

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.

Enter your last name.

Enter your social security number.

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)
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

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

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 \$ <input type="text"/> .00	\$ <input type="text"/> .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 \$ <input type="text"/> .00	\$ <input type="text"/> .00
c Add Lines a and b.	c \$ <input type="text"/> .00	\$ <input type="text"/> .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 \$ <input type="text"/> .00	\$ <input type="text"/> .00
e DC adjusted gross income. <i>Subtract Line d from Line c.</i>	e \$ <input type="text"/> .00	\$ <input type="text"/> .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 \$ <input type="text"/> .00	\$ <input type="text"/> .00
g Exemption amount. <i>Enter each person's portion of exemption amount entered on D-40, Line 19.</i>	g \$ <input type="text"/> .00	\$ <input type="text"/> .00
h Add Lines f and g.	h \$ <input type="text"/> .00	\$ <input type="text"/> .00
i Taxable income. <i>Subtract Line h from Line e.</i> Fill in if loss	i \$ <input type="text"/> .00	\$ <input type="text"/> .00
j Tax. <i>If Line i is \$100,000 or less, use tax tables. If more than \$100,000, use Calculation I, instructions.</i>	j \$ <input type="text"/> .00	\$ <input type="text"/> .00
k Add the amounts on Line j, enter here and on D-40, Line 22.	k \$ <input type="text"/> .00	Total tax

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

a	<input type="text"/>	b	<input type="text"/>	c	<input type="text"/>
d	<input type="text"/>	e	<input type="text"/>	f	<input type="text"/>
g	<input type="text"/>	h	<input type="text"/>	i	<input type="text"/>