

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. (Not Supported)*
Your telephone number *Fill in if: Filing for a deceased taxpayer See instructions.*

Your social security number (SSN) **and** Date of Birth (MMDDYYYY) Spouse's/registered domestic partner's SSN **and** Date of Birth (MMDDYYYY)

Your first name M.I. Last name

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

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

City State Zip Code

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.
 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 (Not Supported)

● 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.		a	\$.00
b	Business income or loss, see instructions.	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 From adjusted gross income lines on Federal Forms 1040, 1040A, 1040EZ, 1040NR, or 1040NR-EZ *Fill in if loss* 3 \$ 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 (Not Supported). 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 From Federal Forms 1040 or 1040A. 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 instructions.
 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 instructions. 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 \$ 00

