child during the taxable year but does not include any payments for child care services provided after August 31st of the taxable year of an eligible child who meets the age requirements for enrollment for Pre-K.
- 3. "Child development facility" means a center, home, or other structure that provides care and other services, supervision, and guidance for children, infants, and toddlers on a regular basis licensed to operate as a childcare development facility in the Distrct unless operated by the federal government or by a private provider on federal property. Child development facility does not include a public or private elementary or secondary school engaged in legally required educational and related functions or a pre-kindergarten education program licensed pursuant to the Pre-K Act of 2008.
- 4. Taxpayer Identification Number (TIN) means a valid federal employer identification number (FEIN) issued by the IRS; or a valid social security number issued by the Social Security Administration.

#### **Eligible Expenses**

- 1. Eligible expenses are limited to the amounts paid to a licensed child development facility for child care services of the eligible child;
- 2. Child support payments are not qualified expenses even if intended to be used to pay for child care services;
- 3. Child care expenses that are paid for upfront by a taxpayer but then reimbursed by a state social service agency are not eligible expenses; or
- 4. Expenses do not include food, lodging, clothing or entertainment even if provided for eligible child.

#### Line by Line Instructions for Child 1, 2 and 3:

- **Line 1a:** Is the eligible child a recipient of the District's subsidized child care program? If yes, your child does not qualify for the credit. If no, continue to Line 1b.
- **Line 1b**: The child must be under the age of 4 as of 9/30/22. If under age 4, continue to Line 2. If age 4 or over, your child does not qualify for this credit.
- **Line 2**: Enter your eligible child's first and last name.
- **Line 3**: Enter your eligible child's tax identification number. Ensure the name and tax identification number entered matches the eligible child's social security card.
- **Line 4**: Enter your eligible child's date of birth in MMDDYYYY format.
- **Line 5**: Enter the eligible child's relationship to you. Example, son, daughter, grandchild, niece, nephew, eligible foster child.
- **Line 6**: Enter the name of the Child Development Facility.
- Line 7a: Enter the Child Development Facility License Number.
- **Line 7b**: Check the applicable box.
- **Line 8**: Enter the TIN of the Child Development Facility.
- **Line 9:** Enter the date range of the payments made during the taxable year. This date cannot be a date after August 31st of the taxable year if eligible child meets age requirements for enrollment in Pre-K according to DC Code § 38-273.02(a).
- **Line 10:** Enter the total amount actually paid in 2022 but do not include any payments for child care services provided after August 31, 2020 of the taxable year if your eligible child meets the age requirement for enrollment in Pre-K according to DC Code § 38-273.02(a).
- Line 11: The maximum credit amount that can be claimed is \$1,045.
- **Line 12:** Enter the lesser of Line 10 or Line 11 and enter here and on Schedule U, Part 1B, Line 2.







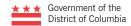
**Important:** Print in CAPITAL letters using black ink. File with your D-40.

OFFICIAL USE ONLY Vendor ID#0000

	resonal information and advise the phone number and
Your	r taxpayer identification number (TIN) and Date of Birth (MMDDYYYY) Spouse's/registered domestic partner's TIN and Date of Birth (MMDDYYYY)
Your	r first name M.I. Last name
Spor	use's/registered domestic partner's first name M.I. Last name
Maili	ing address (number, street and suite/apartment number if applicable)
Wall	and access that ison, street and surrough think hamber if approaches
City	State Zip Code +4
PAF	RT I Do you have qualifying health coverage?
	Did you and, if applicable, all members of your health care shared responsibility family have qualifying health coverage for every
1	month in 2022?
	Yes. STOP. You do not owe a health care shared responsibility payment and do not need to complete a Schedule HSR. (Enter zero on Line 25 of your D-40)
	○ No. If you answered No, complete Part II.
	RT II Do you have an exemption?
2	Can someone else claim you as a dependent on their federal income tax return for 2022?  Yes. Proceed to Part IV. See instructions.  No.
3	Was your federal adjusted gross income below the applicable filing threshold for your filing status for 2022? See instructions.  Yes. Proceed to Part IV. See instructions.  No.
4	Was your federal adjusted gross income reported on your D-40, Line 4 for 2022 equal to or less than \$30,169.80  Yes. Proceed to Part IV. See instructions.  No.
If you	answered Yes to any of questions 2 - 4, enter zero on Line 25 of your D-40. If not, continue by answering questions 5 - 6.
5	Do you affirm under the penalties of perjury that you or any member of your health care shared responsibility family lacked qualifying health coverage in 2022 on the basis of a sincerely held religious belief during the entire taxable year?  Yes. You must complete Part III before completing Part IV.  No.
6	Are you claiming an exemption (other than a sincerely held religious belief) for at least one month for 2022 for yourself or any member of your health care shared responsibility family?  Yes. You must complete Part III before completing Part IV.  No.
	answering questions 5 - 6, complete Part IV to determine the amount to enter on Line 25 of your D-40. If you answered yes to ion 5 or 6, you must also complete Part III.



Ente	er your last name		
Ente	er your taxpayer identification number (TIN)		
	RT III What coverage exemptions are you claiming for monity and for how many months? See instructions for exemptions		nsibility
	Name of Individual	Taxpayer Identification Number (TIN)	Exemption Number of Exempt Months Claimed
7	First name and M.I.  Last name		
8	First name and M.I.  Last name		
9	First name and M.I.  Last name		
10	First name and M.I.  Last name		
11	First name and M.I.  Last name		
12	First name and M.I.  Last name		
P/	ART IV Complete the applicable worksheets before complete	eting Part IV. Round cents if amount is zero	o nearest dollar. o, leave line blank
13	Enter flat dollar amount (see Worksheet A-1, Line 5 or Worksheet A-2, Line 7)	13 \$	.00
14	Enter the percentage income amount (see Worksheet B-1, Line 4 or Worksheet B	3-2, Line 14) 14 \$	.00
15	Enter the larger of Line 13 or Line 14 (If Lines 13 and 14 are the same, enter that	at number.) 15 \$	.00
16	Enter the District Average Bronze Plan Premium (see Worksheet C-1, Line 2 or W Line 2)	/orksheet C-2,	00
17	Enter the smaller of Line 15 or Line 16 here and on D-40, Line 25	17 \$	.00





#### DC Health Care Shared Responsibility Worksheets

#### **Important:**

KEEP FOR YOUR RECORDS. DO NOT FILE.

A. Flat Dollar Amount Calculation	Α.	Flat Dollar Amount Calcul	ation
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Λ	orksheet	- A-1 (N	lo exemi	otions c	laimed)
v v	UINSIICE	- T /I	AO EVEIIII	JUUIIS C	.iaiiiicu <i>i</i>

Worksheet A-1 - Complete this worksheet if you are <u>not</u> claiming any exemptions for any month for any member of your health care shared responsibility family. (See instructions for available exemptions and who is included in your health care shared responsibility family.)

1. Multiply \$700 for each member in your health care shared responsibility family who was at least 18 years old		Round cents to nearest dollar. If amount is zero, leave line blank.
as of December 31, 2022.	1.	.00
2. Multiply \$350 for each member in your health care shared responsibility family who was under the age of		
18 years old as of December 31, 2022.	2.	.00
3. Add Lines 1 and 2.	3.	.00
4 4 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		.00
4. Maximum flat dollar amount for 2022.	4.	\$2,100.00
5. Enter the smaller of Lines 3 or 4 here and on Schedule HSR, Part IV, Line 13. (Proceed to Worksheet B-1)	5.	.00

Worksheet A-2 (Exemptions claimed for at least one month for at least one member in your health care shared responsibility family)

Worksheet A-2 - Complete the monthly columns by placing an "X" in each month to represent any member of your health care shared responsibility family that did not have minimum essential coverage or a coverage exemption. If you are claiming an exemption for the entire year for yourself and every member of your shared responsibility family, you do not complete this section. Only complete this worksheet if you are claiming an exemption for any month for any member in your health care shared responsibility family or if you or a member of your family had only partial year minimum essential coverage, even if no other exemption is claimed.

Name	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1a. Total number of X's in a month. If 5 or more, enter 5.												
1b. Add the total number reported in Line 1a here and on Worksheet C-2, Line 1.												
Total number of X's in a month for members age 18 or older as of December 31, 2022.												
3. One-half the number of X's in a month for members under the age of 18 years old as of December 31, 2022.												
4. Add Lines 2 and 3 for each month.												
5. Multiply Line 4 by \$700 for each month. If \$2100 or more, enter \$2100.												
6. Total the amounts for each month on Line 5.			•						•	\$		.00
7. Divide Line 6 by 12.0. This is your flat dollar amount.												
Enter this amount on Schedule HSR, Part IV, Line 13. (Proceed to Worksheet B-1)										\$		.00

### **Important:**

**KEEP FOR YOUR RECORDS.** DO NOT FILE.

#### **B.** Percentage Income Calculation

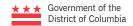
#### Worksheet B-1

Worksheet B-1 - Complete this worksheet if you completed either Worksheet A-1 or Worksheet A-2. A-2, you must also complete Worksheet B-2.	If you	ı completed Worksheet
		Round cents to nearest dollar. If amount is zero, leave line blank.
1. Enter your federal adjusted gross income reported on your D-40, Line 4 for 2029.	1.	.00
2. Enter the standard deduction amount that corresponds to the filing status that you claimed on your D-40. (See iHSIRuirtisonsctionsrificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonarificonar	2.	.00
3. Subtract Line 2 from Line 1.	3.	.00
4. Multiply Line 3 by 2.5% (0.025). This is your percentage of income amount. Enter this amount on Schedule HSR, Part IV, Line 14 If you completed Worksheet A-1, and proceed to Worksheet C-1. (If you were required		
to complete Worksheet A-2, you must proceed to Worksheet B-2 to calculate your percentage of income amount. Do not enter this amount on Schedule HSR, Part IV, Line 14.	4.	.00

#### Worksheet B-2 (Exemptions claimed for at least one month for at least one member in your health care shared responsibility family)

Worksheet B-2 - Complete this worksheet only if you were required to complete Worksheet A-2. Do not complete this worksheet if you completed Worksheet A-1. \* If the amount on Line 1a of Worksheet A-2 is zero for any month, leave all columns of this worksheet blank for that month.

For ea	ach month, you must determine if the	(a)	(b)	(c)
amount on Line 5 of Worksheet A-2 is less than the amount on Line 4 of Worksheet B-1.		Enter the amount from Worksheet A-2, Line 5	Enter the amount from Worksheet B-1, Line 4	Enter the larger of column (a) or column (b)
1.	January			.00
2.	February			.00
3.	March			.00
4.	April			.00
5.	May			.00
6.	June			.00
7.	July			.00
8.	August			.00
9.	September			.00
10.	October			.00
11.	November			.00
12.	December			.00
13.	Add the amounts in column (c)			.00
14. Divide Line 13 by 12.0 Enter this amount on Schedule HSR, Part IV, Line 14. (Proceed to Worksheet C-2.)			.00	





### 2022 DC Health Care Shared Responsibility Worksheets

#### Important:

**KEEP FOR YOUR RECORDS.** DO NOT FILE.

#### C. District Average Bronze Plan Premium Calculation

Worksheet C-1 (No exemptions claimed)		
Worksheet C-1 - Complete this worksheet if you completed Worksheet A-1. If you were required must complete Worksheet C-2. (See instructions on who is included in your health care shared re		
		Round cents to nearest dollar. If amount is zero, leave line blank.
1. Enter the number of members in your health care shared responsibility family.	1.	
2. Enter the amount that corresponds to the number of members in your health care shared responsibility family.  1 person -\$3,450 2 persons -\$6,900 3 persons -\$10,350 4 persons -\$13,800 5 or more persons -\$17,250		
Enter this amount on Schedule HSR, Part IV, Line 16.	2.	.00.
Worksheet C-2 (Exemptions claimed for at least one month for at least one member in your h	ealth care s	shared responsibility family
<b>Worksheet C-2</b> - Complete this worksheet only if you were required to complete Worksheet A-2. If complete Worksheet A-2, complete Worksheet C-1. Do <u>not</u> complete this worksheet if you complete (See instructions on who is included in your health care shared responsibility family.)		
1. Enter the total number reported on Worksheet A-2, Line 1b.	1.	
2. Multiply Line 1 by \$288. Enter this amount on Schedule HSR, Part IV, Line 16.	2.	.00

### INSTRUCTIONS FOR SCHEDULE HSR DC HEALTH CARE SHARED RESPONSIBILITY PAYMENT

STOP: If you answered 'yes' to Part I, Line 1. DO NOT complete this schedule. Mark the oval on Line 3 of the D-40 and enter zero (0) on Line 25 of the D-40

DC law requires all residents to have health coverage, have an exemption, or pay a tax penalty on their D-40. DC enacted the law in response to the reduction of the federal individual responsibility payment and modeled it after the federal requirement. Beginning in 2020, all District residents must either:

- (1) Have qualifying health care coverage (see definition below) for yourself, your spouse/registered domestic partner (if filing jointly or separately on the same return), and anyone you or your married/registered domestic partner claim (or can claim) as a dependent;
- (2) Have a coverage exemption for yourself, your spouse/registered domestic partner (if filing jointly or separately on the same return), and anyone you or your married/registered domestic partner claim (or can claim) as a dependent; or
- (3) Make a health care shared responsibility payment.

#### D-40

If you and, if applicable, all members of your shared responsibility family (see definition below) had qualifying health care coverage for every month in 2022, fill-in the oval on Page 1 of your D-40 and enter zero on Line 25 of your D-40. You do not need to complete Schedule HSR or make a shared responsibility payment. If you (and, if applicable, all members of your shared responsibility family) did not have qualifying health care coverage for every month in 2022, you must complete Schedule HSR to calculate your shared responsibility payment and/or to claim an exemption.

#### Schedule HSR

**Part I** - Complete Part I of the Schedule HSR. If you answer 'yes' to question 1, mark the oval on Line 3 of your D-40 and enter zero on Line 25. If you answer 'no' to question 1, you must complete Part II.

**Part II** - If you answer 'yes' to question 2, 3 or 4, skip Part III and continue to complete Part IV. Enter zero on Line 13-17 of Part IV and on Line 25 of the D-40. If you answer 'no' to questions 2-4, you must answer questions 5-6 and complete Part III.

Part III – Complete the name and taxpayer identification number (TIN) for each member of your shared responsibility family, the code for the exemption claimed and the number of exempt months claimed for each exemption type claimed. For a list of exemption codes, see the Exemption Chart.

- If you are claiming one exemption type for the entire year, enter the applicable exemption code and "12" for the number of exempt months claimed for that member.
- If you are claiming an exemption for less than 12 months, enter the applicable exemption code and the total number of months claimed for that exemption type for that member.
- If you are claiming multiple
   exemption types for one member,
   list that member more than once
   and enter exemption code and
   number of months claimed for each
   exemption type for that member.

Part IV – Complete Part IV of Schedule HSR to compute your shared responsibility payment. You must complete the worksheets to compute your shared responsibility payment. (If you claimed an exemption for <u>all</u> members of your shared responsibility family for <u>every</u> month of 2022, enter zero on Lines 13-17 of your Schedule HSR.) The worksheets contain the following:

### A. Flat Dollar Amount Calculation (Line 13)

- Complete Worksheet A-1 if no exemptions are claimed by anyone in your shared responsibility family
- Complete Worksheet A-2 if exemptions are claimed for at least one month for at least one member of your shared responsibility family.

### B. Percentage Income Amount Calculation (Line 14)

- Complete Worksheet B-1. (If you completed Worksheet A-2, you must also Complete Worksheet B-2.)
- Complete Worksheet B-2 if you claimed exemptions for at least one month for at least one member of your shared responsibility family.

### C. District Average Bronze Plan Premium Calculation (Line 16)

- Complete Worksheet C-1 if no exemptions were claimed.
- Complete Worksheet C-2 if you claimed exemptions for at least one month for at least one member in your shared responsibility family.

### A. Flat Dollar Amount Calculation Worksheets

#### Worksheet A-1

Complete this worksheet if you are <u>not</u> claiming any exemptions for any month for any member of your shared responsibility family.

Follow the line by line directions provided on the form. Enter the amount from Line 5 on Schedule HSR, Part IV, Line 13. Proceed to Worksheet B-1.

#### Worksheet A-2

Complete this worksheet only if you are claiming an exemption, including maintaining partial-year minimum essential coverage, for any month for any member of your shared responsibility family.

List the name of each member of your shared responsibility family in the provided row. Then, for each month, mark an X in the appropriate column listed for the member(s) of your shared responsibility family who did not have minimum essential coverage or a coverage exemption. For example, if your dependent "John" had a health care coverage only for the month of January and had no coverage exemptions for the remainder of the year, mark an "X" in each of the month columns February through December on the row associated with John's name.

Line 1a: For each month, add the total number of "X's" in the column. The maximum number entered in any month's column is 5, even if that column includes more than 5 "X's". For example, if each of the 6 members of your shared responsibility family did not have health care coverage or a coverage exemption for January, you should enter "5" on Line 1 in the January column.

Line 1b: After you have completed the step above for each month, add the total calculated for each month together. Enter this sum on the provided space in the "Line 1b" box. For example, if you entered "5" in the January column for Line 1a, "4" in the April column, and "0" in all other columns, enter "9" in the space provided in the "Line 1b" box.

Line 2: Enter the total number of "X's" in each month that correspond to members age 18 or older as of December 31, 2022.

Line 3: Enter one-half the total number of "X's" in each month that correspond to members under the age of 18 as of December 31, 2022.

Line 4: Add Lines 2 and 3 for each month.

Line 5: Multiply Line 4 by \$700 for each month. If \$2,100 or more, enter \$2,100.

Line 6: Total the amounts reported in each month's column on Line 5.

Line 7: Divide the amount reported on Line 6 by 12.0. This is your flat dollar amount. Enter this amount on Schedule HSR, Part IV, Line 13 and proceed to Worksheet B-1.

### B. Percentage Interest Calculation Worksheets

#### Worksheet B-1

Complete this worksheet if you completed either Worksheet A-1 or Worksheet A-2. If you completed Worksheet A-2, you must also complete Worksheet B-2.

Follow the line by line directions provided on the form. The applicable D-40 filing threshold amounts for 2022 are:

- o Single (under 65) \$12,950
- o Single (65 or older) \$14,700
- Married/Registered domestic partner filing jointly or separately on the same return (both spouses under 65) – \$25,900
- Married/Registered domestic partner filing jointly or separately on the same return (one spouse 65 or older) – \$27,300
- Married/Registered domestic partner filing jointly or separately on the same return (both spouses 65 or older) – \$28,700
- Married filing separately (under 65) \$12,950
- Married filing separately (65 or older) \$14,350
- Head of household (under 65) \$19.400
- o Head of household (65 or older) − \$21,150
- Qualifying Widow(er) (under 65) \$25,900
- Qualifying Widow(er) (65 or older) \$27,300

NOTE: The IRS does not consider 'blind' as an additional standard deduction.

If you completed Worksheet A-1, enter the amount from Line 4 on Schedule HSR, Part IV, Line 14 and proceed to Worksheet C-1. If you completed Worksheet A-2, proceed to Worksheet B-2 to calculate your percentage of income amount.

#### Worksheet B-2

Complete this worksheet only if you completed Worksheet A-2 (if you claimed exemptions for at least one month for at least one member of your shared responsibility family).

Line 1-12: For each month enter the amount from Worksheet A-2, Line 5 in column (a) and the amount from Worksheet B-1, Line 4 in column (b). In column (c), enter the larger of column (a) or column (b).

Line 13: Add the amounts reported in column (c) for Lines 1-12.

Line 14: Divide the total on Line 13 by 12. Enter this amount on Schedule HSR, Part IV, Line 14. Proceed to Worksheet C-2.

### C. District Average Bronze Plan Premium Calculation Worksheets

#### Worksheet C-1

Complete this worksheet if you completed Worksheet A-1. Do not complete this worksheet if you completed Worksheet A-2 (if you claimed no exemptions for any member of your shared responsibility family).

Follow the line by line directions provided on the form. Enter the amount from Line 2 on Schedule HSR, Part IV, Line 16.

#### Worksheet C-2

Complete this worksheet if you completed Worksheet A-2. Do not complete this worksheet if you completed Worksheet A-1 (if you claimed exemptions for at least one month for at least one member of your shared responsibility family).

Follow the line by line directions provided on the form. Enter the amount from Line 2 on Schedule HSR, Part IV, Line 16.

#### **Definitions**

• DC resident. For purposes of Schedule HSR, DC resident has the same meaning as "resident" defined in D.C. Official Code § 47-1801.04(42). (Part-year residents should claim an exemption as a nonresident of the District for the month(s) during the tax year that that he or she was not a DC resident.)

For additional information regarding qualifying coverage, contact DC Health Link at www.dchealthlink.com or (855) 532-5465.

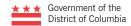
- Shared responsibility family. For purposes of Schedule HSR, shared responsibility family includes the following individuals:
  - The taxpayer;
  - The taxpayer's spouse or registered domestic partner if they file D-40 jointly or separately on the same return; and
  - Any dependents that that the taxpayer (or the taxpayer's spouse registered domestic partner) claimed or could have claimed on their D-40.
- Qualifying health coverage. For purposes of Schedule HSR, qualifying health coverage means:
  - o Minimum essential coverage as defined by section 5000A of the Internal Revenue Code of 1986 (26 U.S.C. § 5000A) and its implementing regulations, as that section and its implementing regulations were in effect on December 15, 2017;
  - The Immigrant Children's Program; and
  - Health coverage provided under a multiple employer welfare arrangement; provided, that the multiple employer welfare arrangement provided coverage in the District on December 15, 2017, or complies with federal law and regulations applicable to multiple employer welfare arrangements that were in place as of December 15, 2017.

Adjusted Gross Income ("AGI"). For purposes of Schedule HSR AGI is the federal AGI reported on Line 4 of your D-40 return. If you are filing a joint return or filing separately on the same return with your spouse or registered domestic partner, use the combined federal AGI reported on Line 4 of your D-40 return. If a member of your Shared Responsibility Family (spouse or dependent) filed a separate return, the federal AGI reported by that member on his or her separate return does not need to be added to the federal AGI reported on your D-40 for the purposes of calculating the shared responsibility payment on your return.

### **Exemptions Chart**

Exemption Type	Exemption Code
<b>Affordability</b> —You received an affordability exemption certificate from the Health Benefits Exchange Authority. For information regarding the affordability exemption contact DC Health Link at <a href="https://www.dchealthlink.com">www.dchealthlink.com</a> or (855) 532-5465.	A
<b>Short coverage gap</b> —You went without coverage for less than 3 consecutive months during the year.	В
<ul> <li>Citizens living abroad and certain noncitizens—You were:</li> <li>A U.S. citizen or a resident alien who was physically present in a foreign country or countries for at least 330 full days during any period of 12 consecutive months;</li> <li>A U.S. citizen who was a bona fide resident of a foreign country or countries for an uninterrupted period that includes the entire tax year;</li> <li>A bona fide resident of a U.S. territory;</li> <li>A resident alien who was a citizen or national of a foreign country with which the U.S. has an income tax treaty with a nondiscrimination clause, and you were a bona fide resident of a foreign country for an uninterrupted period that includes the entire tax year;</li> <li>Not lawfully present in the U.S. and not a U.S. citizen or U.S. national. For more information about who is treated as lawfully present in the U.S. for purposes of this coverage exemption, visit www.HealthCare.gov; or</li> <li>A nonresident alien, including (1) a dual-status alien in the first year of U.S. residency and (2) a nonresident alien or dual-status alien who elects to file a joint return with a U.S. spouse. This exemption doesn't apply if you are a nonresident alien for 2018, but met certain presence requirements and elected to be treated as a resident alien. For more information, see IRS Pub. 519.</li> </ul>	С
<b>Members of a health care sharing ministry</b> —You were a member of a health care sharing ministry.	D
<b>Members of Indian tribes</b> —You were either a member of a federally recognized Indian tribe including an Alaska Native Claims Settlement Act (ANCSA) Corporation Shareholder (regional or village), or you were otherwise eligible for services through an Indian health care provider or the Indian Health Service.	E
<b>Incarceration</b> —You were in a jail, prison, or similar penal institution or correctional facility after the disposition of charges.	F
<b>General hardship</b> — You received a hardship exemption certificate from the Health Benefits Exchange Authority. For information regarding the hardship exemption contact DC Health Link at <a href="www.dchealthlink.com">www.dchealthlink.com</a> or (855) 532-5465.	G
Member of shared responsibility family born or adopted during the year—The months before and including the month that an individual was added to your shared responsibility family by birth or adoption. You should claim this exemption only if you also are claiming another exemption in Part III.	Н
Member of shared responsibility family died during the year—The months after the month that a member of your shared responsibility family died during the year. You should claim this exemption only if you also are claiming another exemption in Part III.	Н
Nonresident of the District – You were not a resident of the District of Columbia.	I
<b>Sincerely Held Religious Belief</b> —You lacked qualifying health coverage on the basis of a sincerely held religious belief during the entire taxable year.	J
DC Health Alliance – You were enrolled in the DC Health Alliance Program.	K

4 is equal to or belo your shared respon- exemption is claime eligible for Medica	refederal adjusted gross income with the amounts that corresponding it is a few and the age of the contact DC Health Lincom or the Department of	ond to the number of mem f the individual for which th exemption, you may be nk at (855) 532-5465 or	bers in e	L
	If your AGI is equal to or below the following amounts, members age 21 or older as of 12/31/2022 are exempt:			
1	\$30,169.80	\$44,031.60		
2	\$40,648.20	\$59,324.40		
3	\$51,126.60	\$74,617.20		
4	\$61,605.00	\$89,910.00		
5	\$72,083.40	\$105,202.80		
6	\$82,561.80	\$120,495.60		
7	\$93,040.20	\$135,788.40		
8	\$103,518.60			
For Each Additional Member, add:	\$10,478.40	\$15,292.80		
A Religious Sect tha	at is Conscientiously Opp	osed - If you are a mem	ber of a	M
religious sect that is conscientiously opposed to accepting health benefits,				
including Social Security and Medicare, and need to claim an exemption from				
the Shared Responsibility Payment.				
Maintained Minimum				Z





#### DC Health Care Shared Responsibility Worksheets

#### **Important:**

KEEP FOR YOUR RECORDS. DO NOT FILE.

Δ	Flat	Dollar	<b>Amount</b>	Calculation	
Α.	ГІАІ	Donar	AIHOUIII	Calculation	

Orksheet A-1	(No exemptions	claimed)
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Worksheet A-1 - Complete this worksheet if you are <u>not</u> claiming any exemptions for any month for any member of your health care shared responsibility family. (See instructions for available exemptions and who is included in your health care shared responsibility family.)

. Multiply \$700 for each member in your health care shared responsibility family who was at least 18 years old as of December 31, 2022.		Round cents to nearest dollar. If amount is zero, leave line blank.
		.00
2. Multiply \$350 for each member in your health care shared responsibility family who was under the age of		
18 years old as of December 31, 2022.	2.	.00
3. Add Lines 1 and 2.	3.	00
		.00
4. Maximum flat dollar amount for 2022.	4.	\$2,100.00
5. Enter the smaller of Lines 3 or 4 here and on Schedule HSR, Part IV, Line 13. (Proceed to Worksheet B-1)	5.	.00

Worksheet A-2 (Exemptions claimed for at least one month for at least one member in your health care shared responsibility family)

Worksheet A-2 - Complete the monthly columns by placing an "X" in each month to represent any member of your health care shared responsibility family that did not have minimum essential coverage or a coverage exemption. If you are claiming an exemption for the entire year for yourself and every member of your shared responsibility family, you do not complete this section. Only complete this worksheet if you are claiming an exemption for any month for any member in your health care shared responsibility family or if you or a member of your family had only partial year minimum essential coverage, even if no other exemption is claimed.

Name	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1a. Total number of X's in a month. If 5 or more, enter 5.												
1b. Add the total number reported in Line 1a here and on Worksheet C-2, Line 1.												
Total number of X's in a month for members age 18 or older as of December 31, 2022.												
3. One-half the number of X's in a month for members under the age of 18 years old as of December 31, 2022.												
4. Add Lines 2 and 3 for each month.												
5. Multiply Line 4 by \$700 for each month. If \$2100 or more, enter \$2100.												
6. Total the amounts for each month on Line 5.										\$		.00
7. Divide Line 6 by 12.0. This is your flat dollar amount. Enter this amount on Schedule HSR, Part IV, Line 13.										-		
(Proceed to Worksheet B-1)										\$		.00

## **Important:**

**KEEP FOR YOUR RECORDS.** DO NOT FILE.

#### **B.** Percentage Income Calculation

#### Worksheet B-1

Worksheet B-1 - Complete this worksheet if you completed either Worksheet A-1 or Worksheet A-2.	If you completed Worksheet
A-2, you must also complete Worksheet B-2.	
	Pound cents to negreet dollar

		Round cents to nearest dollar. If amount is zero, leave line blank.
1. Enter your federal adjusted gross income reported on your D-40, Line 4 for 2029.	1.	.00
2. Enter the standard deduction amount that corresponds to the filing status that you claimed on your D-40. (See IHSIRuirtisonscformsinformationunits).	2.	.00
3. Subtract Line 2 from Line 1.	3.	.00
4. Multiply Line 3 by 2.5% (0.025). This is your percentage of income amount. Enter this amount on Schedule HSR, Part IV, Line 14 If you completed Worksheet A-1, and proceed to Worksheet C-1. (If you were required		
to complete Worksheet A-2, you must proceed to Worksheet B-2 to calculate your percentage of income amount. Do not enter this amount on Schedule HSR, Part IV, Line 14.	4.	.00

#### Worksheet B-2 (Exemptions claimed for at least one month for at least one member in your health care shared responsibility family)

Worksheet B-2 - Complete this worksheet only if you were required to complete Worksheet A-2. Do not complete this worksheet if you completed Worksheet A-1. \* If the amount on Line 1a of Worksheet A-2 is zero for any month, leave all columns of this worksheet blank for that month.

For each month, you must determine if the		(a)	(b)	(c)		
amou	nt on Line 5 of Worksheet A-2 is less the amount on Line 4 of Worksheet B-1.	Enter the amount from Worksheet A-2, Line 5	Enter the amount from Worksheet B-1, Line 4	Enter the larger of column (a) or column (b)		
1.	January			.00		
2.	February			.00		
3.	March			.00		
4.	April			.00		
5.	May			.00		
6.	June			.00		
7.	July			.00		
8.	August			.00		
9.	September			.00		
10.	October			.00		
11.	November			.00		
12.	December			.00		
13.	Add the amounts in column (c)			.00		
14.	Divide Line 13 by 12.0 Enter this amount on Schee	dule HSR, Part IV, Line 14. (P	Proceed to Worksheet C-2.)	.00		





#### **2022** DC Health Care Shared Responsibility Worksheets

#### Important:

**KEEP FOR YOUR RECORDS.** DO NOT FILE.

#### C. District Average Bronze Plan Premium Calculation

Worksheet C-1 (No exemptions claimed)		
Worksheet C-1 - Complete this worksheet if you completed Worksheet A-1. If you were required must complete Worksheet C-2. (See instructions on who is included in your health care shared	•	
	If	Round cents to nearest dollar. famount is zero, leave line blank.
1. Enter the number of members in your health care shared responsibility family.	1.	
2. Enter the amount that corresponds to the number of members in your health care shared responsibility family.  • 1 person -\$3,450 • 2 persons -\$6,900 • 3 persons -\$10,350 • 4 persons -\$13,800 • 5 or more persons -\$17,250		
Enter this amount on Schedule HSR, Part IV, Line 16.	2.	.00.
Worksheet C-2 (Exemptions claimed for at least one month for at least one member in your	health care sh	hared responsibility family)
<b>Worksheet C-2</b> - Complete this worksheet only if you were required to complete Worksheet A-2. complete Worksheet A-2, complete Worksheet C-1. Do <u>not</u> complete this worksheet if you comp (See instructions on who is included in your health care shared responsibility family.)		
1. Enter the total number reported on Worksheet A-2, Line 1b.	1.	
2. Multiply Line 1 by \$288. Enter this amount on Schedule HSR, Part IV, Line 16.	2.	.00

## INSTRUCTIONS FOR SCHEDULE HSR DC HEALTH CARE SHARED RESPONSIBILITY PAYMENT

STOP: If you answered 'yes' to Part I, Line 1. DO NOT complete this schedule. Mark the oval on Line 3 of the D-40 and enter zero (0) on Line 25 of the D-40

DC law requires all residents to have health coverage, have an exemption, or pay a tax penalty on their D-40. DC enacted the law in response to the reduction of the federal individual responsibility payment and modeled it after the federal requirement. Beginning in 2020, all District residents must either:

- (1) Have qualifying health care coverage (see definition below) for yourself, your spouse/registered domestic partner (if filing jointly or separately on the same return), and anyone you or your married/registered domestic partner claim (or can claim) as a dependent;
- (2) Have a coverage exemption for yourself, your spouse/registered domestic partner (if filing jointly or separately on the same return), and anyone you or your married/registered domestic partner claim (or can claim) as a dependent; or
- (3) Make a health care shared responsibility payment.

#### D-40

If you and, if applicable, all members of your shared responsibility family (see definition below) had qualifying health care coverage for every month in 2022, fill-in the oval on Page 1 of your D-40 and enter zero on Line 25 of your D-40. You do not need to complete Schedule HSR or make a shared responsibility payment. If you (and, if applicable, all members of your shared responsibility family) did not have qualifying health care coverage for every month in 2022, you must complete Schedule HSR to calculate your shared responsibility payment and/or to claim an exemption.

#### Schedule HSR

**Part I** - Complete Part I of the Schedule HSR. If you answer 'yes' to question 1, mark the oval on Line 3 of your D-40 and enter zero on Line 25. If you answer 'no' to question 1, you must complete Part II.

**Part II** - If you answer 'yes' to question 2, 3 or 4, skip Part III and continue to complete Part IV. Enter zero on Line 13-17 of Part IV and on Line 25 of the D-40. If you answer 'no' to questions 2-4, you must answer questions 5-6 and complete Part III.

Part III – Complete the name and taxpayer identification number (TIN) for each member of your shared responsibility family, the code for the exemption claimed and the number of exempt months claimed for each exemption type claimed. For a list of exemption codes, see the Exemption Chart.

- If you are claiming one exemption type for the entire year, enter the applicable exemption code and "12" for the number of exempt months claimed for that member.
- If you are claiming an exemption for less than 12 months, enter the applicable exemption code and the total number of months claimed for that exemption type for that member.
- If you are claiming multiple exemption types for one member, list that member more than once and enter exemption code and number of months claimed for each exemption type for that member.

Part IV – Complete Part IV of Schedule HSR to compute your shared responsibility payment. You must complete the worksheets to compute your shared responsibility payment. (If you claimed an exemption for <u>all</u> members of your shared responsibility family for <u>every</u> month of 2022, enter zero on Lines 13-17 of your Schedule HSR.) The worksheets contain the following:

## A. Flat Dollar Amount Calculation (Line 13)

- Complete Worksheet A-1 if no exemptions are claimed by anyone in your shared responsibility family
- Complete Worksheet A-2 if exemptions are claimed for at least one month for at least one member of your shared responsibility family.

## B. Percentage Income Amount Calculation (Line 14)

- Complete Worksheet B-1. (If you completed Worksheet A-2, you must also Complete Worksheet B-2.)
- Complete Worksheet B-2 if you claimed exemptions for at least one month for at least one member of your shared responsibility family.

## C. District Average Bronze Plan Premium Calculation (Line 16)

- Complete Worksheet C-1 if no exemptions were claimed.
- Complete Worksheet C-2 if you claimed exemptions for at least one month for at least one member in your shared responsibility family.

## A. Flat Dollar Amount Calculation Worksheets

#### Worksheet A-1

Complete this worksheet if you are <u>not</u> claiming any exemptions for any month for any member of your shared responsibility family.

Follow the line by line directions provided on the form. Enter the amount from Line 5 on Schedule HSR, Part IV, Line 13. Proceed to Worksheet B-1.

#### Worksheet A-2

Complete this worksheet only if you are claiming an exemption, including maintaining partial-year minimum essential coverage, for any month for any member of your shared responsibility family.

List the name of each member of your shared responsibility family in the provided row. Then, for each month, mark an X in the appropriate column listed for the member(s) of your shared responsibility family who did not have minimum essential coverage or a coverage exemption. For example, if your dependent "John" had a health care coverage only for the month of January and had no coverage exemptions for the remainder of the year, mark an "X" in each of the month columns February through December on the row associated with John's name.

Line 1a: For each month, add the total number of "X's" in the column. The maximum number entered in any month's column is 5, even if that column includes more than 5 "X's". For example, if each of the 6 members of your shared responsibility family did not have health care coverage or a coverage exemption for January, you should enter "5" on Line 1 in the January column.

Line 1b: After you have completed the step above for each month, add the total calculated for each month together. Enter this sum on the provided space in the "Line 1b" box. For example, if you entered "5" in the January column for Line 1a, "4" in the April column, and "0" in all other columns, enter "9" in the space provided in the "Line 1b" box.

Line 2: Enter the total number of "X's" in each month that correspond to members age 18 or older as of December 31, 2022.

Line 3: Enter one-half the total number of "X's" in each month that correspond to members under the age of 18 as of December 31, 2022.

Line 4: Add Lines 2 and 3 for each month.

Line 5: Multiply Line 4 by \$700 for each month. If \$2,100 or more, enter \$2,100.

Line 6: Total the amounts reported in each month's column on Line 5.

Line 7: Divide the amount reported on Line 6 by 12.0. This is your flat dollar amount. Enter this amount on Schedule HSR, Part IV, Line 13 and proceed to Worksheet B-1.

## B. Percentage Interest Calculation Worksheets

#### Worksheet B-1

Complete this worksheet if you completed either Worksheet A-1 or Worksheet A-2. If you completed Worksheet A-2, you must also complete Worksheet B-2.

Follow the line by line directions provided on the form. The applicable D-40 filing threshold amounts for 2022 are:

- o Single (under 65) \$12,950
- o Single (65 or older) \$14,700
- Married/Registered domestic partner filing jointly or separately on the same return (both spouses under 65) – \$25,900
- Married/Registered domestic partner filing jointly or separately on the same return (one spouse 65 or older) – \$27,300
- Married/Registered domestic partner filing jointly or separately on the same return (both spouses 65 or older) – \$28,700
- Married filing separately (under 65) \$12,950
- Married filing separately (65 or older) \$14,350
- Head of household (under 65) \$19.400
- o Head of household (65 or older) − \$21,150
- Qualifying Widow(er) (under 65) \$25,900
- Qualifying Widow(er) (65 or older) \$27,300

NOTE: The IRS does not consider 'blind' as an additional standard deduction.

If you completed Worksheet A-1, enter the amount from Line 4 on Schedule HSR, Part IV, Line 14 and proceed to Worksheet C-1. If you completed Worksheet A-2, proceed to Worksheet B-2 to calculate your percentage of income amount.

#### Worksheet B-2

Complete this worksheet only if you completed Worksheet A-2 (if you claimed exemptions for at least one month for at least one member of your shared responsibility family).

Line 1-12: For each month enter the amount from Worksheet A-2, Line 5 in column (a) and the amount from Worksheet B-1, Line 4 in column (b). In column (c), enter the larger of column (a) or column (b).

Line 13: Add the amounts reported in column (c) for Lines 1-12.

Line 14: Divide the total on Line 13 by 12. Enter this amount on Schedule HSR, Part IV, Line 14. Proceed to Worksheet C-2.

## C. District Average Bronze Plan Premium Calculation Worksheets

#### Worksheet C-1

Complete this worksheet if you completed Worksheet A-1. Do not complete this worksheet if you completed Worksheet A-2 (if you claimed no exemptions for any member of your shared responsibility family).

Follow the line by line directions provided on the form. Enter the amount from Line 2 on Schedule HSR, Part IV, Line 16.

#### Worksheet C-2

Complete this worksheet if you completed Worksheet A-2. Do not complete this worksheet if you completed Worksheet A-1 (if you claimed exemptions for at least one month for at least one member of your shared responsibility family).

Follow the line by line directions provided on the form. Enter the amount from Line 2 on Schedule HSR, Part IV, Line 16.

#### **Definitions**

• DC resident. For purposes of Schedule HSR, DC resident has the same meaning as "resident" defined in D.C. Official Code § 47-1801.04(42). (Part-year residents should claim an exemption as a nonresident of the District for the month(s) during the tax year that that he or she was not a DC resident.)

For additional information regarding qualifying coverage, contact DC Health Link at www.dchealthlink.com or (855) 532-5465.

- Shared responsibility family. For purposes of Schedule HSR, shared responsibility family includes the following individuals:
  - The taxpayer;
  - The taxpayer's spouse or registered domestic partner if they file D-40 jointly or separately on the same return; and
  - Any dependents that that the taxpayer (or the taxpayer's spouse registered domestic partner) claimed or could have claimed on their D-40.
- Qualifying health coverage. For purposes of Schedule HSR, qualifying health coverage means:
  - o Minimum essential coverage as defined by section 5000A of the Internal Revenue Code of 1986 (26 U.S.C. § 5000A) and its implementing regulations, as that section and its implementing regulations were in effect on December 15, 2017;
  - The Immigrant Children's Program; and
  - Health coverage provided under a multiple employer welfare arrangement; provided, that the multiple employer welfare arrangement provided coverage in the District on December 15, 2017, or complies with federal law and regulations applicable to multiple employer welfare arrangements that were in place as of December 15, 2017.

Adjusted Gross Income ("AGI"). For purposes of Schedule HSR AGI is the federal AGI reported on Line 4 of your D-40 return. If you are filing a joint return or filing separately on the same return with your spouse or registered domestic partner, use the combined federal AGI reported on Line 4 of your D-40 return. If a member of your Shared Responsibility Family (spouse or dependent) filed a separate return, the federal AGI reported by that member on his or her separate return does not need to be added to the federal AGI reported on your D-40 for the purposes of calculating the shared responsibility payment on your return.

#### **Exemptions Chart**

Exemption Type	Exemption Code
<b>Affordability</b> —You received an affordability exemption certificate from the Health Benefits Exchange Authority. For information regarding the affordability exemption contact DC Health Link at <a href="https://www.dchealthlink.com">www.dchealthlink.com</a> or (855) 532-5465.	A
<b>Short coverage gap</b> —You went without coverage for less than 3 consecutive months during the year.	В
<ul> <li>Citizens living abroad and certain noncitizens—You were:</li> <li>A U.S. citizen or a resident alien who was physically present in a foreign country or countries for at least 330 full days during any period of 12 consecutive months;</li> <li>A U.S. citizen who was a bona fide resident of a foreign country or countries for an uninterrupted period that includes the entire tax year;</li> <li>A bona fide resident of a U.S. territory;</li> <li>A resident alien who was a citizen or national of a foreign country with which the U.S. has an income tax treaty with a nondiscrimination clause, and you were a bona fide resident of a foreign country for an uninterrupted period that includes the entire tax year;</li> <li>Not lawfully present in the U.S. and not a U.S. citizen or U.S. national. For more information about who is treated as lawfully present in the U.S. for purposes of this coverage exemption, visit www.HealthCare.gov; or</li> <li>A nonresident alien, including (1) a dual-status alien in the first year of U.S. residency and (2) a nonresident alien or dual-status alien who elects to file a joint return with a U.S. spouse. This exemption doesn't apply if you are a nonresident alien for 2018, but met certain presence requirements and elected to be treated as a resident alien. For more information, see IRS Pub. 519.</li> </ul>	С
<b>Members of a health care sharing ministry</b> —You were a member of a health care sharing ministry.	D
Members of Indian tribes—You were either a member of a federally recognized Indian tribe including an Alaska Native Claims Settlement Act (ANCSA) Corporation Shareholder (regional or village), or you were otherwise eligible for services through an Indian health care provider or the Indian Health Service.	E
<b>Incarceration</b> —You were in a jail, prison, or similar penal institution or correctional facility after the disposition of charges.	F
<b>General hardship</b> — You received a hardship exemption certificate from the Health Benefits Exchange Authority. For information regarding the hardship exemption contact DC Health Link at <a href="https://www.dchealthlink.com">www.dchealthlink.com</a> or (855) 532-5465.	G
Member of shared responsibility family born or adopted during the year—The months before and including the month that an individual was added to your shared responsibility family by birth or adoption. You should claim this exemption only if you also are claiming another exemption in Part III.	Н
Member of shared responsibility family died during the year—The months after the month that a member of your shared responsibility family died during the year. You should claim this exemption only if you also are claiming another exemption in Part III.	Н
Nonresident of the District – You were not a resident of the District of Columbia.	I
<b>Sincerely Held Religious Belief</b> —You lacked qualifying health coverage on the basis of a sincerely held religious belief during the entire taxable year.	J
DC Health Alliance – You were enrolled in the DC Health Alliance Program.	K

4 is equal to or belo your shared respon- exemption is claime eligible for Medica	r federal adjusted gross income the amounts that corresponding family and the age of the contact DC Health Lincom or the Department of	ond to the number of mem f the individual for which th exemption, you may be nk at (855) 532-5465 or	ibers in e	L		
	If your AGI is equal to or below the following amounts, members age 21 or older as of 12/31/2022 are exempt:					
1	\$30,169.80	\$44,031.60				
2	\$40,648.20	\$59,324.40				
3	\$51,126.60	\$74,617.20				
4	\$61,605.00	\$89,910.00				
5	\$72,083.40	\$105,202.80				
6	\$82,561.80	\$120,495.60				
7	\$93,040.20	\$135,788.40				
8	\$103,518.60	\$151,081.20				
For Each Additional Member, add:	\$10,478.40	\$15,292.80				
A Religious Sect that is Conscientiously Opposed - If you are a member of a						
religious sect that is conscientiously opposed to accepting health benefits,						
including Social Security and Medicare, and need to claim an exemption from						
the Shared Responsibility Payment.						
Maintained Minimum	Essential Coverage			Z		



#### DC-8379 Injured Spouse Allocation



DC-8379 (Rev.11-2022)

official use only Vendor ID# 0000 Information About the Tax Return for Which This Form Is Filed Enter the following information exactly as it is shown on the tax return for which you are filing this form. The spouse's name and taxpayer identification number shown first on that tax return must also be shown first below. If Injured Spouse. First name, initial, and last name shown first on the return Taxpayer identification number shown first check here \* If Injured Spouse, First name, initial, and last name shown second on the return Taxpayer identification number shown second check here ▶ Mailing address (number, street, and suite/apartment number if applicable) City State Zip Code +4 Part I Should You File This Form? You must complete this part. 1 Enter the tax year for which you are filing this form.

Answer the following questions for that year. 2 Did you (or will you) file a joint return or married/registered domestic partners filing separately on same return? Yes. Go to Line 3. ■ **No. Stop here.** Do not file this form. You are not an injured spouse. 3 Did (or will) DC use the joint overpayment to pay any of the following legally enforceable past-due debt(s) owed only by your spouse? \* DC income tax \* DC unemployment compensation \* Child support \*DC tickets and traffic penalties \*federal income tax \* federal student loans Yes. Go to Line 4. No. Stop here. Do not file this form. You are not an injured spouse. 4 Are you legally obligated to pay this past-due amount? Yes. Stop here. Do not file this form. You are not an injured spouse. No. 5 Did you make and report payments, such as DC income tax withholding or estimated tax payments? Yes. Skip Line 6 and go to Part II and complete the rest of this form. No. Go to Line 6. 6 Did you have earned income, such as wages, salaries, or self-employment income? Yes. Go to Part II and complete the rest of the form. **No.** Stop here. Do not file this form. You are not an injured spouse.

DC-8379, Pag	ge 2		1101					
	-							
Enter your last n	ame			0 C	8 3	7 9	0 2 (	
Enter your TIN								
Part II Allo	ocation Between Spouses of Items or	n the Tax Ret	<b>urn</b> (See the sepa	arate D	C Form	8379 ins	truction	s for Part II).
	Allocated Items (Column (a) must equal columns (b) + (	Fill in	(a) Amount shown on joint return	Fill in if loss	<b>(b)</b> All	ocated to d spouse	Fill in if loss	(c) Allocated to
<b>7</b> Federa	ıl adjusted gross income	0	\$	0	\$		0	\$
8 Total a	additions to federal adjusted gross inco	me	\$		\$			\$
9 Add Li	ne 7 and Line 8	0	\$	0	\$		0	\$
10 Total s	ubtractions from federal adjusted gross ir	ncome	\$		\$			\$
11 DC adju	usted gross income (subtract Line 10 from	Line 9	\$	0	\$		0	\$
12 Deduc	tion amount		\$		\$			\$
13 DC tax	able income. Subtract Line 12 from Line	11 🔾	\$	0	\$		0	\$
<b>14</b> Tax. If	Line 20 is \$100,000 or more, use Calcula	ation I	\$		\$			\$
	efundable and/or non-refundable excluding earned income		\$		\$			\$
<b>16</b> DC es	timated tax payments		\$		\$			\$
<b>17</b> DC wit	hholding tax paid		\$		\$			\$
Part III Sig	unaturo							
	es of perjury, I declare that I have examined this true, correct, and complete. Declaration of pr	s form and any a	accompanying sched an taxpayer) is based	ules or on all in	statemer	nts and to t	he best o	of my knowledge and r has any knowledge.
Keep a copy of this form for your records.			,		Date			number
Paid	Print/Type preparer's name	Preparer's signatur	e		Date		Check self-emplo	PTIN ] if oved
Preparer Use Only	Firm's name ►					Firm's EIN		<i>y</i> 11
	Firm's address >					Phone no		

## Instructions for DC-8379 Injured Spouse Allocation

#### Purpose of form

DC-8379 is filed by one spouse/registered domestic partner (the injured spouse/registered domestic partner) on a jointly filed tax return when the joint overpayment was (or is expected to be) applied (offset) to a past-due obligation of the other spouse/registered domestic partner. By filing DC-8379, the injured spouse/registered domestic partner may be able to get back his or her share of the joint refund.

#### Are you an injured spouse?

You may be an injured spouse if you file a joint return and all or part of your portion of the overpayment is expected to be, offset to your spouse's legally enforceable past-due federal tax, state income tax, state unemployment compensation debts, child support, or a federal nontax debt, such as a student loan.

A Notice of Offset for federal tax debts is issued by the Internal Revenue Service (IRS). All other Notice of Offsets are issued by the DC Office of Tax and Revenue (OTR) on behalf of the affected agency.

Complete Part I to determine if you are an injured spouse/registered domestic partner.

#### When to file

You **must** file the DC-8379 with your return. In order to be eligible for this relief. You must submit your completed D-8379 prior to the offset occurring. Once funds have been offset, this relief may be unavailable.

#### How to file

You can file DC-8379 with your joint tax return. If you file DC-8379 with your joint return, attach it to your return. The processing of DC-8379 may be delayed if the form is incomplete when filed.

## Specific Instructions Part I

Complete Lines 1-6 to determine if you are an injured spouse.

#### Part II

**Line 7**. Enter your federal adjusted gross income.

**Line 8**. Enter total additions to federal adjusted gross income.

**Line 10**. Enter total subtractions from federal adjusted gross income.

**Lines 11 – 17.** Amounts come from your DC D-40 return.

#### **Part III Signature**

Ensure to sign and date DC-8379.

#### SCHEDULES PAGE 2

Last name and SSN



Calculation G-1 Computation of Standard Deduction Calculation G-1 must be completed and submitted with the return except for dependent filers Calculation G Number of exemptions. Do not attach Schedule S to your D-40 if you only [Illed in Lines a, f and i and have not [Illed in any other section of Schedule S. a Basic standard deduction amount. See instructions. a Enter I for yourself and 00 b Enter 1 if you are age 65 or over b Enter 1 if you are pling as a head of household and b b c Enter 1 if you are blind c Enter 1 if you are age 65 or over and 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  $e^{e} \ \ \text{Enter1} \ \text{number of dependents} \\ \text{domestic partner filing jointly or filing separately on same return}$ е f and the ur spouse of registered domestic painter if ling jointly or ling separately on same return f g Totaler 4mb go of and ditions to standard of this piece of the first of the fir gh Additional respondent dediction in growth by the driver on Line f. 00 i Total number of exemptions, Add Lines a-h, enter here and on D-40, Line 18.17. 00 i Cantallation or Taken of the same DC registered domestic partners ∏ling separately on the same DC re Enter separate amounts in each column. Combine amounts on line k. Your spouse/domestic partners filing separately on the same DC return. Anti-edeptal accidented grosscincomen. Combine amounts on Line m. You O Your spouse/registered domestic partner If you and your spouse □led a joint federal return, enter each person's 00 🔾 00 Federaloadjustedagyoseingooseincome. Registered domeEtilonjaluser a throul area trent perut hap de ste falle A a ljoë ptofet de la ahret beinr, se ptaratec fe perad n'et urns. Portion of federal adjusted gross income. Registered domestic partners rotal additions to rederal adjusted gross income. 00 00 should enter the federal AGI reported on their separate federal returns. Enter each person's portion of additions entered on D-40. Lines 4 and 5. Agtal additions to federal adjusted gross income. 00 00 Foter each person's perting of additions instead on S-40 Lines 5 and 6. 88 Acter pashapansph's portion of subtractions entered on D-401 Hinaold. 8 HOTA SUBTESCENOS HOTA TECH SUBTRICT STEP SUBTRICT STATES THE SET OF SUBTRICT STATES THE SET OF SUBTRICT STATES SUBTRICT STATES SUBTRICT STATES SUBTRICT STATES SUBTRICT STATES SUBTRICT SUBTRICT SUBTRICT STATES SUBTRICT S 99 00 Deducation person untortion of subtractions entered on D-40, Line 14. 00 00 Enter each person's portion of the amount entered on D-40. Line 17. UC adjusted gross income. Subtract Line of from Line c. Fill in it loss (You may allocate this amount as you wish.) 00 00 Deduction amount. 00 00 Enter each person's portion of the amount entered the bird 140, Line 19. (You may allocate this amount as you wish.)
Add Lines f and g. 00 00 Tentative taxable income. Subtract Line f from Line e. Fill in if loss Taxable income. Subtract Line f from Line e. 00 00 Next capital gains from osale lokes, change of the eligible investment in an QHThanfor00,000 Linsel Oalculation I, page. 00 00 Add the amounts on Line is enter here and on D-40, Line 2711 in if loss 00 00 Tentative tax. If Line i is \$100,000 or less, use tax tables. 99 99 If more than \$100,000, use Calculation i in instructions. 88 k 3% tax on eligible QHTC capital gains income, from D-40, Line 22. 99 Add Line J and Line K (M) Total tax Add the amounts on Line I, enter here and on D-40, Line 23 m List TINs associated with Income reported and taxed on Franchise and Fiduciary Returns for the amount listed on D-40, Line 11. h C. а d е h

g



## D-2210 Underpayment of Estimated Income Tax By Individuals

#### IMPORTANT: Please read the instructions on the reverse before completing this form.

Your First name, M.I., Last name	Taxpayer Identification Number (TIN)
Spouse's/registered domestic partner's First name, M.I., Last name	Spouse's/ registered domestic partner's TIN
	Daytime telephone number

#### No underpayment interest is due and this form should not be filed if:

- A. Your tax liability on taxable income after deducting your District of Columbia (DC) withholding tax and applicable credits is less than \$100, or
- B. You made periodic estimated tax payments and had amounts withheld as required and the total is equal to or more than 110% of your last year's taxes or is at least 90% of your current year's taxes. Note: You must have been a 12-month DC resident last year in order to use the prior year 110% exception.

	110% exception.											
	Computation of Underpa	aym	ent Interest									
1	2022 DC Tax Liability - Line 24 from your 2022 DC Individua Line 30.	al Ir	ncome Tax Retu	ırn minus \$								
2	Multiply the amount on Line 1 by 90% (.90)			\$								
3	2021 DC Tax Liability - Line 24 from your 2021 DC Individu Line 30.	al Ir	ncome Tax Retu	urn minus \$								
4	Multiply Line 3 amount by 110%.			\$								
5	Minimum withholding and estimated tax payment required for (lesser of Line 2 and 4).	r tax	year 2022	\$								
6	Multiply Line 5 amount by 25% (.25) for amount required for	eac	ch periodic payı	ment \$								
Note: If your income was not evenly divided over 4 periods, see instructions on the reverse of this form on the "Annualized Income" method.  Due date of Payments												
			1st Period	2nd Period	3rd Period	4th Period						
7	Enter Line 6 amount or the annualized income amount in each period (The $2^{nd}$ period includes the $1^{st}$ period amount, $3^{rd}$ period includes $1^{st}$ and $2^{nd}$ period amounts, the $4^{th}$ period includes all period amounts).		04/15/22	06/15/22	09/15/22	01/15/23						
Ch	eck here if you are using the "Annualized Income" method.											
8	DC withholding and estimated tax paid each period (The 2 <sup>nd</sup> period includes the 1 <sup>st</sup> period amount, 3 <sup>rd</sup> period includes the 1 <sup>st</sup> and 2 <sup>nd</sup> period amounts, the 4 <sup>th</sup> period includes all period amounts).											
	1" and 2" period amounts, the 4" period includes all period amounts).											
9	Underpayment each period (Line 7 minus Line 8)											
10	Underpayment interest factors		.0175	.0265	.0351	.0259						
11	Line 9 multiplied by Line 10											
12	2 Underpayment interest – Total of amounts from Line 11. (See instructions on reverse)		Pay	this amount	\$							

Make check or money order payable to: DC Treasurer

#### Instructions for Underpayment of Estimated Income Tax by Individuals

#### **Estimated Tax Interest**

DC law requires every individual or couple filing jointly, to pay estimated tax if they:

- receive taxable income which is not subject to DC withholding; or
- · receive wages with insufficient withholding; or
- the tax on this taxable income is expected to be more than \$100. The law states that anyone required to file and pay estimated tax who fails to pay the amount required by the periodic payment due date is subject to interest on the underpayment of estimated income tax.

### When is interest assessed for underpayment of estimated income tax?

Underpayment interest is assessed if your total DC estimated income tax payments (and withheld amounts) compared to your DC tax liability do not equal at least the smaller of:

- 90% of the tax due shown on your 2022 DC return; or
- 110% of the tax due shown on your 2021 DC tax return. You must have been a DC resident during all of 2021 to use the 110% exception.

#### Are there any exceptions to imposition of interest?

You are not subject to interest for underpayment of estimated tax if:

- You had no DC income tax liability for the tax year 2021 and in that year, you lived in DC the entire 12 months;
- The tax due for 2022 minus income tax withheld and/or estimated tax payments is less than \$100;
- Your DC estimated tax payments plus any DC income tax withheld equals at least 110% of your 2021 DC income tax liability; or
- Your remaining tax due after totaling all credits, estimated tax payments and withholding, is less than 10% of your total DC tax liability for the year.

#### When may you use this form?

- You may use this form to calculate your underpayment interest, when submitting your D-40 form. If you do, fill in the oval, attach it to your tax return and enter the underpayment interest amount on Line 40 of the D-40. If you do not wish to calculate the interest, the Office of Tax and Revenue (OTR) will do it when your return is processed and will notify you of the amount due.
- You may also complete this form if you believe the underpayment interest assessed by OTR for an underpayment of estimated income tax is incorrect.

#### How do you file this form?

How denote item to be some the state of the

Office of Tax and Revenue Attn: Customer Service Administration 1101 4th St SW, 2nd Floor Washington DC 20024

#### **Completing this form**

#### Line 1

Enter the amount from your 2022 D-40, Line 24 minus Line 30. **Line 2** 

Multiply the amount on Line 1 by 90% (.90). Your withheld taxes and/or estimated tax payments must be equal to or greater than this amount.

#### Line 3

Enter the amount from your 2021 D-40, Line 24 minus Line 30.

#### Line 4

Enter 110% of the amount from Line 3. If your 2021 return was amended or corrected, multiply 110% times the corrected amount. You must have been a DC resident during all of 2021 to use this exception.

#### Line 5

Enter the lesser of the amounts on Line 2 and Line 4. If you did not file a DC return for 2021, use only the Line 2 amount.

#### l ine 6

Multiply the amount on Line 5 by 25% (.25). This gives you an even distribution of your liability, payable over four periods.

#### Line 7

Enter the amount required from Line 6 under each of the payment columns. For example, if Line 6 is \$2000, you would enter \$2000 for the 1st period, \$4000 for the 2nd period, \$6000 for the 3rd period and \$8000 for the 4th period.

**Annualized Income method:** If your income was different for each period, you may want to determine the percentage for each period (divide the period income by the full year's income). Multiply Line 5 by each period's percentage and enter the amounts as shown above. Check the "Annualized Income" method box.

#### Line 8

Enter the amounts withheld and estimated tax payments made for each period. Include the amounts from the previous period in with the 2nd, 3rd and 4th periods. For example, if your withheld and estimated tax payment amount is \$1000 in each period, you would enter \$1000 in the 1st Period, \$2000 in the 2nd Period, \$3000 in the 3rd Period and \$4000 in the 4th Period.

#### Line 9 Underpayment each period

For each column, subtract Line 8 from Line 7. If Line 8 exceeds Line 7, you have no underpayment interest. If there is an amount remaining, this is your periodic underpayment amount.

**Line 10 Underpayment interest factors** These are the underpayment interest factors by period.

#### Line 11

For each column, multiply the amount on Line 9 by the penalty factor on Line 10. This is your underpayment interest amount by period.

#### **Line 12 Underpayment interest**

Add the amounts from each period on Line 11. This is your total underpayment interest for your estimated income tax underpayment.

- If you are filing the D-2210 with your D-40 return, enter the amount of underpayment interest on Line 40, page 3 of the D-40.
- If you are filing the D-2210 separately, pay the amount you owe. Attach payment to Form D-40P, Payment Voucher.

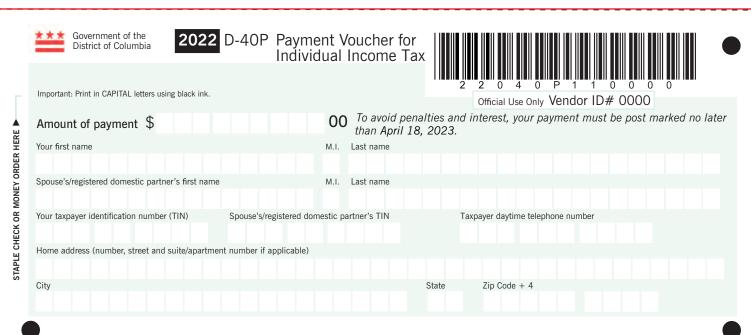
Make the check or money order (U.S. dollars) payable to the **DC Treasurer** and mail the D-2210 and D-40P with payment to:

Office of Tax and Revenue PO Box 96169 Washington DC 20090-6169

## D-40P PAYMENT VOUCHER See instructions on back

Detach at perforation and mail the voucher, with payment attached, to the Office of Tax and Revenue, PO Box 96169, Washington DC 20090-6169.

	Government of the District of Columbia	D-40P Payment Vou Individual Ind	icher for come Tax				
Г	Important: Print in CAPITAL letters using black ink.			<b>       </b>	2 0 4 0 P 1 Official Use Only Vendo	1 0 0 0 0 r ID# 0000	
M W	Amount of payment \$		o avoid penalt han April 18, 2		nterest, your payment i	must be postmarke	d no later
ER HE	Your first name	M.I. Las	st name				
STAPLE CHECK OR MONEY ORDER HERE	Spouse's/registered domestic partner's first name	M.I. Las	st name				
CK OR M	Your taxpayer identification number (TIN)	Spouse's/registered domestic partne	er's TIN	Tax	xpayer daytime telephone numl	per	
LE CHE	Home address (number, street and suite/apartment	number if applicable)					
STAP	City		S	tate	Zip Code + 4		
	Revised 08/2022						



#### **Instructions for D-40P PAYMENT VOUCHER** - Please print clearly.

Use the D-40P Payment Voucher to make any payment due on your **D-40** return.

- Do not use this voucher to make estimated tax payments.
- Enter your name, taxpayer identification number (TIN) and address. If you are filing a joint return or filing separately on the same return, enter the name and TIN shown first on your return, then enter the name and TIN shown second on your return.
- Enter the amount of your payment.
- Make check or money order (US dollars) payable to the DC Treasurer.
- Make sure your name and address appear on your payment (check or money order).
- Enter your TIN, the tax period and D-40 on your payment.
- To avoid penalties and interest, pay in full by April 18, 2023.
- Staple your payment to the D-40P voucher. Do not attach your payment to your D-40 return.
- Mail the D-40P with, but not attached to, your D-40 tax return in the envelope provided in this tax booklet. If you do not have the return envelope, make sure to address your envelope to:

Office of Tax and Revenue PO Box 96169 Washington, DC 20090-6169

#### **Dishonored Payments**

Make sure your check or electronic payment will clear. You will be charged a \$65 fee if your check or electronic payment is not honored by your financial institution and returned to OTR.

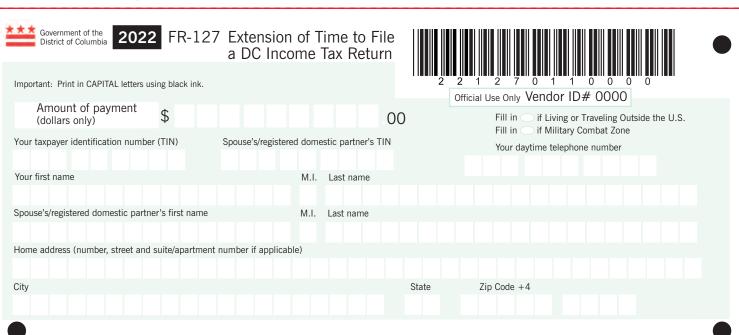
### FR-127 Extension of Time to File a DC Income Tax Return Worksheet

	worksneet											
Ex	tension of time to file until October 16, 2023 Leave lines blank that do not apply.		Round cents to the nearest dollar. If the amount is zero, $\underline{\text{leave}}$ $\underline{\text{the line blank}}.$									
1	Total estimated income tax liability for 2022.	1	i \$	.(	00							
2	DC Income tax withheld.	2	2 \$	.(	00							
3	2022 estimated tax payments.	3	3 \$	. (	00							
4	Total payments Add Lines 2 and 3.	4	4 \$	.(	00							
5	Amount due with this request. If Line 1 is more than Line 4, subtract Line 4 from Line 1. Pay this amount and send it with the voucher below. See instructions on back.	Ę	5 \$	. (	00							
id	Payment and mailing Instructions. Make check or money order (do not send cash) payable to: DC Treasurer. Write your taxpayer dentification number (TIN) and "2022 FR-127" on your payment. Detach and mail the voucher portion of this form with full payment of any ax due by April 18, 2023 to the Office of Tax and Revenue, PO Box 96018, Washington, DC 20090-6018.											
N	OTE: You may also file and pay electronically. Visit <u>MyTax.DC.gov</u>											

Detach at perforation and mail the voucher, with payment attached, to the Office of Tax and Revenue, PO Box 96018, Washington, DC 20090-6018.

Government of the District of Columbia 2022 FR-12	7 Extension of Time to File a DC Income Tax Return		
Important: Print in CAPITAL letters using black ink.		1                   2	2 1 2 7 0 1 1 0 0 0 0
Amount of payment (dollars only)	00		Official Use Only Vendor ID# 0000
(dollars only)	00		Fill in if Living or Traveling Outside the U.S. Fill in if Military Combat Zone
Your taxpayer identification number (TIN)	Spouse's/registered domestic partner's TIN		Your daytime telephone number
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)		
		01.1	
City		State	Zip Code +4

Revised 06/2022



#### **Instructions for Form FR-127**

#### Why file Form FR-127?

Use this form if you cannot file your DC individual income tax return by the April 18, 2023 deadline. By filing this form, you can receive an extension of time to file until October 16, 2023. You must use Form FR-127 to request an extension of time to file a DC individual income tax return.

A filing extension is <u>not an extension</u> of the due date for <u>paying</u> any tax you may owe. Before filing for an extension, estimate the t axes you will owe and pay any part of that amount, not covered by DC withheld tax amounts and/or estimated tax payments. Include your payment with the FR-127 voucher and file it by April 18, 2023.

If filing jointly, or filing separately on the same return, enter the taxpayer identification number (TIN) and name shown first on your D-40 return, then enter the TIN and name shown second on your return.

#### **Additional extension.**

In addition to the 6-month extension, you may receive another 6-month extension if you are living or traveling outside the U.S. You must file the first 6-month extension by the April 18, 2023 deadline before applying for the additional

extension of time to file by October 16, 2023

Extensions for Members of US Armed Forces Deployed in a Combat Zone or Contingency Operation.

Deadlines for filing your return, paying your tax, claiming a refund, and taking other actions with OTR is extended for persons in the Armed Forces serving in a Combat Zone or Contingency Operation. The extension also applies to spouses/registered domestic partners, whether they file jointly or separately on the same return. See IRS Pub.3, Armed Forces Tax Guide for detailed information. Fill in the 'if Military Combat Zone' oval.

#### How to avoid penalties and interest.

You will be charged <u>interest</u> of 10% per year, compounded daily, for any tax not paid on time. Interest is calculated from the due date of the return to the date the tax is paid.

You will be charged a 5% per-month penalty for failure to file a return or pay any tax due on time. The penalty is calculated on the unpaid tax for each month or part of a month that the return is not filed or the tax is not paid. The maximum penalty is an additional amount due, equal to 25% of the tax due.

To avoid penalties and interest, do not underestimate your estimated income tax liability. Complete the worksheet above and pay the amount due with this request

**Dishonored Payments** 

Make sure your check or electronic payment will clear. You will be charged a \$65 fee if your check or electronic payment is not honored by your financial institution and returned to OTR.

## Tax tables for income of \$100,000 or less

7	Taxable income		nount of tax	Taxable income	Α,	mount of tax	Taxable income	Aı	nount of tax	Taxable income	,	Amount of tax
-	\$0 - 2,499			\$2,500 - 4,999			\$5,000 - 7,499			\$7,500 - 9,999		
	\$0 -	49	\$0	\$2,500 -	2,549	\$101	\$5,000 -	5,049	\$201	\$7,500 -	7,549	\$301
	50 -	99	3	2,550 -	2,599	103	5,050	5,099	203	7,550 -	7,599	303
	100 -	149	5	2,600 -	2,649	105	5,100 -	5,149	205	7,600 -	7,649	305
	150 -	199	7	2,650 -	2,699	107	5,150 -	5,199	207	7,650 -	7,699	307
	200 -	249	9	2,700 -	2,749	109	5,200 -	5,249	209	7,700 -	7,749	309
	250 -	299	11	2,750 -	2,799	111	5,250 -	5,299	211	7,750 -	7,799	311
	300 -	349	13	2,800 -	2,849	113	5,300 -	5,349	213	7,800 -	7,849	313
	350 -	399	15	2,850 -	2,899	115	5,350 -	5,399	215	7,850 -	7,899	315
	400 -	449	17	2,900 -	2,949	117	5,400 -	5,449	217	7,900 -	7,949	317
	450 -	499	19	2,950 -	2,999	119	5,450 -	5,499	219	7,950 -	7,999	319
	500 -	549	21	\$3,000 -	3,049	\$121	5,500 -	5,549	221	\$8,000 -	8,049	\$321
	550 -	599	23	3,050 -	3,099	123	5,550 -	5,599	223	8,050 -	8,099	323
	600 -	649	25	3,100 -	3,149	125	5,600 -	5,649	225	8,100 -	8,149	325
	650 -	699	27	3,150 -	3,199	127	5,650 -	5,699	227	8,150 -	8,199	327
	700 -	749	29	3,200 -	3,249	129	5,700 -	5,749	229	8,200 -	8,249	329
	750 -	799	31	3,250 -	3,299	131	5,750 -	5,799	231	8,250 -	8,299	331
	800 -	849	33	3,300 -	3,349	133	5,800 -	5,849	233	8,300 -	8,349	333
	850 -	899	35	3,350 -	3,399	135	5,850 -	5,899	235	8,350 -	8,399	335
	900 -	949	37	3,400 -	3,449	137	5,900 -	5,949	237	8,400 -	8,449	337
	950 -	999	39	3,450 -	3,499	139	5,950 -	5,999	239	8,450 -	8,499	339
	\$1,000 -	1,049	\$41	3,500 -	3,549	141	\$6,000 -	6,049	\$241	8,500 -	8,549	341
	1,050 -	1,099	43	3,550 -	3,599	143	6,050 -	6,099	243	8,550 <b>-</b>	8,599	343
	1,100 -	1,149	45	3,600 -	3,649	145	6,100 -	6,149	245	8,600 -	8,649	345
	1,150 -	1,199	47	3,650 -	3,699	147	6,150 -	6,199	247	8,650 -	8,699	347
	1,200 -	1,249	49	3,700 -	3,749	149	6,200 -	6,249	249	8,700 -	8,749	349
	1,250 -	1,299	51	3,750 -	3,799	151	6,250 -	6,299	251	8,750 -	8,799	351
	1,300 -	1,349	53	3,800 -	3,849	153	6,300 -	6,349	253	8,800 -	8,849	353
	1,350 -	1,399	55	3,850 -	3,899	155	6,350 -	6,399	255	8,850 -	8,899	355
	1,400 -	1,449	57	3,900 -	3,949	157	6,400 -	6,449	257	8,900 -	8,949	357
	1,450 -	1,499	59	3,950 -	3,999	159	6,450 -	6,499	259	8,950 -	8,999	359
	1,500 -	1,549	61	\$4,000 -	4,049	\$161	6,500 -	6,549	261	\$9,000 -	9,049	\$361
	1,550 -	1,599	63	4,050 -	4,099	163	6,550 -	6,599	263	9,050 -	9,099	363
	1,600 -	1,649	65	4,100 -	4,149	165	6,600 -	6,649	265	9,100 -	9,149	365
	1,650 -	1,699	67	4,150 -	4,199	167	6,650 -	6,699	267	9,150 -	9,199	367
	1,700 -	1,749	69	4,200 -	4,249	169	6,700 -	6,749	269	9,200 -	9,249	369
	1,750 -	1,799	71	4,250 -	4,299	171	6,750 -	6,799	271	9,250 -	9,299	371
	1,800 -	1,849	73	4,300 -	4,349	173	6,800 -	6,849	273	9,300 -	9,349	373
	1,850 -	1,899	75	4,350 -	4,399	175	6,850 -	6,899	275	9,350 -	9,399	375
	1,900 -	1,949	77	4,400 -	4,449	177	6,900 -	6,949	277	9,400 -	9,449	377
_	1,950 -	1,999	79	4,450 -	4,499	179	6,950 -	6,999	279	9,450 -	9,499	379
	\$2,000 -	2,049	\$81	4,500 -	4,549	181	\$7,000 -	7,049	\$281	9,500 -	9,549	381
	2,050 -	2,099	83	4,550 -	4,599	183	7,050 -	7,099	283	9,550 -	9,599	383
	2,100 -	2,149	85	4,600 -	4,649	185	7,100 -	7,149	285	9,600 -	9,649	385
	2,150 -	2,199	87	4,650 -	4,699	187	7,150 -	7,199	287	9,650 -	9,699	387
	2,200 -	2,249	89	4,700 -	4,749	189	7,200 -	7,249	289	9,700 -	9,749	389
	2,250 -	2,299	91	4,750 -	4,799	191	7,250 -	7,299	291	9,750 -	9,799	391
	2,300 -	2,349	93	4,800 -	4,849	193	7,300 -	7,349	293	9,800 -	9,849	393
	2,350 -	2,399	95	4,850 -	4,899	195	7,350 -	7,399	295	9,850 -	9,899	395
	2,400 -	2,449	97	4,900 -	4,949	197	7,400 -	7,449	297	9,900 -	9,949	397
	2,450 -	2,499	99	4,950 -	4,999	199	7,450 -	7,499	299	9,950 -	9,999	399

#### Tax tables for Income of \$100,000 or less continued

Taxable income	Aı	mount of tax	Taxable income		Amount of tax	Taxable income		mount of tax	Taxable income	00	Amount of tax
\$10,000 - 12,499 \$10,000 -	10,049	\$402	\$12,500 - 14,9 \$12,500 -	12,549	\$552	\$15,000 - 17,49 \$15,000 -	15,049	\$702	\$17,500 - 19,9 \$17,500 -	17,549	\$852
	10,049	405	12,550 -	12,549	φ552 555	15,050 -	15,049	705	17,550 -	17,549	φ652 855
	10,099	403	12,550 -	12,599	558	15,000 -	15,099	703	17,550 -	17,599	858
	10,149	411	12,650 -	12,699	561	15,150 -	15,199	711	17,650 -	17,699	861
	10,199	414	12,700 -	12,749	564	15,200 -	15,199	711		17,099	864
	10,249	417	12,750 -	12,799	567	15,250 -	15,249	717		17,749	867
	10,233	420	12,800 -	12,733	570	15,300 -	15,349	720	17,730 -	17,733	870
	10,399	423	12,850 -	12,899	573	15,350 -	15,399	723	17,850 <b>-</b>	17,899	873
	10,449	426	12,900 -	12,949	576	15,400 -	15,449	726	17,900 -	17,949	876
	10,499	429	12,950 -	12,999	579	15,450 -	15,499	729	17,950 -	17,999	879
· ·	10,549	432	\$13,000 -	13,049	\$582	15,500 -	15,549	732	\$18,000 -	18,049	\$882
· ·	10,599	435	13,050 -	13,099	585	15,550 -	15,599	735	18,050 -	18,099	885
	10,649	438	13,100 -	13,149	588	15,600 -	15,649	738	18,100 -	18,149	888
	10,699	441	13,150 -	13,199	591	15,650 -	15,699	741	18,150 -	18,199	891
	10,749	444	13,200 -	13,249	594	15,700 -	15,749	744	18,200 -	18,249	894
	10,799	447	13,250 -	13,299	597	15,750 -	15,799	747	18,250 -	18,299	897
· ·	10,849	450	13,300 -	13,349	600	15,800 -	15,849	750	18,300 -	18,349	900
· ·	10,899	453	13,350 -	13,399	603	15,850 -	15,899	753	18,350 <b>-</b>	18,399	903
	10,949	456	13,400 -	13,449	606	15,900 -	15,949	756	18,400 -	18,449	906
	10,999	459	13,450 -	13,499	609	15,950 -	15,999	759	18,450 <b>-</b>	18,499	909
	11,049	\$462	13,500 -	13,549	612	\$16,000 -	16,049	\$762	18,500 -	18,549	912
	11,099	465	13,550 -	13,599	615	16,050 -	16,099	765	18,550 -	18,599	915
	11,149	468	13,600 -	13,649	618	16,100 -	16,149	768	18,600 -	18,649	918
	11,199	471	13,650 -	13,699	621	16,150 -	16,199	771	18,650 -	18,699	921
· · · · · · · · · · · · · · · · · · ·	11,249	474	13,700 -	13,749	624	16,200 -	16,249	774	18,700 -	18,749	924
	11,299	477	13,750 -	13,799	627	16,250 -	16,299	777	18,750 -	18,799	927
	11,349	480	13,800 -	13,849	630	16,300 -	16,349	780	18,800 -	18,849	930
	11,399	483	13,850 -	13,899	633	16,350 -	16,399	783	18,850 -	18,899	933
	11,449	486	13,900 -	13,949	636	16,400 -	16,449	786	18,900 -	18,949	936
11,450 -	11,499	489	13,950 -	13,999	639	16,450 -	16,499	789	18,950 -	18,999	939
11,500 -	11,549	492	\$14,000 -	14,049	\$642	16,500 -	16,549	792	\$19,000 -	19,049	\$942
11,550 -	11,599	495	14,050 -	14,099	645	16,550 -	16,599	795	19,050 -	19,099	945
11,600 -	11,649	498	14,100 -	14,149	648	16,600 -	16,649	798	19,100 -	19,149	948
11,650 -	11,699	501	14,150 -	14,199	651	16,650 -	16,699	801	19,150 -	19,199	951
11,700 -	11,749	504	14,200 -	14,249	654	16,700 -	16,749	804	19,200 -	19,249	954
11,750 -	11,799	507	14,250 -	14,299	657	16,750 -	16,799	807	19,250 -	19,299	957
11,800 -	11,849	510	14,300 -	14,349	660	16,800 -	16,849	810	19,300 -	19,349	960
11,850 -	11,899	513	14,350 -	14,399	663	16,850 -	16,899	813	19,350 -	19,399	963
11,900 -	11,949	516	14,400 -	14,449	666	16,900 -	16,949	816	19,400 -	19,449	966
11,950 -	11,999	519	14,450 -	14,499	669	16,950 -	16,999	819	19,450 -	19,499	969
\$12,000 -	12,049	\$522	14,500 -	14,549	672	\$17,000 -	17,049	\$822	19,500 -	19,549	972
12,050 -	12,099	525	14,550 -	14,599	675	17,050 -	17,099	825	19,550 -	19,599	975
	12,149	528	14,600 -	14,649	678	17,100 -	17,149	828	19,600 -	19,649	978
	12,199	531	14,650 -	14,699	681	17,150 -	17,199	831	19,650 <b>-</b>	19,699	981
	12,249	534		14,749	684	17,200 -	17,249	834	19,700 -	19,749	984
	12,299	537	14,750 -	14,799	687	17,250 -	17,299	837	19,750 <b>-</b>	19,799	987
	12,349	540	14,800 -	14,849	690	17,300 -	17,349	840	19,800 -	19,849	990
	12,399	543	14,850 -	14,899	693	17,350 -	17,399	843	19,850 -	19,899	993
	12,449	546	14,900 -	14,949	696	17,400 -	17,449	846	19,900 -	19,949	996
12,450 -	12,499	549	14,950 -	14,999	699	17,450 -	17,499	849	19,950 -	19,999	999

Tax	able income	А	mount of tax	Taxable income		Amount of tax	Taxable income	А	mount of tax	Taxable income		Amount of tax
\$2	0,000 - 22,499	)		\$22,500 - 24,9	99		\$25,000 - 27,49	9		\$27,500 - 29,9	99	
	\$20,000 -	20,049	\$1,002	\$22,500 -	22,549	\$1,152	\$25,000 -	25,049	\$1,302	\$27,500 <b>-</b>	27,549	\$1,452
	20,050 -	20,099	1,005	22,550 -	22,599	1,155	25,050 -	25,099	1,305	27,550 -	27,599	1,455
	20,100 -	20,149	1,008	22,600 -	22,649	1,158	25,100 -	25,149	1,308	27,600 -	27,649	1,458
	20,150 -	20,199	1,011	22,650 -	22,699	1,161	25,150 -	25,199	1,311	27,650 -	27,699	1,461
	20,200 -	20,249	1,014	22,700 -	22,749	1,164	25,200 -	25,249	1,314	27,700 -	27,749	1,464
	20,250 -	20,299	1,017	22,750 -	22,799	1,167	25,250 -	25,299	1,317	27,750 -	27,799	1,467
	20,300 -	20,349	1,020	22,800 -	22,849	1,170	25,300 -	25,349	1,320	27,800 -	27,849	1,470
	20,350 -	20,399	1,023	22,850 -	22,899	1,173	25,350 -	25,399	1,323	27,850 -	27,899	1,473
	20,400 -	20,449	1,026	22,900 -	22,949	1,176	25,400 -	25,449	1,326	27,900 -	27,949	1,476
	20,450 -	20,499	1,029	22,950 -	22,999	1,179	25,450 -	25,499	1,329	27,950 -	27,999	1,479
	20,500 -	20,549	1,032	\$23,000 -	23,049	\$1,182	25,500 -	25,549	1,332	\$28,000 -	28,049	\$1,482
	20,550 -	20,599	1,035	23,050 -	23,099	1,185	25,550 -	25,599	1,335	28,050 -	28,099	1,485
	20,600 -	20,649	1,038	23,100 -	23,149	1,188	25,600 -	25,649	1,338	28,100 -	28,149	1,488
	20,650 -	20,699	1,041	23,150 -	23,199	1,191	25,650 -	25,699	1,341	28,150 -	28,199	1,491
	20,700 -	20,749	1,044	23,200 -	23,249	1,194	25,700 -	25,749	1,344	28,200 -	28,249	1,494
	20,750 -	20,799	1,047	23,250 -	23,299	1,197	25,750 -	25,799	1,347	28,250 -	28,299	1,497
	20,800 -	20,849	1,050	23,300 -	23,349	1,200	25,800 -	25,849	1,350	28,300 -	28,349	1,500
	20,850 -	20,899	1,053	23,350 -	23,399	1,203	25,850 -	25,899	1,353	28,350 -	28,399	1,503
	20,900 -	20,949	1,056	23,400 -	23,449	1,206	25,900 -	25,949	1,356	28,400 -	28,449	1,506
	20,950 -	20,999	1,059	23,450 -	23,499	1,209	25,950 -	25,999	1,359	28,450 -	28,499	1,509
	\$21,000 -	21,049	\$1,062	23,500 -	23,549	1,212	\$26,000 -	26,049	\$1,362	28,500 -	28,549	1,512
	21,050 -	21,099	1,065	23,550 -	23,599	1,215	26,050 -	26,099	1,365	28,550 -	28,599	1,515
	21,100 -	21,149	1,068	23,600 -	23,649	1,218	26,100 -	26,149	1,368	28,600 -	28,649	1,518
	21,150 -	21,199	1,071	23,650 -	23,699	1,221	26,150 -	26,199	1,371	28,650 -	28,699	1,521
	21,200 -	21,249	1,074	23,700 -	23,749	1,224	26,200 -	26,249	1,374	28,700 -	28,749	1,524
	21,250 -	21,299	1,077	23,750 -	23,799	1,227	26,250 -	26,299	1,377	28,750 -	28,799	1,527
	21,300 -	21,349	1,080	23,800 -	23,849	1,230	26,300 -	26,349	1,380	28,800 -	28,849	1,530
	21,350 -	21,399	1,083	23,850 -	23,899	1,233	26,350 -	26,399	1,383	28,850 -	28,899	1,533
	21,400 -	21,449	1,086	23,900 -	23,949	1,236	26,400 -	26,449	1,386	28,900 -	28,949	1,536
	21,450 -	21,499	1,089	23,950 -	23,999	1,239	26,450 -	26,499	1,389	28,950 -	28,999	1,539
	21,500 -	21,549	1,092	\$24,000 -	24,049	\$1,242	26,500 -	26,549	1,392	\$29,000 -	29,049	\$1,542
	21,550 -	21,599	1,095	24,050 -	24,099	1,245	26,550 -	26,599	1,395	29,050 -	29,099	1,545
	21,600 -	21,649	1,098	24,100 -	24,149	1,248	26,600 -	26,649	1,398	29,100 -	29,149	1,548
	21,650 -	21,699	1,101	24,150 -	24,199	1,251	26,650 -	26,699	1,401	29,150 -	29,199	1,551
	21,700 -	21,749	1,104	24,200 -	24,249	1,254	26,700 -	26,749	1,404	29,200 -	29,249	1,554
	21,750 -	21,799	1,107	24,250 -	24,299	1,257	26,750 -	26,799	1,407	29,250 -	29,299	1,557
	21,800 -	21,849	1,110	24,300 -	24,349	1,260	26,800 -	26,849	1,410	29,300 -	29,349	1,560
	21,850 -	21,899	1,113	24,350 -	24,399	1,263	26,850 -	26,899	1,413	29,350 -	29,399	1,563
	21,900 -	21,949	1,116	24,400 -	24,449	1,266	26,900 -	26,949	1,416	29,400 -	29,449	1,566
	21,950 -	21,999	1,119	24,450 -	24,499	1,269	26,950 -	26,999	1,419	29,450 -	29,499	1,569
	\$22,000 -	22,049	\$1,122	24,500 -	24,549	1,272	\$27,000 -	27,049	\$1,422	29,500 -	29,549	1,572
	22,050 -	22,099	1,125	24,550 -	24,599	1,275	27,050 -	27,099	1,425	29,550 -	29,599	1,575
	22,100 -	22,149	1,128	24,600 -	24,649	1,278	27,100 -	27,149	1,428	29,600 -	29,649	1,578
	22,150 -	22,199	1,131	24,650 -	24,699	1,281	27,150 -	27,199	1,431	29,650 -	29,699	1,581
	22,200 -	22,249	1,134	24,700 -	24,749	1,284	27,200 -	27,249	1,434	29,700 -	29,749	1,584
	22,250 -	22,299	1,137	24,750 -	24,799	1,287	27,250 -	27,299	1,437	29,750 -	29,799	1,587
	22,300 -	22,349	1,140	24,800 -	24,849	1,290	27,300 -	27,349	1,440	29,800 -	29,849	1,590
	22,350 -	22,399	1,143	24,850 -	24,899	1,293	27,350 -	27,399	1,443	29,850 -	29,899	1,593
	22,400 -	22,449	1,146	24,900 -	24,949	1,296	27,400 -	27,449	1,446	29,900 -	29,949	1,596
	22,450 -	22,499	1,149	24,950 -	24,999	1,299	27,450 -	27,499	1,449	29,950 -	29,999	1,599

#### Tax tables for Income of \$100,000 or less continued

- 0	Taxable income		mount of tax	Taxable income		Amount of tax	Taxable income		mount of tax	Taxable income		Amount of tax
ŀ	\$30,000 - 32,499		£4.600	\$32,500 - 34,99		<b>Ф4 75</b> 0	\$35,000 - 37,49		£4.000	\$37,500 - 39,9		<b>\$2.052</b>
	\$30,000 -	30,049	\$1,602	\$32,500 -	32,549	\$1,752	\$35,000 -	35,049	\$1,902	\$37,500 -	37,549	\$2,052
	30,050 -	30,099	1,605	32,550 -	32,599	1,755	35,050 -	35,099	1,905	37,550 -	37,599	2,055
	30,100 -	30,149	1,608	32,600 -	32,649	1,758	35,100 -	35,149	1,908		37,649	2,058
	30,150 -	30,199	1,611	32,650 -	32,699	1,761	35,150 -	35,199	1,911	37,650 -	37,699	2,061
	30,200 -	30,249	1,614	32,700 -	32,749	1,764	35,200 -	35,249	1,914	37,700 <b>-</b>	37,749	2,064
	30,250 -	30,299	1,617	32,750 -	32,799	1,767	35,250 -	35,299	1,917	37,750 -	37,799	2,067
	30,300 -	30,349	1,620	32,800 -	32,849	1,770	35,300 -	35,349	1,920	37,800 -	37,849	2,070
	30,350 -	30,399	1,623	32,850 -	32,899	1,773	35,350 -	35,399	1,923	37,850 -	37,899	2,073
	30,400 - 30,450 -	30,449	1,626 1,629	32,900 <i>-</i> 32,950 <i>-</i>	32,949	1,776 1,779	35,400 - 35,450 -	35,449 35,499	1,926 1,929	37,900 <b>-</b> 37,950 <b>-</b>	37,949	2,076 2,079
	30,500 -	30,499 30,549	1,632	\$33,000 -	32,999 33,049	\$1,779	35,500 -	35,549	1,932	\$38,000 -	37,999 38,049	\$2,082
	30,550 -	30,549	1,635	33,050 -	33,049	1,785	35,550 -	35,549	1,932	38,050 -	38,099	2,085
	30,600 -	30,649	1,638	33,100 -	33,149	1,788	35,600 -	35,649	1,938	38,100 -	38,149	2,088
	30,650 -	30,699	1,641	33,150 -	33,199	1,791	35,650 -	35,699	1,930	38,150 <b>-</b>	38,199	2,000
	30,700 -	30,749	1,644	33,200 -	33,249	1,794	35,700 -	35,749	1,944	38,200 <b>-</b>	38,249	2,094
	30,750 -	30,749	1,647	33,250 -	33,299	1,797	35,750 -	35,749	1,944	38,250 -	38,299	2,094
	30,800 -	30,849	1,650	33,300 -	33,349	1,800	35,800 -	35,849	1,950	38,300 -	38,349	2,100
	30,850 -	30,899	1,653	33,350 -	33,399	1,803	35,850 -	35,899	1,953	38,350 -	38,399	2,103
	30,900 -	30,949	1,656	33,400 -	33,449	1,806	35,900 -	35,949	1,956	38,400 -	38,449	2,106
	30,950 -	30,999	1,659	33,450 -	33,499	1,809	35,950 -	35,999	1,959	38,450 <b>-</b>	38,499	2,109
ł	\$31,000 -	31,049	\$1,662	33,500 -	33,549	1,812	\$36,000 -	36,049	\$1,962	38,500 <b>-</b>	38,549	2,112
	31.050 -	31,099	1,665	33,550 -	33,599	1,815	36,050 -	36,099	1,965	38,550 <b>-</b>	38,599	2,115
	31,100 -	31,149	1,668	33,600 -	33,649	1,818	36,100 -	36,149	1,968	38,600 -	38,649	2,118
	31,150 -	31,199	1,671	33,650 -	33,699	1,821	36,150 -	36,199	1,971	38,650 <b>-</b>	38,699	2,121
	31,200 -	31,249	1,674	33,700 -	33,749	1,824	36,200 -	36,249	1,974	38,700 -	38,749	2,124
	31,250 -	31,299	1,677	33,750 -	33,799	1,827	36,250 -	36,299	1,977	38,750 <b>-</b>	38,799	2,127
	31,300 -	31,349	1,680	33,800 -	33,849	1,830	36,300 -	36,349	1,980	38,800 -	38,849	2,130
	31,350 -	31,399	1,683	33,850 -	33,899	1,833	36,350 -	36,399	1,983	38,850 <b>-</b>	38,899	2,133
	31,400 -	31,449	1,686	33,900 -	33,949	1,836	36,400 -	36,449	1,986	38,900 -	38,949	2,136
	31,450 -	31,499	1,689	33,950 -	33,999	1,839	36,450 -	36,499	1,989	38,950 <b>-</b>	38,999	2,139
	31,500 -	31,549	1,692	\$34,000 -	34,049	\$1,842	36,500 -	36,549	1,992	\$39,000 -	39,049	\$2,142
	31,550 -	31,599	1,695	34,050 -	34,099	1,845	36,550 -	36,599	1,995	39,050 -	39,099	2,145
	31,600 -	31,649	1,698	34,100 -	34,149	1,848	36,600 -	36,649	1,998	39,100 -	39,149	2,148
	31,650 -	31,699	1,701	34,150 -	34,199	1,851	36,650 -	36,699	2,001	39,150 -	39,199	2,151
	31,700 -	31,749	1,704	34,200 -	34,249	1,854	36,700 -	36,749	2,004	39,200 -	39,249	2,154
	31,750 -	31,799	1,707	34,250 -	34,299	1,857	36,750 -	36,799	2,007	39,250 -	39,299	2,157
	31,800 -	31,849	1,710	34,300 -	34,349	1,860	36,800 -	36,849	2,010	39,300 -	39,349	2,160
	31,850 -	31,899	1,713	34,350 -	34,399	1,863	36,850 -	36,899	2,013	39,350 -	39,399	2,163
	31,900 -	31,949	1,716	34,400 -	34,449	1,866	36,900 -	36,949	2,016	39,400 -	39,449	2,166
	31,950 -	31,999	1,719	34,450 -	34,499	1,869	36,950 -	36,999	2,019	39,450 -	39,499	2,169
Ī	\$32,000 -	32,049	\$1,722	34,500 -	34,549	1,872	\$37,000 -	37,049	\$2,022	39,500 -	39,549	2,172
	32,050 -	32,099	1,725	34,550 -	34,599	1,875	37,050 -	37,099	2,025	39,550 -	39,599	2,175
	32,100 -	32,149	1,728	34,600 -	34,649	1,878	37,100 -	37,149	2,028	39,600 -	39,649	2,178
	32,150 -	32,199	1,731	34,650 -	34,699	1,881	37,150 -	37,199	2,031	39,650 -	39,699	2,181
	32,200 -	32,249	1,734	34,700 -	34,749	1,884	37,200 -	37,249	2,034	39,700 -	39,749	2,184
	32,250 -	32,299	1,737	34,750 -	34,799	1,887	37,250 -	37,299	2,037	39,750 -	39,799	2,187
	32,300 -	32,349	1,740	34,800 -	34,849	1,890	37,300 -	37,349	2,040	39,800 -	39,849	2,190
	32,350 -	32,399	1,743	34,850 -	34,899	1,893	37,350 -	37,399	2,043	39,850 -	39,899	2,193
	32,400 -	32,449	1,746	34,900 -	34,949	1,896	37,400 -	37,449	2,046	39,900 -	39,949	2,196
	32,450 -	32,499	1,749	34,950 -	34,999	1,899	37,450 -	37,499	2,049	39,950 -	39,999	2,199
	32,430 -	32,499	1,749	34,930 -	34,999	1,099	31,400 -	31,499	2,049	39,930 -	39,999	2,199

Т	axable income	А	mount of tax	Taxable income		Amount of tax	Taxable income	,	Amount of tax	Taxable income		Amount of tax
\$	640,000 - 42,499	)		\$42,500 - 44,9	99		\$45,000 - 47,49	99		\$47,500 - 49,9	99	
	\$40,000 -	40,049	\$2,202	\$42,500 -	42,549	\$2,364	\$45,000 -	45,049	\$2,527	\$47,500 -	47,549	\$2,689
	40,050 -	40,099	2,205	42,550 -	42,599	2,367	45,050 -	45,099	2,530	47,550 -	47,599	2,692
	40,100 -	40,149	2,208	42,600 -	42,649	2,371	45,100 -	45,149	2,533	47,600 -	47,649	2,696
	40,150 -	40,199	2,211	42,650 -	42,699	2,374	45,150 -	45,199	2,536	47,650 -	47,699	2,699
	40,200 -	40,249	2,215	42,700 -	42,749	2,377	45,200 -	45,249	2,540	47,700 -	47,749	2,702
	40,250 -	40,299	2,218	42,750 -	42,799	2,380	45,250 -	45,299	2,543	47,750 -	47,799	2,705
	40,300 -	40,349	2,221	42,800 -	42,849	2,384	45,300 -	45,349	2,546	47,800 -	47,849	2,709
	40,350 -	40,399	2,224	42,850 -	42,899	2,387	45,350 -	45,399	2,549	47,850 -	47,899	2,712
	40,400 -	40,449	2,228	42,900 -	42,949	2,390	45,400 -	45,449	2,553	47,900 -	47,949	2,715
	40,450 -	40,499	2,231	42,950 -	42,999	2,393	45,450 -	45,499	2,556	47,950 -	47,999	2,718
	40,500 -	40,549	2,234	\$43,000 -	43,049	\$2,397	45,500 -	45,549	2,559	\$48,000 -	48,049	\$2,722
	40,550 -	40,599	2,237	43,050 -	43,099	2,400	45,550 -	45,599	2,562	48,050 -	48,099	2,725
	40,600 -	40,649	2,241	43,100 -	43,149	2,403	45,600 -	45,649	2,566	48,100 -	48,149	2,728
	40,650 -	40,699	2,244	43,150 -	43,199	2,406	45,650 -	45,699	2,569	48,150 -	48,199	2,731
	40,700 -	40,749	2,247	43,200 -	43,249	2,410	45,700 -	45,749	2,572	48,200 -	48,249	2,735
	40,750 -	40,799	2,250	43,250 -	43,299	2,413	45,750 -	45,799	2,575	48,250 -	48,299	2,738
	40,800 -	40,849	2,254	43,300 -	43,349	2,416	45,800 -	45,849	2,579	48,300 -	48,349	2,741
	40,850 -	40,899	2,257	43,350 -	43,399	2,419	45,850 -	45,899	2,582	48,350 -	48,399	2,744
	40,900 -	40,949	2,260	43,400 -	43,449	2,423	45,900 -	45,949	2,585	48,400 -	48,449	2,748
	40,950 -	40,999	2,263	43,450 -	43,499	2,426	45,950 -	45,999	\$2,588	48,450 -	48,499	2,751
	\$41,000 -	41,049	\$2,267	43,500 -	43,549	2,429	\$46,000 -	46,049	\$2,592	48,500 -	48,549	2,754
	41,050 -	41,099	2,270	43,550 -	43,599	2,432	46,050 -	46,099	2,595	48,550 -	48,599	2,757
	41,100 -	41,149	2,273	43,600 -	43,649	2,436	46,100 -	46,149	2,598	48,600 -	48,649	2,761
	41,150 -	41,199	2,276	43,650 -	43,699	2,439	46,150 -	46,199	2,601	48,650 -	48,699	2,764
	41,200 -	41,249	2,280	43,700 -	43,749	2,442	46,200 -	46,249	2,605	48,700 -	48,749	2,767
	41,250 -	41,299	2,283	43,750 -	43,799	2,445	46,250 -	46,299	2,608	48,750 -	48,799	2,770
	41,300 -	41,349	2,286	43,800 -	43,849	2,449	46,300 -	46,349	2,611	48,800 -	48,849	2,774
	41,350 -	41,399	2,289	43,850 -	43,899	2,452	46,350 -	46,399	2,614	48,850 -	48,899	2,777
	41,400 -	41,449	2,293	43,900 -	43,949	2,455	46,400 -	46,449	2,618	48,900 -	48,949	2,780
	41,450 -	41,499	2,296	43,950 -	43,999	2,458	46,450 -	46,499	2,621	48,950 -	48,999	\$2,783
	41,500 -	41,549	2,299	\$44,000 -	44,049	\$2,462	46,500 -	46,549	2,624	\$49,000 -	49,049	\$2,787
	41,550 -	41,599	2,302	44,050 -	44,099	2,465	46,550 -	46,599	2,627	49,050 -	49,099	2,790
	41,600 -	41,649	2,306	44,100 -	44,149	2,468	46,600 -	46,649	2,631	49,100 -	49,149	2,793
	41,650 -	41,699	2,309	44,150 -	44,199	2,471	46,650 -	46,699	2,634	49,150 -	49,199	2,796
	41,700 -	41,749	2,312	44,200 -	44,249	2,475	46,700 -	46,749	2,637	49,200 -	49,249	2,800
	41,750 -	41,799	2,315	44,250 -	44,299	2,478	46,750 -	46,799	2,640	49,250 -	49,299	2,803
	41,800 -	41,849	2,319	44,300 -	44,349	2,481	46,800 -	46,849	2,644	49,300 -	49,349	2,806
	41,850 -	41,899	2,322	44,350 -	44,399	2,484	46,850 -	46,899	2,647	49,350 -	49,399	2,809
	41,900 -	41,949	2,325	44,400 -	44,449	2,488	46,900 -	46,949	2,650	49,400 -	49,449	2,813
	41,950 -	41,999	2,328	44,450 -	44,499	2,491	46,950 -	46,999	2,653	49,450 -	49,499	2,816
	\$42,000 -	42,049	\$2,332	44,500 -	44,549	2,494	\$47,000 -	47,049	\$2,657	49,500 -	49,549	2,819
	42,050 -	42,099	2,335	44,550 -	44,599	2,497	47,050 -	47,099	2,660	49,550 -	49,599	2,822
	42,100 -	42,149	2,338	44,600 -	44,649	2,501	47,100 -	47,149	2,663	49,600 -	49,649	2,826
	42,150 -	42,199	2,341	44,650 -	44,699	2,504	47,150 -	47,199	2,666	49,650 -	49,699	2,829
	42,200 -	42,249	2,345	44,700 -	44,749	2,507	47,200 -	47,249	2,670	49,700 -	49,749	2,832
	42,250 -	42,299	2,348	44,750 -	44,799	2,510	47,250 -	47,299	2,673	49,750 -	49,799	2,835
	42,300 -	42,349	2,351	44,800 -	44,849	2,514	47,300 -	47,349	2,676	49,800 -	49,849	2,839
	42,350 -	42,399	2,354	44,850 -	44,899	2,517	47,350 -	47,399	2,679	49,850 -	49,899	2,842
	42,400 -	42,449	2,358	44,900 -	44,949	2,520	47,400 -	47,449	2,683	49,900 -	49,949	2,845
	42,450 -	42,499	2,361	44,950 -	44,999	2,523	47,450 -	47,499	2,686	49,950 -	49,999	2,848

Tax tables for Income of \$100,000 or less continued

- 1	Taxable income		mount of tax	Taxable income \$52,500 - 54,9		Amount of tax	Taxable income		mount of tax	Taxable income		Amount of tax
	\$50,000 - 52,499		<u></u> ቀኅ ዕደኅ	. , ,		¢2.04.4	\$55,000 - 57,49		<b>ФО 177</b>	\$57,500 - 59,9		¢2 220
	\$50,000 -	50,049	\$2,852		52,549	\$3,014	\$55,000 -	55,049	\$3,177	\$57,500 -	57,549	\$3,339
	50,050 - 50,100 -	50,099 50,149	2,855 2,858	52,550 - 52,600 -	52,599	3,017	55,050 - 55,100 -	55,099 55,149	3,180 3,183	57,550 <b>-</b> 57,600 <b>-</b>	57,599 57,649	3,342 3,346
	· · · · · · · · · · · · · · · · · · ·				52,649	3,021						
	50,150 -	50,199	2,861	52,650 -	52,699	3,024	55,150 -	55,199	3,186	57,650 <b>-</b>	57,699	3,349
	50,200 -	50,249	2,865	52,700 -	52,749	3,027	55,200 -	55,249	3,190	57,700 <b>-</b>	57,749	3,352
	50,250 - 50,300 -	50,299 50,349	2,868 2,871	52,750 - 52,800 -	52,799 52,849	3,030 3,034	55,250 - 55,300 -	55,299 55,349	3,193 3,196	57,750 <b>-</b> 57,800 <b>-</b>	57,799 57,849	3,355 3,359
	50,350 -	50,349	2,874		52,849	3,034	55,350 -	55,399	3,190	57,850 <b>-</b>	57,849	3,362
	50,350 -	50,399	2,878		52,699	3,040	55,350 - 55,400 -	55,399	3,199	57,050 <b>-</b> 57,900 <b>-</b>	57,899	3,365
	50,450 -	50,449	2,881	52,900 <b>-</b> 52,950 <b>-</b>	52,949	3,043	55,450 -	55,449	3,203	57,900 <b>-</b> 57,950 <b>-</b>	57,949	3,368
	50,500 -	50,549	2,884	\$53,000 -	53,049	\$3,047	55,500 -	55,549	3,200	\$58,000 -	58,049	\$3,372
	50,550 -	50,549	2,887		53,049	3,050	55,550 -	55,599	3,209	58,050 -	58,049	3,375
	50,600 -	50,649	2,891	53,000 -	53,149	3,053	55,600 -	55,649	3,212	58,100 <b>-</b>	58,149	3,378
	50,650 -	50,699	2,894	53,150 -		3,056	55,650 -	55,699		58,150 <b>-</b>		
	50,700 -	50,099	2,897		53,199 53,249	3,060	55,700 -	55,749	3,219 3,222	58,200 <b>-</b>	58,199 58,249	3,381 3,385
	50,750 -	50,749	2,900	53,250 -	53,249	3,063	55,750 -	55,799	3,225	58,250 <b>-</b>	58,299	3,388
	50,800 -	50,799	2,900	53,300 -	53,349	3,066	55,800 -	55,849	3,229	58,300 <b>-</b>	58,349	3,391
	50,850 -	50,849	2,904		53,349	3,069	55,850 -	55,899	3,229	58,350 <b>-</b>	58,399	3,394
	50,900 -	50,949	2,907	53,400 -	53,449	3,009	55,900 -	55,949	3,235	58,400 <b>-</b>	58,449	3,398
	50,950 -	50,949	2,913	53,450 -	53,449	3,076	55,950 -	55,999	3,238	58,450 -	58,499	3,401
	\$51,000 -	51,049	\$2,917		53,549	3,079	\$56,000 -	56,049	\$3,242	58,500 <b>-</b>	58,549	3,404
	51,050 - 51,050 -	51,049	2,920	53,550 -	53,599	3,082	56,050 -	56,099	3,245	58,550 -	58,599	3,404
	51,100 -	51,149	2,923	53,600 -	53,649	3,086	56,100 -	56,149	3,248	58,600 <b>-</b>	58,649	3,411
	51,150 -	51,149	2,926	53,650 -	53,699	3,089	56,150 -	56,199	3,251	58,650 <b>-</b>	58,699	3,411
	51,200 -	51,199	2,920	53,700 -	53,749	3,009	56,200 -	56,249	3,255	58,700 <b>-</b>	58,749	3,417
	51,250 -	51,249	2,933	53,750 -	53,799	3,095	56,250 -	56,299	3,258	58,750 <b>-</b>	58,799	3,420
	51,300 -	51,349	2,936	53,800 -	53,849	3,099	56,300 -	56,349	3,261	58,800 <b>-</b>	58,849	3,424
	51,350 -	51,349	2,939	53,850 -	53,899	3,102	56,350 -	56,399	3,264	58,850 <b>-</b>	58,899	3,424
	51,400 -	51,449	2,943	53,900 -	53,949	3,102	56,400 -	56,449	3,268	58,900 <b>-</b>	58,949	3,430
	51,450 -	51,449	2,945	53,950 -	53,999	3,103	56,450 -	56,499	3,200	58,950 -	58,999	3,433
	51,500 -	51,549	2,949	\$54,000 -	54,049	\$3,112	56,500 -	56,549	3,274	\$59,000 -	59,049	\$3,437
	51,550 -	51,599	2,952		54,099	3,115	56,550 -	56,599	3,277	59,050 -	59,049	3,440
	51,600 -	51,649	2,956	54,100 -	54,149	3,118	56,600 -	56,649	3,281	59,100 <b>-</b>	59,149	3,443
	51,650 -	51,699	2,959		54,199	3,121	56,650 -	56,699	3,284	59,150 <b>-</b>	59,199	3,446
	51,700 -	51,749	2,962	54,200 -	54,249	3,125	56,700 -	56,749	3,287	59,200 <b>-</b>	59,249	3,450
	51,750 -	51,799	2,965	54,250 -	54,299	3,128	56,750 -	56,799	3,290	59,250 <b>-</b>	59,299	3,453
	51,800 -	51,849	2,969	54,300 -	54,349	3,131	56,800 -	56,849	3,294	59,300 <b>-</b>	59,349	3,456
	51,850 -	51,899	2,972		54,399	3,134	56,850 -	56,899	3,297	59,350 <b>-</b>	59,399	3,459
	51,900 -	51,949	2,975		54,449	3,138	56,900 -	56,949	3,300			3,463
	51,950 -	51,999	2,978		54,499	3,141	56,950 -	56,999	3,303	59,450 <b>-</b>	59,499	3,466
	\$52,000 -	52,049	\$2,982		54,549	3,144	\$57,000 -	57,049	\$3,307		59,549	3,469
	52,050 -	52,099	2,985		54,599	3,147	57,050 -	57,099	3,310	59,550 <b>-</b>	59,599	3,472
	52,100 -	52,149	2,988	54,600 -	54,649	3,151	57,100 -	57,149	3,313	59,600 <b>-</b>	59,649	3,476
	52,150 -	52,199	2,991		54,699	3,154	57,150 -	57,199	3,316	59,650 <b>-</b>	59,699	3,479
	52,200 -	52,249	2,995		54,749	3,157	57,200 -	57,249	3,320	59,700 <b>-</b>	59,749	3,482
	52,250 -	52,299	2,998		54,799	3,160	57,250 -	57,299	3,323	59,750 <b>-</b>	59,799	3,485
	52,300 -	52,349	3,001		54,849	3,164	57,300 -	57,349	3,326	59,800 <b>-</b>	59,849	3,489
	52,350 -	52,399	3,004		54,899	3,167	57,350 -	57,399	3,329	59,850 <b>-</b>	59,899	3,492
	52,400 -	52,449	3,008		54,949	3,170	57,400 -	57,449	3,333	59,900 <b>-</b>	59,949	3,495
	52,450 -	52,499	3,011		54,999	3,173	57,450 <b>-</b>	57,499	3,336	59,950 <b>-</b>	59,999	3,498
	02,100	3_, 100	0,011	0.,000	0 .,000	5,110	0.,100	0.,100	0,000	00,000	30,000	5,100

	xable income		mount of tax			Amount of tax	Taxable income		mount of tax	Taxable income		Amount of tax
\$6	60,000 - <mark>62,49</mark> 9			\$62,500 - 64,9			\$65,000 - 67,49			\$67,500 - 69,99		
	\$60,000 -	60,049	\$3,501	\$62,500 -	62,549	\$3,714	\$65,000 -	65,049	\$3,926	\$67,500 <b>-</b>	67,549	\$4,139
	60,050 -	60,099	3,505	62,550 -	62,599	3,718	65,050 -	65,099	3,930	67,550 <b>-</b>	67,599	4,143
	60,100 -	60,149	3,510	62,600 -	62,649	3,722	65,100 -	65,149	3,935	67,600 -	67,649	4,147
	60,150 -	60,199	3,514	62,650 -	62,699	3,726	65,150 -	65,199	3,939	67,650 -	67,699	4,151
	60,200 -	60,249	3,518	62,700 -	62,749	3,731	65,200 -	65,249	3,943	67,700 -	67,749	4,156
	60,250 -	60,299	3,522	62,750 -	62,799	3,735	65,250 -	65,299	3,947	67,750 -	67,799	4,160
	60,300 -	60,349	3,527	62,800 -	62,849	3,739	65,300 -	65,349	3,952	67,800 -	67,849	4,164
	60,350 -	60,399	3,531	62,850 -	62,899	3,743	65,350 -	65,399	3,956	67,850 -	67,899	4,168
	60,400 -	60,449	3,535	62,900 -	62,949	3,748	65,400 -	65,449	3,960	67,900 -	67,949	4,173
	60,450 -	60,499	3,539	62,950 -	62,999	3,752	65,450 -	65,499	3,964	67,950 -	67,999	4,177
	60,500 -	60,549	3,544	\$63,000 -	63,049	\$3,756	65,500 -	65,549	3,969	\$68,000 -	68,049	\$4,181
	60,550 -	60,599	3,548	63,050 -	63,099	3,760	65,550 -	65,599	3,973	68,050 -	68,099	4,185
	60,600 -	60,649	3,552	63,100 -	63,149	3,765	65,600 -	65,649	3,977	68,100 -	68,149	4,190
	60,650 -	60,699	3,556	63,150 -	63,199	3,769	65,650 -	65,699	3,981	68,150 -	68,199	4,194
	60,700 -	60,749	3,561	63,200 -	63,249	3,773	65,700 -	65,749	3,986	68,200 -	68,249	4,198
	60,750 -	60,799	3,565	63,250 -	63,299	3,777	65,750 -	65,799	3,990	68,250 -	68,299	4,202
	60,800 -	60,849	3,569	63,300 -	63,349	3,782	65,800 -	65,849	3,994	68,300 -	68,349	4,207
	60,850 -	60,899	3,573	63,350 -	63,399	3,786	65,850 -	65,899	3,998	68,350 -	68,399	4,211
	60,900 -	60,949	3,578	63,400 -	63,449	3,790	65,900 -	65,949	4,003	68,400 -	68,449	4,215
	60,950 -	60,999	3,582	63,450 -	63,499	3,794	65,950 -	65,999	4,007	68,450 -	68,499	4,219
	\$61,000 -	61,049	\$3,586	63,500 -	63,549	3,799	\$66,000 -	66,049	\$4,011	68,500 -	68,549	4,224
	61,050 -	61,099	3,590	63,550 -	63,599	3,803	66,050 -	66,099	4,015	68,550 -	68,599	4,228
	61,100 -	61,149	3,595	63,600 -	63,649	3,807	66,100 -	66,149	4,020	68,600 -	68,649	4,232
	61,150 -	61,199	3,599	63,650 -	63,699	3,811	66,150 -	66,199	4,024	68,650 -	68,699	4,236
	61,200 -	61,249	3,603	63,700 -	63,749	3,816	66,200 -	66,249	4,028	68,700 -	68,749	4,241
	61,250 -	61,299	3,607	63,750 -	63,799	3,820	66,250 -	66,299	4,032	68,750 -	68,799	4,245
	61,300 -	61,349	3,612	63,800 -	63,849	3,824	66,300 -	66,349	4,037	68,800 -	68,849	4,249
	61,350 -	61,399	3,616	63,850 -	63,899	3,828	66,350 -	66,399	4,041	68,850 -	68,899	4,253
	61,400 -	61,449	3,620	63,900 -	63,949	3,833	66,400 -	66,449	4,045	68,900 -	68,949	4,258
	61,450 -	61,499	3,624	63,950 -	63,999	3,837	66,450 -	66,499	4,049	68,950 -	68,999	4,262
	61,500 -	61,549	3,629	\$64,000 -	64,049	\$3,841	66,500 -	66,549	4,054	\$69,000 -	69,049	\$4,266
	61,550 -	61,599	3,633	64,050 -	64,099	3,845	66,550 -	66,599	4,058	69,050 -	69,099	4,270
	61,600 -	61,649	3,637	64,100 -	64,149	3,850	66,600 -	66,649	4,062	69,100 -	69,149	4,275
	61,650 -	61,699	3,641	64,150 -	64,199	3,854	66,650 -	66,699	4,066	69,150 -	69,199	4,279
	61,700 -	61,749	3,646	64,200 -	64,249	3,858	66,700 -	66,749	4,071	69,200 -	69,249	4,283
	61,750 -	61,799	3,650	64,250 -	64,299	3,862	66,750 -	66,799	4,075	69,250 -	69,299	4,287
	61,800 -	61,849	3,654	64,300 -	64,349	3,867	66,800 -	66,849	4,079	69,300 -	69,349	4,292
	61,850 -	61,899	3,658	64,350 -	64,399	3,871	66,850 -	66,899	4,083	69,350 -	69,399	4,296
	61,900 -	61,949	3,663	64,400 -	64,449	3,875	66,900 -	66,949	4,088	69,400 -	69,449	4,300
	61,950 -	61,999	3,667	64,450 -	64,499	3,879	66,950 -	66,999	4,092	69,450 -	69,499	4,304
	\$62,000 -	62,049	\$3,671	64,500 -	64,549	3,884	\$67,000 -	67,049	\$4,096	69,500 -	69,549	4,309
	62,050 -	62,099	3,675	64,550 -	64,599	3,888	67,050 -	67,099	4,100	69,550 -	69,599	4,313
	62,100 -	62,149	3,680	64,600 -	64,649	3,892	67,100 -	67,149	4,105	69,600 -	69,649	4,317
	62,150 -	62,199	3,684	64,650 -	64,699	3,896	67,150 -	67,199	4,109	69,650 -	69,699	4,321
	62,200 -	62,249	3,688	64,700 -	64,749	3,901	67,200 -	67,249	4,113	69,700 -	69,749	4,326
	62,250 -	62,299	3,692	64,750 -	64,799	3,905	67,250 -	67,299	4,117	69,750 -	69,799	4,330
	62,300 -	62,349	3,697	64,800 -	64,849	3,909	67,300 -	67,349	4,122	69,800 -	69,849	4,334
	62,350 -	62,399	3,701	64,850 -	64,899	3,913	67,350 -	67,399	4,126	69,850 -	69,899	4,338
	62,400 -	62,449	3,705	64,900 -	64,949	3,918	67,400 -	67,449	4,130	69,900 -	69,949	4,343
	62,450 -	62,499	3,709	64,950 -	64,999	3,922	67,450 -	67,499	4,134	69,950 -	69,999	4,347

Tax tables for Income of \$100,000 or less continued

- 1	Taxable income	A	Amount of tax	Taxable income		mount of tax	Taxable income		mount of tax	Taxable income		Amount of tax
	\$70,000 - 72,499			\$72,500 - 74,9			\$75,000 - 77,49			\$77,500 - 79,9		
		70,049	\$4,351	\$72,500 -	72,549	\$4,564	\$75,000 -	75,049	\$4,776	\$77,500 <b>-</b>	77,549	\$4,989
		70,099	4,355	72,550 -	72,599	4,568	75,050 -	75,099	4,780	77,550 -	77,599	4,993
	· ·	70,149	4,360	72,600 -	72,649	4,572	75,100 -	75,149	4,785	77,600 -	77,649	4,997
		70,199	4,364	72,650 -	72,699	4,576	75,150 -	75,199	4,789	77,650 -	77,699	5,001
		70,249	4,368	72,700 -	72,749	4,581	75,200 -	75,249	4,793	77,700 -	77,749	5,006
		70,299	4,372	72,750 -	72,799	4,585	75,250 -	75,299	4,797	77,750 -	77,799	5,010
	70,300 -	70,349	4,377	72,800 -	72,849	4,589	75,300 -	75,349	4,802	77,800 -	77,849	5,014
	70,350 -	70,399	4,381	72,850 -	72,899	4,593	75,350 -	75,399	4,806	77,850 -	77,899	5,018
	70,400 -	70,449	4,385	72,900 -	72,949	4,598	75,400 -	75,449	4,810	77,900 -	77,949	5,023
	70,450 -	70,499	4,389	72,950 -	72,999	4,602	75,450 -	75,499	4,814	77,950 -	77,999	5,027
	70,500 -	70,549	4,394	\$73,000 -	73,049	\$4,606	75,500 -	75,549	4,819	\$78,000 -	78,049	\$5,031
	70,550 -	70,599	4,398	73,050 -	73,099	4,610	75,550 -	75,599	4,823	78,050 -	78,099	5,035
	70,600 -	70,649	4,402	73,100 -	73,149	4,615	75,600 -	75,649	4,827	78,100 -	78,149	5,040
	70,650 -	70,699	4,406	73,150 -	73,199	4,619	75,650 -	75,699	4,831	78,150 -	78,199	5,044
	70,700 -	70,749	4,411	73,200 -	73,249	4,623	75,700 -	75,749	4,836	78,200 -	78,249	5,048
	70,750 -	70,799	4,415	73,250 -	73,299	4,627	75,750 -	75,799	4,840	78,250 <b>-</b>	78,299	5,052
	70,800 -	70,849	4,419	73,300 -	73,349	4,632	75,800 -	75,849	4,844	78,300 -	78,349	5,057
	70,850 -	70,899	4,423	73,350 -	73,399	4,636	75,850 -	75,899	4,848	78,350 -	78,399	5,061
	70,900 -	70,949	4,428	73,400 -	73,449	4,640	75,900 -	75,949	4,853	78,400 -	78,449	5,065
	70,950 -	70,999	4,432	73,450 -	73,499	4,644	75,950 -	75,999	4,857	78,450 -	78,499	5,069
Ī	\$71,000 -	71,049	\$4,436	73,500 -	73,549	4,649	\$76,000 -	76,049	\$4,861	78,500 -	78,549	5,074
	71,050 -	71,099	4,440	73,550 -	73,599	4,653	76,050 -	76,099	4,865	78,550 -	78,599	5,078
	71,100 -	71,149	4,445	73,600 -	73,649	4,657	76,100 -	76,149	4,870	78,600 -	78,649	5,082
	71,150 -	71,199	4,449	73,650 -	73,699	4,661	76,150 -	76,199	4,874	78,650 -	78,699	5,086
	71,200 -	71,249	4,453	73,700 -	73,749	4,666	76,200 -	76,249	4,878	78,700 -	78,749	5,091
	71,250 -	71,299	4,457	73,750 -	73,799	4,670	76,250 -	76,299	4,882	78,750 -	78,799	5,095
	71,300 -	71,349	4,462	73,800 -	73,849	4,674	76,300 -	76,349	4,887	78,800 -	78,849	5,099
	71,350 -	71,399	4,466	73,850 -	73,899	4,678	76,350 -	76,399	4,891	78,850 -	78,899	5,103
	71,400 -	71,449	4,470	73,900 -	73,949	4,683	76,400 -	76,449	4,895	78,900 -	78,949	5,108
	71,450 -	71,499	4,474	73,950 -	73,999	4,687	76,450 -	76,499	4,899	78,950 -	78,999	5,112
	71,500 -	71,549	4,479	\$74,000 -	74,049	\$4,691	76,500 -	76,549	4,904	\$79,000 -	79,049	\$5,116
	71,550 -	71,599	4,483	74,050 -	74,099	4,695	76,550 -	76,599	4,908	79,050 -	79,099	5,120
	71,600 -	71,649	4,487	74,100 -	74,149	4,700	76,600 -	76,649	4,912	79,100 -	79,149	5,125
	71,650 -	71,699	4,491	74,150 -	74,199	4,704	76,650 -	76,699	4,916	79,150 -	79,199	5,129
	71,700 -	71,749	4,496	74,200 -	74,249	4,708	76,700 -	76,749	4,921	79,200 -	79,249	5,133
	71,750 -	71,799	4,500	74,250 -	74,299	4,712	76,750 -	76,799	4,925	79,250 -	79,299	5,137
	71,800 -	71,849	4,504	74,300 -	74,349	4,717	76,800 -	76,849	4,929	79,300 -	79,349	5,142
	71,850 -	71,899	4,508	74,350 -	74,399	4,721	76,850 -	76,899	4,933	79,350 -	79,399	5,146
	71,900 -	71,949	4,513	74,400 -	74,449	4,725	76,900 -	76,949	4,938	79,400 -	79,449	5,150
		71,999	4,517		74,499	4,729	76,950 -	76,999	4,942	79,450 -	79,499	5,154
i	\$72,000 -	72,049	\$4,521	74,500 -	74,549	4,734	\$77,000 -	77,049	\$4,946	79,500 -	79,549	5,159
		72,099	4,525	74,550 -	74,599	4,738	77,050 -	77,099	4,950	79,550 -	79,599	5,163
		72,149	4,530	74,600 -	74,649	4,742	77,100 -	77,149	4,955	79,600 -	79,649	5,167
		72,199	4,534	74,650 -	74,699	4,746	77,150 -	77,199	4,959	79,650 -	79,699	5,171
		72,249	4,538	74,700 -	74,749	4,751	77,200 -	77,249	4,963	79,700 -	79,749	5,176
		72,299	4,542	74,750 -	74,799	4,755	77,250 -	77,299	4,967	79,750 -	79,799	5,180
		72,349	4,547	74,800 -	74,849	4,759	77,300 -	77,349	4,972	79,800 -	79,849	5,184
		72,399	4,551	74,850 -	74,899	4,763	77,350 -	77,399	4,976	79,850 -	79,899	5,188
		72,449	4,555	74,900 -	74,949	4,768	77,400 -	77,449	4,980	79,900 -	79,949	5,193
		72,499	4,559	74,950 -	74,999	4,772	77,450 -	77,499	4,984	79,950 -	79,999	5,197
	,	,	,	,	,	,	,	,	,	.,	.,	.,

Т	axable income	Aı	mount of tax	Taxable income	,	Amount of tax	Taxable income	А	mount of tax	Taxable income	,	Amount of tax
\$	80,000 - 82,499	9		\$82,500 - 84,9	99		\$85,000 - 87,49	99		\$87,500 - 89,9	99	
	\$80,000 -	80,049	\$5,201	\$82,500 -	82,549	\$5,414	\$85,000 -	85,049	\$5,626	\$87,500 -	87,549	\$5,839
	80,050 -	80,099	5,205	82,550 -	82,599	5,418	85,050 -	85,099	5,630	87,550 -	87,599	5,843
	80,100 -	80,149	5,210	82,600 -	82,649	5,422	85,100 -	85,149	5,635	87,600 -	87,649	5,847
	80,150 -	80,199	5,214	82,650 -	82,699	5,426	85,150 -	85,199	5,639	87,650 -	87,699	5,851
	80,200 -	80,249	5,218	82,700 -	82,749	5,431	85,200 -	85,249	5,643	87,700 -	87,749	5,856
	80,250 -	80,299	5,222	82,750 -	82,799	5,435	85,250 -	85,299	5,647	87,750 -	87,799	5,860
	80,300 -	80,349	5,227	82,800 -	82,849	5,439	85,300 -	85,349	5,652	87,800 -	87,849	5,864
	80,350 -	80,399	5,231	82,850 -	82,899	5,443	85,350 -	85,399	5,656	87,850 -	87,899	5,868
	80,400 -	80,449	5,235	82,900 -	82,949	5,448	85,400 -	85,449	5,660	87,900 -	87,949	5,873
	80,450 -	80,499	5,239	82,950 -	82,999	5,452	85,450 -	85,499	5,664	87,950 -	87,999	5,877
	80,500 -	80,549	5,244	\$83,000 -	83,049	\$5,456	85,500 -	85,549	5,669	\$88,000 -	88,049	\$5,881
	80,550 -	80,599	5,248	83,050 -	83,099	5,460	85,550 -	85,599	5,673	88,050 -	88,099	5,885
	80,600 -	80,649	5,252	83,100 -	83,149	5,465	85,600 -	85,649	5,677	88,100 -	88,149	5,890
	80,650 -	80,699	5,256	83,150 -	83,199	5,469	85,650 -	85,699	5,681	88,150 -	88,199	5,894
	80,700 -	80,749	5,261	83,200 -	83,249	5,473	85,700 -	85,749	5,686	88,200 -	88,249	5,898
	80,750 -	80,799	5,265	83,250 -	83,299	5,477	85,750 -	85,799	5,690	88,250 -	88,299	5,902
	80,800 -	80,849	5,269	83,300 -	83,349	5,482	85,800 -	85,849	5,694	88,300 <b>-</b>	88,349	5,907
	80,850 -	80,899	5,273	83,350 -	83,399	5,486	85,850 -	85,899	5,698	88,350 <b>-</b>	88,399	5,911
	80,900 -	80,949	5,278	83,400 -	83,449	5,490	85,900 -	85,949	5,703	88,400 <b>-</b>	88,449	5,915
	80,950 -	80,999	5,282	83,450 -	83,499	5,494	85,950 -	85,999	5,707	88,450 <b>-</b>	88,499	5,919
-	\$81,000 -	81,049	\$5,286	83,500 -	83,549	5,499	86,000 -	86,049	\$5,711	88,500 <b>-</b>	88,549	5,924
	81,050 -	81,099	5,290	83,550 -	83,599	5,503	86,050 -	86,099	5,715	88,550 <b>-</b>	88,599	5,928
	81,100 -	81,149	5,295	83,600 -	83,649	5,507	86,100 -	86,149	5,720	88,600 -	88,649	5,932
	81,150 -	81,199	5,299	83,650 -	83,699	5,511	86,150 -	86,199	5,724	88,650 <b>-</b>	88,699	5,936
	81,200 -	81,249	5,303	83,700 -	83,749	5,516	86,200 -	86,249	5,728	88,700 -	88,749	5,941
	81,250 -	81,299	5,307	83,750 -	83,799	5,520	86,250 -	86,299	5,732	88,750 <b>-</b>	88,799	5,945
	81,300 -	81,349	5,312	83,800 -	83,849	5,524	86,300 -	86,349	5,737	88,800 -	88,849	5,949
	81,350 -	81,399	5,316	83,850 -	83,899	5,528	86,350 -	86,399	5,741	88,850 <b>-</b>	88,899	5,953
	81,400 -	81,449	5,320	83,900 -	83,949	5,533	86,400 -	86,449	5,745	88,900 <b>-</b>	88,949	5,958
	81,450 -	81,499	5,324	83,950 -	83,999	5,537	86,450 -	86,499	5,749	88,950 <b>-</b>	88,999	5,962
	81,500 -	81,549	5,329	\$84,000 -	84,049	\$5,541	86,500 -	86,549	5,754	\$89,000 -	89,049	\$5,966
	81,550 -	81,599	5,333	84,050 -	84,099	5,545	86,550 -	86,599	5,758	89,050 -	89,099	5,970
	81,600 -	81,649	5,337	84,100 -	84,149	5,550	86,600 -	86,649	5,762	89,100 -	89,149	5,975
	81,650 -	81,699	5,341	84,150 -	84,199	5,554	86,650 -	86,699	5,766	89,150 -	89,199	5,979
	81,700 -	81,749	5,346	84,200 -	84,249	5,558	86,700 -	86,749	5,771	89,200 -	89,249	5,983
	81,750 -	81,799	5,350	84,250 -	84,299	5,562	86,750 -	86,799	5,775	89,250 <b>-</b>	89,299	5,987
	81,800 -	81,849	5,354	84,300 -	84,349	5,567	86,800 -	86,849	5,779	89,300 -	89,349	5,992
		81,899	5,358	84,350 -	84,399	5,571	86,850 -	86,899	5,783	89,350 -	89,399	5,996
	81,850 -	81,949	-			5,575					•	
	81,900 <b>-</b>		5,363	84,400 -	84,449		86,900 -	86,949	5,788	89,400 <b>-</b>	89,449	6,000
-	81,950 - <b>\$82,000 -</b>	81,999 82,049	5,367 \$5,371	84,450 - 84,500 -	84,499 84,549	5,579 5,584	86,950 - <b>\$87,000 -</b>	86,999 87,049	5,792 \$5,796	89,450 <b>-</b> 89,500 <b>-</b>	89,499 89,549	6,004 6,009
			5,375							89,550 <b>-</b>		
	82,050 -	82,099	· · · · · · · · · · · · · · · · · · ·	84,550 -	84,599	5,588	87,050 -	87,099	5,800		89,599	6,013
	82,100 -	82,149	5,380	84,600 -	84,649	5,592	87,100 -	87,149	5,805	89,600 -	89,649	6,017
	82,150 -	82,199	5,384	84,650 -	84,699	5,596	87,150 -	87,199	5,809	89,650 -	89,699	6,021
	82,200 -	82,249	5,388	84,700 -	84,749	5,601	87,200 -	87,249	5,813	89,700 -	89,749	6,026
	82,250 -	82,299	5,392	84,750 -	84,799	5,605	87,250 -	87,299	5,817	89,750 -	89,799	6,030
	82,300 -	82,349	5,397	84,800 -	84,849	5,609	87,300 -	87,349	5,822	89,800 -	89,849	6,034
	82,350 -	82,399	5,401	84,850 -	84,899	5,613	87,350 -	87,399	5,826	89,850 -	89,899	6,038
	82,400 -	82,449	5,405	84,900 -	84,949	5,618	87,400 -	87,449	5,830	89,900 -	89,949	6,043
	82,450 -	82,499	5,409	84,950 -	84,999	5,622	87,450 -	87,499	5,834	89,950 -	89,999	6,047

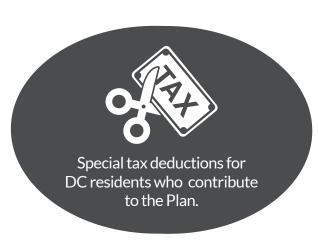
Tax tables for Income of \$100,000 or less continued

Taxable income	s for incom		Taxable income			Taxable income	Α	mount of tax	Taxable income	A	mount of tax
\$90,000 - 92			\$92,500 - 94,9	99		\$95,000 - 97,49			\$97,500 - \$99,		
\$90,000		6,051	\$92,500 -	92,549	\$6,264	\$95,000 -	95,049	\$6,476	\$97,500 <b>-</b>	97,549	\$6,689
90,050	•	6,055	92,550 -	92,599	6,268	95,050 -	95,099	6,480	97,550 -	97,599	6,693
90,100		6,060	92,600 -	92,649	6,272	95,100 -	95,149	6,485	97,600 -	97,649	6,697
90,150	•	6,064	92,650 -	92,699	6,276	95,150 -	95,199	6,489	97,650 -	97,699	6,701
90,200	•	6,068	92,700 -	92,749	6,281	95,200 -	95,249	6,493	97,700 -	97,749	6,706
90,250		6,072	92,750 -	92,799	6,285	95,250 -	95,299	6,497	97,750 -	97,799	6,710
90,300	•	6,077	92,800 -	92,849	6,289	95,300 -	95,349	6.502	97,800 -	97,849	6,714
90,350	•	6,081	92,850 -	92,899	6,293	95,350 -	95,399	6,506	97,850 <b>-</b>	97,899	6,718
90,400		6,085	92,900 -	92,949	6,298	95,400 -	95,449	6,510	97,900 -	97,949	6,723
90,450		6,089	92,950 -	92,999	6,302	95,450 -	95,499	6,514	97,950 <b>-</b>	97,999	6,727
90,500		6,094	\$93,000 -	93,049	\$6,306	95,500 -	95,549	6,519	\$98,000 -	98,049	\$6,731
90,550		6,098	93,050 -	93,099	6,310	95,550 -	95,599	6,523	98,050 -	98,099	6,735
90,600	•	6,102	93,100 -	93,149	6,315	95,600 -	95,649	6,527	98,100 -	98,149	6,740
90,650		6,106	93,150 -	93,199	6,319	95,650 -	95,699	6,531	98,150 -	98,199	6,744
90,700		6,111	93,200 -	93,249	6,323	95,700 -	95,749	6,536	98,200 -	98,249	6,748
90,750	•	6,115	93,250 -	93,299	6,327	95,750 -	95,799	6,540	98,250 <b>-</b>	98,299	6,752
90,800		6,119	93,300 -	93,349	6,332	95,800 -	95,849	6,544	98,300 -	98,349	6,757
90,850	•	6,123	93,350 -	93,399	6,336	95,850 -	95,899	6,548	98,350 -	98,399	6,761
90,900		6,128	93,400 -	93,449	6,340	95,900 -	95,949	6,553	98,400 -	98,449	6,765
90,950		6,132	93,450 -	93,499	6,344	95,950 -	95,999	\$6,557	98,450 -	98,499	6,769
\$91,000		\$6,136	93,500 -	93,549	6,349	\$96,000 -	96,049	\$6,561	98,500 -	98,549	6,774
91,050	•	6,140	93,550 -	93,599	6,353	96,050 -	96,099	6,565	98,550 -	98,599	6,778
91,100		6,145	93,600 -	93,649	6,357	96,100 -	96,149	6,570	98,600 -	98,649	6,782
91,150		6,149	93,650 -	93,699	6,361	96,150 -	96,199	6,574	98,650 -	98,699	6,786
91,200		6,153	93,700 -	93,749	6,366	96,200 -	96,249	6,578	98,700 -	98,749	6,791
91,250		6,157	93,750 -	93,799	6,370	96,250 -	96,299	6,582	98,750 -	98,799	6,795
91,300	- 91,349	6,162	93,800 -	93,849	6,374	96,300 -	96,349	6,587	98,800 -	98,849	6,799
91,350	- 91,399	6,166	93,850 -	93,899	6,378	96,350 -	96,399	6,591	98,850 -	98,899	6,803
91,400	- 91,449	6,170	93,900 -	93,949	6,383	96,400 -	96,449	6,595	98,900 -	98,949	6,808
91,450	- 91,499	6,174	93,950 -	93,999	6,387	96,450 -	96,499	6,599	98,950 -	98,999	6,812
91,500	- 91,549	6,179	\$94,000 -	94,049	\$6,391	96,500 -	96,549	6,604	\$99,000 -	99,049	\$6,816
91,550	- 91,599	6,183	94,050 -	94,099	6,395	96,550 -	96,599	6,608	99,050 -	99,099	6,820
91,600	- 91,649	6,187	94,100 -	94,149	6,400	96,600 -	96,649	6,612	99,100 -	99,149	6,825
91,650	- 91,699	6,191	94,150 -	94,199	6,404	96,650 -	96,699	6,616	99,150 -	99,199	6,829
91,700	- 91,749	6,196	94,200 -	94,249	6,408	96,700 -	96,749	6,621	99,200 -	99,249	6,833
91,750	- 91,799	6,200	94,250 -	94,299	6,412	96,750 -	96,799	6,625	99,250 -	99,299	6,837
91,800	- 91,849	6,204	94,300 -	94,349	6,417	96,800 -	96,849	6,629	99,300 -	99,349	6,842
91,850	- 91,899	6,208	94,350 -	94,399	6,421	96,850 -	96,899	6,633	99,350 -	99,399	6,846
91,900	- 91,949	6,213	94,400 -	94,449	6,425	96,900 -	96,949	6,638	99,400 -	99,449	6,850
91,950	- 91,999	6,217	94,450 -	94,499	6,429	96,950 -	96,999	6,642	99,450 -	99,499	6,854
\$92,000	- 92,049	\$6,221	94,500 -	94,549	6,434	\$97,000 -	97,049	\$6,646	99,500 -	99,549	6,859
92,050		6,225	94,550 -	94,599	6,438	97,050 -	97,099	6,650	99,550 -	99,599	6,863
92,100	- 92,149	6,230	94,600 -	94,649	6,442	97,100 -	97,149	6,655	99,600 -	99,649	6,867
92,150	- 92,199	6,234	94,650 -	94,699	6,446	97,150 -	97,199	6,659	99,650 -	99,699	6,871
92,200		6,238	94,700 -	94,749	6,451	97,200 -	97,249	6,663	99,700 -	99,749	6,876
92,250		6,242	94,750 -	94,799	6,455	97,250 -	97,299	6,667	99,750 -	99,799	6,880
92,300		6,247	94,800 -	94,849	6,459	97,300 -	97,349	6,672	99,800 -	99,849	6,884
92,350		6,251	94,850 -	94,899	6,463	97,350 -	97,399	6,676	99,850 -	99,899	6,888
92,400		6,255		94,949	6,468	97,400 -	97,449	6,680	99,900 -	99,949	6,893
92,450	- 92,499	6,259	94,950 -	94,999	6,472	97,450 -	97,499	6,684	99,950 -	99,999	6,897
									100,000 -		\$ 6,901





## Save for tuition and save on taxes.





Qualified distributions can be used for:

- Tuition, room & board, books and even computers<sup>1</sup>
  - Apprenticeship Programs<sup>2</sup>
  - Loan Repayments up to \$10.000 lifetime limit<sup>3</sup>

#### Learn more at dccollegesavings.com/tax or 1.800.987.4859.

<sup>1</sup>Earnings on non-qualified withdrawals may be subject to federal income tax and a 10% federal penalty tax, as well as state and local income taxes and recapture of DC tax deductions. Tax and other benefits are contingent on meeting other requirements and certain withdrawals are subject to federal, state, and local taxes.

<sup>2</sup> The apprenticeship program must be registered and certified with the Secretary of Labor under the National Apprenticeship Act.

<sup>3</sup> Note: if you make an education loan repayment from your Account, you may not also take a federal income tax deduction for any interest included in that education loan repayment.

Before you invest, consider whether your or the beneficiary's home state offers any state tax or other state benefits such as financial aid, scholarship funds, and protection from creditors that that are only available for investments in that state's qualified tuition program.

For more information about The DC College Savings Plan ("The Plan"), call 800.987.4859, or visit dccollegesavings.com to obtain a Program Disclosure Booklet, which includes investment objectives, risks, charges, expenses, and other important information; read and consider it carefully before investing.

The Plan is administered by the District of Columbia Office of the Chief Financial Officer, Office of Finance and Treasury. Ascensus College Savings Recordkeeping Services, LLC, the Program Manager, and its affiliates, have overall responsibility for the day-to-day operations, including recordkeeping and administrative services. Ascensus Investment Advisors, LLC serves as the Investment Manager.

The Plan's Portfolios invest in: (i) exchange-traded funds, (ii) mutual funds and (iii) a funding agreement. Investments in The Plan are municipal securities that will vary with market conditions. Investments are not guaranteed or insured by the Government of the District of Columbia, the District of Columbia College Savings Program Trust, the District of Columbia Chief Financial Officer, the District of Columbia Treasurer, the Trustee for the District of Columbia College Savings Program Trust or any co-fiduciary or instrumentality thereof, the Federal Deposit Insurance Corporation or any instrumentality thereof.

INVESTMENTS ARE NOT FDIC INSURED, MAY LOSE VALUE AND ARE NOT BANK GUARANTEED.

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Request forms by mail: 202-727-4829

Pick up forms:

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Wilson Building 1350 Pennsylvania Av NW Lobby 7 am–7pm Municipal Center 300 Indiana Av NW Lobby 6:30 am-8 pm

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#### **Ask tax questions**

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Visit our Walk-In Center, 1101 4th St SW, 2nd Floor

**Regular hours:** 8:15 am–5:30 pm, Monday–Friday

Are you unable to hear or speak? Call the DC Relay Service, 202-727-3363.

[Spanish] Si necesita ayuda en Español, por favor llame al <u>(202) 727-4829</u> para proporcionarle un intérprete <u>de manera gratuita</u>.

[Vietnamese] Nếu quý vị cần giúp đỡ về tiếng Việt, xin gọi (202) 727-4829 để chúng tôi thu xếp có thông dịch viên đến giúp quý vị miễn phí.

[French] Si vous avez besoin d'aide en Français appelez-le (202) 727-4829 et l'assistance d'un interprète vous sera fournie gratuitement.

[Amharic] በአጣርኛ አርዳታ ከፈለጉ በ (202) 727-4829 ይደውሉ። የ<u>ነፃ</u> አስተር<del>ን</del>ሚ ይመደብልዎታል።

[Korean] 한국어로 언어 지원이 필요하신 경우 <u>(202) 727-4829</u> 로 연락을 주시면 <u>무료로</u> 통역이 제공됩니다.

[Chinese] 如果您需要用(中文)接受幫助,請電治 (202) 727-4829 將**免費**向您提供口譯員服務。