Government of the District of Columbia

2011 D-40 Individual Income Tax Return

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

STAPLE OTHER DOCUMENTS IN UPPER LEFT IN BACK

Personal information

Fill in ( ) if: Filing an **amended return.** *See page 3.*
Fill in ( ) if: Filing for a deceased taxpayer *See page 17.*

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Vendor ID#1234

Your social security number (SSN)	Spouse's/registered domestic partner's SSN	Your daytime telephone number
400007306	400007307	

Your first name	M.I.	Last name
TRAVELING		SALESMAN

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

Home address (number, street and apartment number if applicable)
230 COUNTRY ROAD

City	State	Zip Code +4
WASHINGTON	DC	20024

STAPLE W-2s AND ANY OTHER WITHHOLDING STATEMENTS HERE

Filing status

( ) Single, (●) Married filing jointly, ( ) Married filing separately, ( ) Dependent claimed by someone else

1 *Fill in only one:*
( ) Married filing separately on same return *Enter combined amounts for Lines 4–42. See instructions, page 5.*
( ) Registered domestic partners filing jointly or ( ) filing separately on same return
( ) Head of household *Enter qualifying dependent and/or non-dependent information on Schedule S.*

2 *Fill in if you are:* ( ) Part-year resident in DC from (month) to (month); number of months in DC *See page 18.*

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

Income Information

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

a	Wages, salaries, unemployment compensation and/or tips, *see instructions, page 19.*		a	50565 00
b	Business income or loss, *see instructions, page 19.*	Fill in if loss ( )	b	22000 00
c	Capital gain (or loss).	Fill in if loss ( )	c	00
d	Rental real estate, royalties, partnerships, etc.	Fill in if loss ( )	d	00

Computation of DC Gross and Adjusted Gross Income

3	Federal adjusted gross income. 1040, Line 37; 1040A, Line 21; 1040EZ, Line 4; 1040NR, Line 36 plus Sch NEC, Line 13; 1040NR-EZ, Line 10	Fill in if loss ( )	3	72565 00

Additions to DC Income

4	Franchise tax deducted on federal forms, *see instructions.*		4	00
5	Other additions from DC Schedule I, Calculation A, Line 8.		5	00
6	Add Lines 3, 4 and 5.	Fill in if loss ( )	6	72565 00

Subtractions from DC Income

7	Part year residents, enter income received during period of nonresidence, *see pg 20.*	7	00
8	Taxable refunds, credits or offsets of state and local income tax.	8	00
9	Taxable amount of social security and tier 1 railroad retirement Forms 1040, Line 20b or 1040A, Line 14b.	9	00
10	Income reported and taxed this year on a DC franchise or fiduciary return.	10	00
11	DC and federal government pension and annuity limited exclusion, *see page 20.* Fill in ( ) if you are 62 or older ( ) if your spouse/domestic partner is 62 or older	11	00
12	DC and federal government survivor benefits, *see page 20.*	12	00
13	Other subtractions from DC Schedule I, Calculation B, Line 16.	13	00
14	Total subtractions from DC income, *Lines 7-13.*	14	00
15	DC adjusted gross income, *Line 6 minus Line 14.* Fill in if loss ( )	15	72565 00

Enter your last name. SALESMAN

Enter your SSN. 400007306

16	Deduction type. *Take the same type as you took on your federal return. Fill in which type:* ○ Standard or ● Itemized *See page 20 for amount to enter on Line 17.*		
17	DC deduction amount. *Do not copy from federal return. For amount to enter, see page 20.*	17	36743 00
17a	RESERVED .00		
18	Number of exemptions. *If more than 1 (more than 2 if filing jointly), or if you or your spouse/domestic partner are over 65 or blind, attach a completed Calculation G, Schedule S.* 18		
19	Exemption amount. *Multiply $1,675 by number on line 18. Part-year DC residents see Calculation E, page 19.*	19	8375 00
20	Add Lines 17 and 19.	20	45118 00
21	DC taxable income. *Subtract Line 20 from Line 15. Enter result.* Fill in if loss ○	21	27447 00

DC tax, credits and payments

22	Tax. *If Line 21 is $100,000 or less, use tax tables on pages 47-56. If more, use Calculation I, page 20.* Fill in ○ if filing separately on same return. *Complete Calculation J on Schedule S.*	22	1446 00
23	Credit for child and dependent care expenses .00 X .32 Enter result > *From Line 9 of fed. Form 2441; from Line 5, DC Form D-2441, if part-year DC resident.*	23	00
24	Non-refundable credits from DC Schedule U, Part 1a, Line 6. *Attach Schedule U.*	24	00
25	DC Low Income Credit. *See table on page 11. Take either this credit or Line 28 credit – not both.*	25	00
25a	Enter the number of exemptions claimed on your federal return. 25a		
26	Total non-refundable credits. *Add Lines 23, 24 and 25.*	26	00
27	Total tax. *Subtract Line 26 from Line 22. If Line 22 is less than Line 26 leave Line 27 blank.*	27	1446 00
28	DC Earned Income Tax Credit. Enter your federal EIC. .00 X .40 Enter result >	28	00
28a	Enter the number of qualified EITC children. 28a		
29	Property Tax Credit. *From your DC Schedule H; attach a copy.*	29	00
30	Refundable credits from DC Schedule U, Part 1b, Line 4. *Attach Schedule U.*	30	00
31	DC income tax withheld *shown on Forms W-2 and 1099. Attach these forms.*	31	4200 00
32	2011 estimated income tax payments.	32	400 00
33	Tax paid with extension of time to file or with original return if this is an amended return.	33	00
34	Total payments and refundable credits *Add Lines 28, 29–33.*	34	4400 00

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

35	Amount you overpaid *Subtract Line 27 from Line 34*	35	2954 00
36	Amount to be applied to your 2012 estimated tax	36	00
37	Penalty *See instructions*	37	00
38	Refund *Subtract sum of Lines 36 and 37 from Line 35*	38	00
39	Contribution amount *from Sched. U, Part II, Line 6*	39	00
40	Net refund *Subtract Line 39 from Line 38*	40	00

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

41	Tax due *Subtract Line 34 from Line 27*	41	00
42	Contribution amount *from Sched. U, Part II, Line 7*	42	00
43a	Penalty	00	
43b	Interest	00	
	Enter total P & I	43	00
	[illegible]		00

Will the refund you requested go to an account outside the U.S.? Yes ○ No ○ *See page 8.*

Direct Deposit. *To have your refund deposited to your checking* ○ *OR savings* ○ *account, fill in oval and enter bank routing and account numbers. See page 7.*

Routing Number Account Number

Third party designee *To authorize another person to discuss this return with OTR, fill in here* ○ *and enter the name and phone number of that person. See instructions, page 8.*

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 Paid preparer's signature Date

Spouse's/domestic partner's signature if filing jointly or separately on same return Date Paid preparer's PTIN P55555555 Paid preparer's phone number

Government of the District of Columbia

2011 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.

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Enter your last name. SALESMAN *Enter your social security number.* 400007306

Dependents *If you have more than 8 dependents, list them on an attachment.*

First name	M.I.	Last Name	Social security number	Relationship	Date of Birth (MMDDYYYY)
MARY		GRASS	400007308	DAUGHTER	01151996
DAVID		GRASS	400007309	SON	06151994
ANGELA		GRASS	400007310	DAUGHTER	07151991

Head of household filers
Do not enter your information

SSN of qualifying non-dependent person	Date of Birth of qualifying non-dependent person (MMDDYYYY)

First name of qualifying non-dependent person	M.I.	Last Name

Last name and SSN SALESMAN 400007306

Calculation G Number of exemptions.

Do not attach Schedule S to your D-40 if you only filled in Lines a, f and i and have not filled in any other section of Schedule S.

a	Enter 1 for yourself and	a	1
b	Enter 1 if you are filing as a head of household and	b	
c	Enter 1 if you are age 65 or over and	c	
d	Enter 1 if you are blind	d	
e	Enter number of dependents	e	4
f	Enter 1 for your spouse or registered domestic partner if filing jointly or filing separately on same return	f	
g	Enter 1 if you are married filing jointly or married filing separately on same return and your spouse/partner is 65 or over	g	
h	Enter 1 if you are married filing jointly or married filing separately on same return and your spouse/partner is blind	h	
i	Total number of exemptions *Add Lines a–h, enter here and on D-40, Line 18.*	i	5

Calculation J Tax computation for married or registered domestic partners filing separately on the same DC return.

Enter separate amounts in each column. Combine amounts on line k.

			You		*Your spouse/domestic partner*	
a	Federal adjusted gross income. *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
b	Total additions to federal adjusted gross income. *Enter each person's portion of additions entered on D-40, Lines 4 and 5.*	b		00		00
c	Add Lines a and b.	c		00		00
d	Total subtractions from federal adjusted gross income. *Enter each person's portion of subtractions entered on D-40, Line 14.*	d		00		00
e	DC adjusted gross income. *Subtract Line d from Line c.*	e		00		00
f	Deduction amount. *Enter each person's portion of the amount entered on D-40, Line 17. (You may allocate this amount as you wish.)*	f		00		00
g	Exemption amount. *Enter each person's portion of exemption amount entered on D-40, Line 19.*	g		00		00
h	Add Lines f and g.	h		00		00
i	Taxable income. *Subtract Line h from Line e.* Fill in if loss	i		00		00
j	Tax. *If Line i is $100,000 or less, use tax tables on pages 47-56. If more than $100,000, use Calculation I, page 20.*	j		00		00
k	*Add the amounts on Line j, enter here and on D-40, Line 22.*	k				00 *Total tax*

Government of the District of Columbia

2011 SCHEDULE H Homeowner and Renter Property Tax Credit

Important: Read eligibility requirements before completing.
Print in CAPITAL letters using black ink.

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Personal information

Your social security number (SSN) 400007306

Fill in if you are: ☐ *62 or older* ☐ *Blind or disabled*

Your daytime telephone number

Your first name | M.I. | Last name

Spouse's/registered domestic partner's SSN

Fill in if spouse/registered domestic partner is: ☐ *62 or older* ☐ *Blind or disabled*

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

Mailing address (number, street and apartment)

City | State | Zip Code +4

Address of **DC** property (number, street and apartment) for which you are claiming the credit if different from above

Type of property for which you are claiming the credit. Fill in only one. ☐ House ☐ Apartment ☐ Rooming house

◆ **Complete Section A or Section B, whichever applies.** ◆

Do not claim this credit for a property owned by a government, a house of worship or a non-profit organization.

Round cents to the nearest dollar. If the amount is zero, leave the line blank.

Section A Credit claim based on rent paid

1 Total household gross income. *From Line w on page 3. **If over $20,000, do not claim this credit.***		1	00
2 Rent paid on the property in 2011.	00 x.15 >	2	00
If 15% of the rent paid amount is more than the line 1 amount do not claim the credit.			
3 Property tax credit. ~~*worksheet on page 35.*~~		3	00
4 Rent supplements received in 2011 by you or your landlord on your behalf.		4	00
5 Property tax credit. *Subtract Line 4 from Line 3, D-40 filers enter here and on Line 29 of D-40.*		5	00

6 Landlord's name

Landlord's address (number and street) | Apartment number

Landlord's telephone number

City | State | Zip Code +4

Round cents to the nearest dollar. If the amount is zero, leave the line blank.

Section B Credit claim based on real property tax paid

7 Total household gross income. *From Line w on page 3. **If over $20,000, do not claim this credit.***	7	00
8 DC real property tax paid by you on the property in 2011.	8	00
9 Property tax credit *Use the worksheet on page 35.*	9	00

10 *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

Last name and SSN SALESMAN 400007306

If you are blind or disabled, you must have this certificate completed to claim the Property Tax Credit. File it with your Schedule H.

Physician's certification of blindness or disability.

If a physician's certification of blindness or disability has been submitted previously and the claimant's condition is unchanged, additional certifications are not needed.

Claimant's first name | M.I. | Last name

Claimant's social security number

I certify that the above-named claimant *(fill in all that apply)*:

- is blind;
- has a physical or mental impairment that is expected to last continuously for 12 months or more;
- was physically or mentally impaired on January 1, 2011.

Physician's first name | M.I. | Last name

Physician's address (number and street) | Suite number

City | State | Zip Code +4

Physician's signature | Date | Where Licensed | License Number

Definitions

Blind
Central visual acuity that does not exceed 20/200 in the better eye with correcting lenses, or visual acuity that is greater than 20/200, but is accompanied by a limitation in the field of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees.

Disabled
Unable to engage in any gainful activity due to a medically determinable physical or mental impairment which can be expected to last for 12 months or more.

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

Your signature | Date | Paid preparer's signature | Date

Paid preparer's Federal ID, SSN or PTIN | Paid preparer's telephone number

Last name and SSN SALESMAN 400007306

Total Household Gross Income – *Report the total income of every member of your household, including income not subject to DC tax. This income does not include gifts from nongovernmental sources, food stamps or food and other relief in-kind supplied by a governmental agency.*

		You	*Your spouse/dom. partner*	*Other household members*
		$	$	$
a Wages, salaries, tips, bonuses, commissions, fees and any compensation for personal services.	a			
b Dividends and interest.	b			
c Lottery winnings.	c			
d Trade or business income (or loss).	d			
e Taxable and nontaxable pensions and annuities.	e			
f Capital gain (or loss).	f			
g Alimony received.	g			
h Net rental and royalty income.	h			
i Social security and/or railroad retirement.	i			
j Unemployment insurance and workers' compensation.	j			
k Support money and public assistance grants.	k			
l Interest on U.S. obligations.	l			
m Disability income exclusion (from DC Form D-2440, Line 10).	m			
n Nontaxable portion of military compensation.	n			
o Fellowship and scholarship awards and grants.	o			
p Life insurance proceeds.	p			
q Veteran's pension and disability payments.	q			
r GI Bill benefits.	r			
s Income subject to unincorporated business franchise tax.	s			
t Cash distributions from a business or investment.	t			
u Other.	u			
v Total gross income. Add Lines a–u for each column.	v			
w Total household gross income. Add amounts entered on Line v, enter here and on Section A, Line 1 or Section B, Line 7.	w			

List names and social security numbers of other household members. If more than four, list on a separate sheet of paper and attach with this form.

#1 _____

#2 _____

#3 _____

#4 _____

Government of the District of Columbia

2011 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).*

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Enter your last name: SALESMAN

Social Security Number: 400007306

Part I Credits

a. Nonrefundable Credits

1 DC Government Employee first-time DC homebuyer credit, *see page 17.* *Dependents cannot claim this credit.* 1 00

2 Enter state income tax credit. *List additional states on a separate sheet, attach it to this Schedule. (Enter total of all state tax credits on Line 3 below.)*

State (a) 00 (b) 00

State (c) 00 (d) 00

3 Total of Line 2 state tax credits and any additional tax credits from the attachments. Enter amount. 3 00

4 RESERVED 4 00

5 RESERVED 5 00

6 Total your nonrefundable credits, enter here and on Form D-40, Line 24. 6 00

b. Refundable Credits

1 DC Non-custodial parent EITC (see Schedule N). 1 00

2 RESERVED 2 00

3 RESERVED 3 00

4 Total your refundable credits, enter here and on Form D-40, Line 30. 4 00

Part II Contributions (The minimum contribution is $1.00.)

1 DC Statehood Delegation Fund. 1 00

2 Public Fund for Drug Prevention and Children at Risk. 2 00

3 Anacostia River Cleanup and Protection Fund. 3 00

4 RESERVED 4 00

5 RESERVED 5 00

6 If due a refund, total your contribution(s), enter here and on Form D-40, Line 39. 6 00

7 If you owe tax, total your contribution(s), enter here and on Form D-40, Line 42. 7 00

If you are not due a refund and do not owe additional tax, total your contribution(s) and enter on Form D-40, Line 42.

If you owe tax, make the payment plus any contribution(s), payable to the DC Treasurer and mail it with your return. Attach this schedule to your D-40 Return.

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2011 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.

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First name of non-custodial parent | M.I. | Last name

Address (number, street and apartment)

City | State | Zip Code + 4

Social Security Number | Date of birth (MMDDYYYY)

Even if you are not eligible to claim the Federal Earned Income Credit you may be able to claim the DC Earned Income Tax Credit.

DC Non-Custodial Parent EITC Eligibility – Please complete this checklist to determine your eligibility to file Schedule N. You may claim the DC Non-Custodial Parent EITC only if you can answer "Yes" to the following questions.

	YES	NO
1 Is your Federal Adjusted Gross Income for 2011 less than: $35,535 ($40,545 if married or registered domestic partners filing jointly) with one qualifying child? $40,363 ($45,373 if married or registered domestic partners filing jointly) with two qualifying children? $43,352 ($48,362 if married or registered domestic partners filing jointly) with three or more qualifying children?		
2 Were you a DC resident taxpayer during the year?		
3 Were you between the ages of 18 and 30 as of December 31, 2011?		
4 Are you a parent of a minor child(ren) with whom you do not reside?		
5 Are you under a court order requiring you to make child support payments?		
6 Was the effective date of the child support payment order on or before 6/30/2011?		
7 Did you make child support payment(s) through a government sponsored support collection unit?		
8 Did you pay all of the court ordered child support due for 2011 by December 31, 2011?		

If you answered "Yes" to the above questions, you may claim the DC Non-Custodial Parent EITC.
Complete Schedule N and attach it, and Schedule U, to your D-40.

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 list three to get the maximum credit.

	#1	#2	#3
2. Child's SSN			
3. Child's date of birth			

	First Name	M.I.	Last Name
4. Custodian's name			

5. Custodian's address

Number, street and apartment number

City	State	Zip Code + 4

6. Custodian's SSN

7. Location of the court that ordered support payments for: #1 #2 #3

8. Case or Docket number for:

#1

#2

#3

9. Name of government agency to which you make payments for:

#1

#2

#3

10. Address of the government agency for: #1 #2 #3

11. Amount of court ordered payment

#1 $ 00 per month

#2 $ 00 per month

#3 $ 00 per month

	#1 (MMDDYYYY)	#2 (MMDDYYYY)	#3 (MMDDYYYY)
12. Date payments were ordered to start			

	#1	#2	#3
13. Total payments made during 2011	$ 00	$ 00	$ 00

14. Computation: Using the amount on Line 3 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 .40 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 page 18 of the D-40 booklet for instructions on prorating the credit to be claimed.