



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

	ersonal information ur telephone number	Fill in if: Filing an amended return. (Not Supported) Fill in if: Filing for a deceased taxpayer See instructions.												
5	ur social security number (SSN) and Date of Birth (MMDDYYYY)	Spouse's/registered domes								Date of Birth (MMDDYYYY)				
											П		П	
Yo	ur first name M.I. Last name													
Sp	ouse's/registered domestic partner's first name M.I. Last name													
Н	me address (number, street and apartment number if applicable)													
Cit	у			S	tate	Zi	o Code	9						
L														
Fil	ng status Single, Married filing jointly,	Marrie	d filing	g sepa	rately		Deper	dent	claim	ed by	some	one els	se	
1	Fill in only one: Married filing separately on same return	Enter cor	mbinea	l amou	nts for	Lines	4–42.	See i	nstru	ctions.				
	Registered domestic partners filing jointly		ŭ	separa	•									
2	Head of household Enter qualifying deperment in if you are:  Part-year resident in DC from	ndent and (month)		n-depe		<i>intorn</i> nth); r					С	(Not S	Supporte	-d)
_	Complete your federal return first – Enter your federal return federal return federal return first – Enter your federal return federal retu			nts' ir								(		
Ind		Round ce												
а	Wages, salaries, unemployment compensation and/or tips, see instructions.	а			Щ		4				00			
b	Business income or loss, see instructions. Fill in if loss	b			Щ		4				00			
С	Capital gain (or loss). Fill in if loss	C			Ш		4				00			
d	Rental real estate, royalties, partnerships, etc. Fill in if loss	d			Ш						00			
Сс	mputation of DC Gross and Adjusted Gross Income													
3	Federal adjusted gross incomeFrom adjusted gross income lines on Fe	ederal	Fill in	if loss		3 \$					Ш			0
۸۵	Forms 1040, 1040A, 1040EZ, 1040NR, or 1040NR-EZ ditions to DC Income													
4	Franchise tax deducted on federal forms, see instructions					4 \$		T						0
5	Other additions from DC Schedule I, Calculation A, Line 8.					5 \$							Т	0
6	Add Lines 3, 4 and 5.		Fill in	if loss		6 \$		Т			П		Т	0
	btractions from DC Income													
7	Part year residents, enter income received during period of n	onresid	en <b>çıs</b> ot	t Suppo	rted).	7 \$		Т			П		Т	0
8	Taxable refunds, credits or offsets of state and local income	tax.				8 \$								0
9	Taxable amount of social security and tier 1 railroad retireme	ent				9 \$		T			П		Т	0
10	From Federal Forms 1040 or 1040A.  Income reported and taxed this year on a DC franchise or fice.	luciary i	return			10 \$		Ť			П			0
11				11 \$		+	+		Н	H	+	0		
- 1	Fill in if you are 62 or older if your spouse/domestic		-								J			
12	DC and federal government survivor benefits, see instructions.		12 \$		T						0			
13		16.				13 \$		T						0
14						14 \$		Ť			П			0
	DC adjusted gross income Line 6 minus Line 14.			if loss		15 \$		Ť			П			0

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Enter your last name.												
Enter your SSN.												
16 Deduction type. Take the same type as you took on your federal return. Fill in which type:  Standard or Itemized See instructions for amount to enter on Line 17.												
17 DC deduction amount. Do not copy from federal return. For amount to enter, see instructions.	17 \$											
10 Noushand successions as a second succession of	18											
19 Exemption amount. Multiply \$1,675 by number on line 18. Part-year DC residents see Calculation	ion E, see instructions. 19 \$											
20 Add Lines 17 and 19.	20 \$ .00											
21 DC taxable income. Subtract Line 20 from Line 15. Enter result.	Fill in if loss 21 \$ .00											
DC tax, credits and payments												
Tax. If Line 21 is \$100,000 or less, use tax tables to find the tax, If more, use Calculation I in instr Fill in if filing separately on same return. Complete Calculation J on Schedule S.	ructions. 22 \$											
20 Crount for Simulating deportment sails superioss	32 Enter result > 23 \$ .00											
From Federal form 2441; if part-year DC resident, from Line 5, DC Form 2441  24 Non-refundable credits from DC Schedule U, Part 1a, Line 6.Attach Schedule U.	24 \$ .00											
25 DC Low Income Credit. Use Calc. LIC/EITC to see if LIC or EITC is a greater benefit. See instruction	ions. 25 \$ 00											
	5a											
26 Total non-refundable credits. <i>Add Lines 23, 24 and 25.</i>	26 \$ .00											
27 Total tax. Subtract Line 26 from Line 22. If Line 22 is less than Line 26 leave Line 27 blank.	27 \$ .00											
	10 Enter result > 28 \$											
	8a											
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 withheldshown on Forms W-2 and 1099. Attach these forms.	31 \$ 00											
32 2013 estimated income tax payments.	32 \$ 00											
	00											
33 Tax paid with extension of time to file or with original return if this is an amended	34 \$ 00											
34 Total payments and refundable credits Add Lines 28, 29–33.	34 ψ											
Refund – Complete if Line 34 is more than Line 27  Amount ow	<u>red</u> — Complete if Line 34 is <u>equal to or less</u> than Line 27											
35 Amount you overpaid 35 \$ 00 41 Tax due Subtract Line 27 from Line 34 47 Tax due 34 from L	11											
36 Amount to be applied to your 2014 estimated tax  36 \$ 00 42 Contribution Sched. U,												
in our concer of	oox if Form D-2210 is attached											
37 Penalty See instructions 37 \$ 00 43a Penalty	\$ .00											
38 Refund Subtract sum of Lines 36 and 37 from Line 35												
39 Contribution amount 39 \$ 00	Enter total P & I 43 \$ .00											
from Sched. U, Part II, Line 6 Can not exceed refund amt. on Line 38 Put additional amt. on Line 42 Add Lines 41–4	TT											
40 Net refund 40 \$ 00												
Subtract Line 39 from Line 38 Will the refund you requested go to an account outside the U.S.? Yes No See instructions.												
Refund Options: For information on the tax refund card and program limitations, see instruc												
Mark one refund choice: Direct deposit Tax refund card Direct Deposit. To have your refund deposited to your checking OR savings account, check the box and enter bank routing and account numbers. See instructions												
Routing Number Account Number												
Third party designee <i>To authorize another person to discuss this return with OTR, fill in here</i> Designee's name  and enter the name and phone number of that person. See instructions.  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. Date Preparer's sign												
Spouse's/domestic partner's signature if filing jointly or separately on same return  Date  Preparer's Tax	Identification Number (PTIN) PTIN telephone number											
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