

TEST 5

400-00-7306

TRAVELING SALESMAN

400-00-7307

MISSES FARMER

MFJ

FORMS:

D-40

SCH S

SCH H

SCH U

3 DEP

400-00-7326 MARY GRASS DAUGHTER

400-00-7336 DAVID GRASS SON

400-00-7346 ANGELA GRASS DAUGHTER

LINE 39 CONTRIBUTION

REFUND



1 2 0 4 0 0 1 1 0 0 0 0

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.
Fill in if: Filing for a deceased taxpayer. See page.

OFFICIAL USE ONLY
Vendor ID#0000

Your social security number (SSN)

400007306

Spouse's/registered domestic partner's SSN

400007307

Your daytime telephone number

Your first name

TRAVELING

M.I. Last name

SALESMAN

Spouse's/registered domestic partner's first name

MISSES

M.I. Last name

FARMER

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

100 1/2 TULIP ST NE

City

WASHINGTON

State

DC

Zip Code #4

20001

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.

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.

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.

a

50565

00

b Business income or loss, see instructions, page.

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 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

71011

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

00

Subtractions from DC Income

7 Part-year residents, enter income received during period of nonresidence, see page.

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. Attach Schedule S pg 2 with EIN information.

10

1011

00

11 DC and federal government pension and annuity limited exclusion, see page.

11

00

Fill in if you are 62 or older if your spouse/domestic partner is 62 or older

12 DC and federal government survivor benefits, see page.

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

1011

00

15 DC adjusted gross income, Line 6 minus Line 14.

Fill in if loss

15

70000

00

STAPLE W-2s AND ANY OTHER WITHHOLDING STATEMENTS HERE

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 for amount to enter on Line 17.

17 DC deduction amount. Do not copy from federal return. For amount to enter, see page. 17 20000 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 5

19 Exemption amount. Multiply \$1,675 by number on line 18. Part-year DC residents see Calculation E, page. 19 8375 00

20 Add Lines 17 and 19. 20 28375 00

21 DC taxable income. Subtract Line 20 from Line 15. Enter result. Fill in if loss 21 41625 00

DC tax, credits and payments

22 Tax. If Line 21 is \$100,000 or less, use tax tables on pages. If more, use Calculation J, page. Fill in if filing separately on same return. Complete Calculation J on Schedule S. 22 2338 00

23 Credit for child and dependent care expenses. .00 X .32. Enter result > 23 00 00
 From Line 9 of fed. Form 2441, from Line 5, DC Form D-2441, if part-year DC resident.

24 Non-refundable credits from DC Schedule U, Part 1a, Line 6. Attach Schedule U. 24 00 00

25 DC Low Income Credit. See table on page. Take either this credit or Line 28 credit - not both. 25 00 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 0 00

27 Total tax. Subtract Line 26 from Line 22. If Line 22 is less than Line 26 leave Line 27 blank. 27 2338 00

28 DC Earned Income Tax Credit. Enter your federal EIC. .00 X .40. Enter result > 28 00 00

28a Enter the number of qualified EITC children. 28a

29 Property Tax Credit. From your DC Schedule H, attach a copy. 29 750 00

30 Refundable credits from DC Schedule U, Part 1b, Line 4. Attach Schedule U. 30 00 00

31 DC income tax withheld shown on Forms W-2 and 1099. Attach these forms. 31 2000 00

32 2012 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 return. 33 00 00

34 Total payments and refundable credits. Add Lines 28, 29-33. 34 2750 00

Refund - Complete if Line 34 is more than Line 27

35 Amount you overpaid 35 412 00
 Subtract Line 27 from Line 34

36 Amount to be applied to your 2013 estimated tax 36 00 00

37 Penalty See instructions 37 00 00

38 Refund Subtract sum of Lines 36 and 37 from Line 35 38 412 00

39 Contribution amount from Sched. U, Part II, Line 6. Can not exceed refund amt. on Line 38. Put additional amt. on Line 42 39 400 00

40 Net refund 40 12 00
 Subtract Line 39 from Line 38

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

41 Tax due 41 00 00
 Subtract Line 34 from Line 27

42 Contribution amount from Sched. U, Part II, Line 7 42 00 00

43a Penalty 00 00

43b Interest 00 00

Enter total P & I 43 00 00

44 Total amount due 44 00 00
 Add Lines 41-43

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

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.

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.

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

Paid preparer's phone number



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

SALESMAN 400007306

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

MARY GRASS

400007326 DAUGHTER 01151997

DAVID GRASS

400007336 SON 06151995

ANGELA GRASS

400007346 DAUGHTER 07151992

[Empty fields for dependent information]

Head of household filers Do not enter your information

First name of qualifying non-dependent person

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	3
f	Enter 1 for your spouse or registered domestic partner if filing jointly or filing separately on same return	f	1
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. <i>If you and your spouse filed a joint federal return, enter each person's portion of federal adjusted gross income. Registered domestic partners should enter the federal AGI reported on their separate federal returns.</i>	00	00
b	Total additions to federal adjusted gross income. <i>Enter each person's portion of additions entered on D-40, Lines 4 and 5.</i>	00	00
c	Add Lines a and b.	00	00
d	Total subtractions from federal adjusted gross income. <i>Enter each person's portion of subtractions entered on D-40, Line 14.</i>	00	00
e	DC adjusted gross income. Subtract Line d from Line c.	00	00
f	Deduction amount. <i>Enter each person's portion of the amount entered on D-40, Line 17. (You may allocate this amount as you wish.)</i>	00	00
g	Exemption amount. <i>Enter each person's portion of exemption amount entered on D-40, Line 19.</i>	00	00
h	Add Lines f and g.	00	00
i	Taxable income. Subtract Line h from Line e. <input type="checkbox"/> Fill in if loss	00	00
j	Tax. <i>If Line i is \$100,000 or less, use tax tables on pages. If more than \$100,000, use Calculation I, page.</i>	00	00
k	Add the amounts on Line j, enter here and on D-40, Line 22.		00 Total tax

EINs associated with Income reported and taxed on Franchise and Fidiciary Returns for the amount listed on D-40, Line 10.

a		b		c	
d		e		f	
g		h		i	

2012 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 social security number (SSN)

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

400007306

Your daytime telephone number

Your first name

M.I. Last name

TRAVELING

SALESMAN

Spouse's/registered domestic partner's SSN

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

400007307

Spouse's/registered domestic partner's first name

M.I. Last name

MISSES

FARMER

Mailing address (number, street and apartment)

100 1/2 TULIP ST NE

City

State

Zip Code +4

WASHINGTON

DC

20001

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. If over \$20,000, do not claim this credit.	1	70000	00
2	Rent paid on the property in 2012. $24000 \times .15 > 2$ If 15% of the rent paid amount is more than the line 1 amount do not claim the credit.	2	3600	00
3	Property tax credit. Use the worksheet on page.	3	750	00
4	Rent supplements received in 2012 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	750	00
6	Landlord's name			

LAND LORD

Landlord's address (number and street)

Apartment number

999 N CAPITOL NE

Landlord's telephone number (202) 442-0000

City

State

Zip Code +4

WASHINGTON

DC

20001

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. If over \$20,000, do not claim this credit.	7		00
8	DC real property tax paid by you on the property in 2012.	8		00
9	Property tax credit. Use the worksheet on page.	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, 2012.

Physician's first name M.I. Last name

Physician's address (number and street) Suite number

City State Zip Code +4
WASHINGTON

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 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 _____

2012 SCHEDULE U Additional Miscellaneous Credits and Contributions



OFFICIAL USE ONLY
Vendor ID#0000

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).

Enter your last name

Social Security Number

SALESMAN

400007306

Part I Credits

a. Nonrefundable Credits

1 DC Government Employee first-time DC homebuyer credit, see page. *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 4 00

5 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 2 00

3 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.

2 400 00

3 Anacostia River Cleanup and Protection Fund.

3 00

4 4 00

5 5 00

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

6 400 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.

TEST 6

400-00-7308
SELF EMPLOYED
MFS
AMENDED

FORMS:
D-40

EVEN



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.
 Fill in if: Filing for a deceased taxpayer. See page.

OFFICIAL USE ONLY
Vendor ID#0000

Your social security number (SSN) **400007308** Spouse's/registered domestic partner's SSN _____ Your daytime telephone number _____

Your first name **SELF** M.I. _____ Last name **EMPLOYED**

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

Home address (number, street and apartment number if applicable)
456 MY BUSINESS WAY

City **WASHINGTON** State **DC** Zip Code +4 **20011**

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.

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.

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.	a	<input type="text"/>	00
b	Business income or loss, see instructions, page. Fill in if loss <input type="radio"/>	b	10195	00
c	Capital gain (or loss). Fill in if loss <input type="radio"/>	c	<input type="text"/>	00
d	Rental real estate, royalties, partnerships, etc. Fill in if loss <input type="radio"/>	d	9400	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** **19375** 00

Additions to DC Income

4	Franchise tax deducted on federal forms, see instructions.	4	<input type="text"/>	00
5	Other additions from DC Schedule I, Calculation A, Line 8.	5	<input type="text"/>	00
6	Add Lines 3, 4 and 5. Fill in if loss <input type="radio"/>	6	19375	00

Subtractions from DC Income

7	Part year residents, enter income received during period of nonresidence, see page.	7	<input type="text"/>	00
8	Taxable refunds, credits or offsets of state and local income tax.	8	<input type="text"/>	00
9	Taxable amount of social security and tier 1 railroad retirement. Forms 1040, Line 20b or 1040A, Line 14b.	9	<input type="text"/>	00
10	Income reported and taxed this year on a DC franchise or fiduciary return. Attach Schedule S pg 2 with EIN information.	10	<input type="text"/>	00
11	DC and federal government pension and annuity limited exclusion, see page. Fill in <input type="radio"/> if you are 62 or older <input type="radio"/> if your spouse/domestic partner is 62 or older.	11	<input type="text"/>	00
12	DC and federal government survivor benefits, see page.	12	<input type="text"/>	00
13	Other subtractions from DC Schedule I, Calculation B, Line 16.	13	<input type="text"/>	00
14	Total subtractions from DC income, Lines 7-13.	14	0	00
15	DC adjusted gross income, Line 6 minus Line 14. Fill in if loss <input type="radio"/>	15	19375	00

STAPLE W-2s AND ANY OTHER WITHHOLDING STATEMENTS HERE

Enter your last name. **EMPLOYED**

Enter your SSN. **400007308**



16 Deduction type. Take the same type as you took on your federal return. Fill in which type.
 Standard or Itemized See page for amount to enter on Line 17.

17 DC deduction amount. Do not copy from federal return. For amount to enter, see page. 17 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 00

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

22 Tax. If Line 21 is \$100,000 or less, use tax tables on pages. If more, use Calculation I, page. Fill in if filing separately on same return. Complete Calculation J on Schedule S. 22 00

23 Credit for child and dependent care expenses. .00 X .32 Enter result > 23 00
From Line 9 of fed. Form 2441; from Line 5, DC Form D-2441, if part-year DC resident.

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. 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 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 00

32 2012 estimated income tax payments. 32 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 00

Refund - Complete if Line 34 is more than Line 27

35 Amount you overpaid 35 00
Subtract Line 27 from Line 34

36 Amount to be applied to your 2013 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. Can not exceed refund amt. on Line 38. Put additional amt. on Line 42 39 00

40 Net refund 40 00
Subtract Line 39 from Line 38

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

41 Tax due 41 00
Subtract Line 34 from Line 27

42 Contribution amount from Sched. U, Part II, Line 7 42 00

43a Penalty 00

43b Interest 00

Enter total P & I 43 00

44 Total amount due Add Lines 41-43 44 00

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

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.

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.

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

Paid preparer's phone number

TEST 7

400-00-7310

RENTAL INVESTER

400-00-7311

LUCKY GAMBLER

MFJ

PART YEAR

FORMS:

D-40

SCH S

SCH U

6 DEP

400-00-7320	SLOT MACHINE	DAUGHTER
400-00-7330	BLACK JACK	SON
400-00-7340	PORKER TABLE	SON
400-00-7350	HORSE RACING	daughter
400-00-7360	SPORTS BOOK	NONE
400-00-7370	BINGO HALL	SISTER

REFUND DIRECT DEPOSIT



1 2 0 4 0 0 1 1 0 0 0 0

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.
Fill in if: Filing for a deceased taxpayer. See page.

OFFICIAL USE ONLY
Vendor ID#0000

Your social security number (SSN): 400007310
Spouse's/registered domestic partner's SSN: 400007311
Your daytime telephone number:

Your first name: RENTAL M.I.: Last name: INVESTER
Spouse's/registered domestic partner's first name: LUCKY M.I.: Last name: GAMBLER

Home address (number, street and apartment number if applicable): 511 CAROL BLVD

City: COLUMBUS State: OH Zip Code: 43228

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, Registered domestic partners filing jointly or filing separately on same return, Head of household
2 Fill in if you are: Part-year resident in DC from 01 (month) to 10 (month); number of months in DC: 10

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. 3500 00
b Business income or loss, see instructions, page. Fill in if loss 00
c Capital gain (or loss). Fill in if loss 00
d Rental real estate, royalties, partnerships, etc. Fill in if loss 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 32200 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 00

Subtractions from DC Income

7 Part year residents, enter income received during period of nonresidence, see page. 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. Attach Schedule S pg 2 with EIN information. 10 00
11 DC and federal government pension and annuity limited exclusion, see page. Fill in if you are 62 or older if your spouse/domestic partner is 62 or older. 11 3000 00
12 DC and federal government survivor benefits, see page. 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 3000 00
15 DC adjusted gross income, Line 6 minus Line 14. Fill in if loss 15 29200 00

Enter your last name. **INVESTER**

Enter your SSN. **400007310**



16 Deduction type: Take the same type as you took on your federal return. Fill in which type:
 Standard or Itemized See page for amount to enter on Line 17.

17 DC deduction amount. Do not copy from federal return. For amount to enter, see page. 17 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 00

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

22 Tax. If Line 21 is \$100,000 or less, use tax tables on pages. If more, use Calculation I, page. Fill in if filing separately on same return. Complete Calculation J on Schedule S. 22 00

23 Credit for child and dependent care expenses .00 X .32 Enter result > 23 00
From Line 9 of fed. Form 2441; from Line 5, DC Form D-2441; if part-year DC resident.

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. 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 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 00

32 2012 estimated income tax payments. 32 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 00

Refund - Complete if Line 34 is more than Line 27

35 Amount you overpaid 35 00
Subtract Line 27 from Line 34

36 Amount to be applied to your 2013 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. Can not exceed refund amt. on Line 38. Put additional amt. on Line 42 39 00

40 Net refund 40 00
Subtract Line 39 from Line 38

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

41 Tax due 41 00
Subtract Line 34 from Line 27

42 Contribution amount from Sched. U, Part II, Line 7 42 00

43a Penalty 00

43b Interest 00

43 Enter total P & I 43 00

44 Total amount due 44 00
Add Lines 41-43

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

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.

Routing Number **052000111**

Account Number **111222333**

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.

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

Paid preparer's phone number

2012 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

INVESTER 400007310

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

SLOT M.I. MACHINE 400007320 DAUGHTER 04012002

BLACK M.I. JACK 400007330 SON 05012000

PORKER M.I. TABLE 400007340 SON 06011998

HORSE M.I. RACING 400007350 daughter 07011996

SPORTS M.I. BOOK 400007360 NONE 08011995

BINGO M.I. HALL 400007370 SISTER 09011994

Blank dependent entry

Blank dependent entry

Head of household filers SSN of qualifying non-dependent person Date of Birth of qualifying non-dependent person (MMDDYYYY) Do not enter your information

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

Last name and SSN INVESTER

400007310



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.

Table with 9 rows (a-i) for exemptions. Row a: Enter 1 for yourself and (1). Row b: Enter 1 if you are filing as a head of household and. Row c: Enter 1 if you are age 65 or over and. Row d: Enter 1 if you are blind. Row e: Enter number of dependents (6). Row f: Enter 1 for your spouse or registered domestic partner if filing jointly or filing separately on same return (1). Row g: Enter 1 if you are married filing jointly or married filing separately on same return and your spouse/partner is 65 or over. Row h: Enter 1 if you are married filing jointly or married filing separately on same return and your spouse/partner is blind. Row i: Total number of exemptions Add Lines a-h, enter here and on D-40, Line 18. (8)

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.

Table with 11 rows (a-k) for tax computation. Columns: You, Your spouse/domestic partner. Row a: Federal adjusted gross income (00, 00). Row b: Total additions to federal adjusted gross income (00, 00). Row c: Add Lines a and b (00, 00). Row d: Total subtractions from federal adjusted gross income (00, 00). Row e: DC adjusted gross income. Subtract Line d from Line c. (00, 00). Row 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.) (00, 00). Row g: Exemption amount. Enter each person's portion of exemption amount entered on D-40, Line 19. (00, 00). Row h: Add Lines f and g. (00, 00). Row i: Taxable income. Subtract Line h from Line e. Fill in if loss (00, 00). Row j: Tax. If Line i is \$100,000 or less, use tax tables on pages. If more than \$100,000, use Calculation I, page. (00, 00). Row k: Add the amounts on Line j, enter here and on D-40, Line 22. (00, 00) Total tax

EINs associated with Income reported and taxed on Franchise and Fidiciary Returns for the amount listed on D-40, Line 10.

Table with 9 rows (a-i) for EINs. Each row contains a blank box for an EIN.

2012 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

Social Security Number

INVESTER

400007310

Part I Credits

a. Nonrefundable Credits

- 1 DC Government Employee first-time DC homebuyer credit, see page. 1 00
Dependents cannot claim this credit.
- 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) DC \$ 50 00 (b) VA \$ 450 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 4 00
- 5 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 2 00
- 3 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 4 00
- 5 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.

TEST 8

400-00-7312

BABY SITTER

HOH

FORMS:

D-40

SCH S

SCH H

SCH U

1 DEP

400-00-7322 JOHN DOE SON

LINE 23 CHILD CARE EXP CREDIT

LINE 28 DCEITC

LINE 39 CONTRIBUTION

REFUND



1 2 0 4 0 0 1 1 0 0 0 0

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.
Fill in if: Filing for a deceased taxpayer. See page.

OFFICIAL USE ONLY
Vendor ID#0000

Your social security number (SSN)

400007312

Spouse's/registered domestic partner's SSN

400007313

Your daytime telephone number

Your first name

BABY

M.I. Last name

SITTER

Spouse's/registered domestic partner's first name

M.I. Last name

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

222 NURSERY LANE

City

TILLAMOOK

State

OR

Zip Code +4

97141

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.

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.

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.

a 13200 00

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

b 12957 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.

3 26157 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.

6 26157 00

Subtractions from DC Income

7 Part year residents, enter income received during period of nonresidence, see page.

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. Attach Schedule S pg 2 with EIN information.

10 5000 00

11 DC and federal government pension and annuity limited exclusion, see page.

11 00

Fill in if you are 62 or older if your spouse/domestic partner is 62 or older

12 DC and federal government survivor benefits, see page.

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 5000 00

15 DC adjusted gross income, Line 6 minus Line 14.

15 21157 00

STAPLE W-2s AND ANY OTHER WITHHOLDING STATEMENTS HERE

Enter your last name. **SITTER**

Enter your SSN. **400007312**



16 Deduction type. Take the same type as you took on your federal return. Fill in which type:
 Standard or Itemized See page for amount to enter on Line 17.

17 DC deduction amount. Do not copy from federal return. For amount to enter, see page. 17 00

17a **RESERVED**

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 00

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

22 Tax. If Line 21 is \$100,000 or less, use tax tables on pages. If more, use Calculation I, page. Fill in if filing separately on same return. Complete Calculation J on Schedule S. 22 00

23 Credit for child and dependent care expenses 00 X .32 Enter result > 23 00
From Line 9 of fed. Form 2441, from Line 5, DC Form D-2441, if part-year DC resident.

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. 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 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 00

32 2012 estimated income tax payments. 32 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 00

Refund - Complete if Line 34 is more than Line 27		Amount owed - Complete if Line 34 is equal to or less than Line 27	
35 Amount you overpaid <small>Subtract Line 27 from Line 34</small>	35 <input type="text" value="1018"/> 00	41 Tax due <small>Subtract Line 34 from Line 27</small>	41 <input type="text" value=""/> 00
36 Amount to be applied to your 2013 estimated tax	36 <input type="text" value=""/> 00	42 Contribution amount <small>from Sched. U, Part II, Line 7</small>	42 <input type="text" value=""/> 00
37 Penalty See instructions	37 <input type="text" value=""/> 00	43a Penalty	<input type="text" value=""/> 00
38 Refund Subtract sum of Lines 36 and 37 from Line 35	38 <input type="text" value="1018"/> 00	43b Interest	<input type="text" value=""/> 00
39 Contribution amount <small>from Sched. U, Part II, Line 6 Can not exceed refund amt. on Line 38 Put additional amt. on Line 42</small>	39 <input type="text" value="200"/> 00	Enter total P & I	43 <input type="text" value=""/> 00
40 Net refund <small>Subtract Line 39 from Line 38</small>	40 <input type="text" value="818"/> 00	44 Total amount due <small>Add Lines 41-43</small>	44 <input type="text" value=""/> 00

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

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.

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.

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 Paid preparer's phone number

2012 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: SITTER Enter your social security number: 400007312

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

First name: JOHN M.I.: Last Name: DOE Social security number: 400007322 Relationship: SON Date of Birth (MMDDYYYY): 03192002

First name: M.I.: Last Name: Social security number: Relationship: Date of Birth (MMDDYYYY):

First name: M.I.: Last Name: Social security number: Relationship: Date of Birth (MMDDYYYY):

First name: M.I.: Last Name: Social security number: Relationship: Date of Birth (MMDDYYYY):

First name: M.I.: Last Name: Social security number: Relationship: Date of Birth (MMDDYYYY):

First name: M.I.: Last Name: Social security number: Relationship: Date of Birth (MMDDYYYY):

First name: M.I.: Last Name: Social security number: Relationship: Date of Birth (MMDDYYYY):

First name: M.I.: Last Name: Social security number: Relationship: Date of Birth (MMDDYYYY):

Head of household filers SSN of qualifying non-dependent person: Date of Birth of qualifying non-dependent person (MMDDYYYY): Do not enter your information First name of qualifying non-dependent person: M.I.: Last Name:

Last name and SSN **SITTER**

400007312



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	1
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	1
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	3

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. <i>If you and your spouse filed a joint federal return, enter each person's portion of federal adjusted gross income. Registered domestic partners should enter the federal AGI reported on their separate federal returns.</i>	a 00	00
b Total additions to federal adjusted gross income. <i>Enter each person's portion of additions entered on D-40, Lines 4 and 5.</i>	b 00	00
c Add Lines a and b.	c 00	00
d Total subtractions from federal adjusted gross income. <i>Enter each person's portion of subtractions entered on D-40, Line 14.</i>	d 00	00
e DC adjusted gross income. Subtract Line d from Line c.	e 00	00
f Deduction amount. <i>Enter each person's portion of the amount entered on D-40, Line 17. (You may allocate this amount as you wish.)</i>	f 00	00
g Exemption amount. <i>Enter each person's portion of exemption amount entered on D-40, Line 19.</i>	g 00	00
h Add Lines f and g.	h 00	00
i Taxable income. Subtract Line h from Line e. <input type="checkbox"/> Fill in if loss	i 00	00
j Tax. <i>If Line i is \$100,000 or less, use tax tables on pages. If more than \$100,000, use Calculation I, page.</i>	j 00	00
k Add the amounts on Line j, enter here and on D-40, Line 22.	k 00	00 Total tax

EINs associated with income reported and taxed on Franchise and Fidiciary Returns for the amount listed on D-40, Line 10.

a 520000000	b	c
d	e	f
g	h	i

2012 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 social security number (SSN)

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

400007312

Your daytime telephone number

Your first name

M.I. Last name

BABY

SITTER

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)

222 NURSERY LANE

City

State

Zip Code +4

TILLAMOOK

OR

97141

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. If over \$20,000, do not claim this credit.	1		00
2	Rent paid on the property in 2012. $00 \times .15 > 2$ If 15% of the rent paid amount is more than the line 1 amount do not claim the credit.	2		00
3	Property tax credit. Use the worksheet on page.	3		00
4	Rent supplements received in 2012 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

Section B Credit claim based on real property tax paid

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

7	Total household gross income. From Line w on page. If over \$20,000, do not claim this credit.	7		19157	00	
8	DC real property tax paid by you on the property in 2012.	8		5000	00	
9	Property tax credit. Use the worksheet on page.	9		271	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	2000	Suffix number	W	Lot number	1000

Last name and SSN **SITTER**

400007312



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, 2012.

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 PTIN [] Paid preparer's telephone number []

Last name and SSN

SITTER

400007312

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.	13200		
b Dividends and interest.			
c Lottery winnings.			
d Trade or business income (or loss).	12957		
e Taxable and nontaxable pensions and annuities.			
f Capital gain (or loss).			
g Alimony received.			
h Net rental and royalty income.			
i Social security and/or railroad retirement.			
j Unemployment insurance and workers' compensation.			
k Support money and public assistance grants.			
l Interest on U.S. obligations.			
m Disability income exclusion (from DC Form D-2440, Line 10).			
n Nontaxable portion of military compensation.			
o Fellowship and scholarship awards and grants.			
p Life insurance proceeds.			
q Veteran's pension and disability payments.			
r GI Bill benefits.			
s Income subject to unincorporated business franchise tax.	-5000		
t Cash distributions from a business or investment.			
u Other.	-2000		
v Total gross income. Add Lines a–u for each column.			
w Total household gross income. Add amounts entered on Line v, enter here and on Section A, Line 1 or Section B, Line 7.	19157		

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 _

2012 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

Social Security Number

SITTER

400007312

Part I Credits

a. Nonrefundable Credits

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

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 00

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 00

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 \$ 100 00

2 Public Fund for Drug Prevention and Children at Risk. 2 \$ 50 00

3 Anacostia River Cleanup and Protection Fund. 3 \$ 50 00

4 00

5 00

6 If due a refund, total your contribution(s), enter here and on Form D-40, Line 39. 6 \$ 200 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.