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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: Amended return See instructions, page 5.
Fill in if: Filing for a deceased taxpayer See page 9.

OFFICIAL USE ONLY

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

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) Use Schedule S for longer, in-care-of or foreign addresses.

City State Zip Code +4

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 10.

Registered domestic partners filing jointly 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 11.

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.

Table with 4 columns: Description, a, b, c, d, and Amount. Rows include Wages, salaries, unemployment compensation; Business income or loss; Capital gain or loss; Rental real estate, royalties, partnerships, etc.

Computation of DC Gross and Adjusted Gross Income

3 Federal adjusted gross income. 1040 Line 37; 1040A Line 21; 1040EZ, Line 4; Fill in if loss 1040NR Line 35 plus line 86; 1040NR-EZ Line 10

Additions to DC Income

4 Franchise tax deducted on federal forms, 1120 and 1120S, see page 12.

5 Other additions from DC Schedule I, Calculation A, Line 8.

6 Add Lines 3, 4 and 5. Fill in if loss

Subtractions from DC Income

7 Income received during period of nonresidence, see page 11.

8 Taxable refunds, credits or offsets of state and local income tax.

9 Taxable amount of social security and tier 1 railroad retirement Forms 1040, Line 20b or 1040A, Line 14b.

10 Income reported and taxed this year on a DC franchise or fiduciary return.

11 DC and federal government pension and annuity limited exclusion, see page 12. 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.

13 Other subtractions from DC Schedule I, Calculation B, Line 16.

14 Total subtractions from DC income, Lines 7-13.

15 DC adjusted gross income, Line 6 minus Line 14. Fill in if loss

STAPLE W-2s AND ANY OTHER WITHHOLDING STATEMENTS HERE

Enter your last name.

Enter your SSN.



15 DC adjusted gross income. Enter adjusted gross income from Line 15 on the previous page. Fill in if loss 15 \$ _____ .00

16 Deduction type. Take the same type of deduction you took on your federal return. Fill in which type:
 Standard, See page 14 for amount to enter on Line 17.
 Itemized, See page 14 for amount to enter on Line 17. Attach DC Schedule S.

17 DC deduction amount. Do not copy from federal return. For amount to enter, see page 14. If claiming std. deduction and, if claimed on federal return, enter amt. of real estate taxes \$ _____ .00 and/or net disaster loss \$ _____ .00 see pg. 14. Include in Line 17 amt. 17 \$ _____ .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 H, page 13. 19 \$ _____ .00

20 Add Lines 17 and 19. 20 \$ _____ .00

21 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 58-67. If more, use Calculation I, page 13. 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. 2441 or 1040A, Sch 2; if part-year DC resident, attach a completed DC D-2441.

24 Non-refundable credits from DC Schedule U, Part 1a, line 6. Attach Schedule U. 24 \$ _____ .00

25 DC Low Income Credit. Complete Calculation L, page 14. 25 \$ _____ .00

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. Attach a completed DC Schedule H. 29 \$ _____ .00

30 Refundable credits from DC Schedule U, Part 1b, line 4. Attach Schedule U. 30 \$ _____ .00

31 DC income tax withheld from Forms W-2 and 1099. Attach correct copies. 31 \$ _____ .00

32 2008 estimated income tax payments. 32 \$ _____ .00

33 Payment made with an extension of time to file (or with your 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. 36 \$ _____ .00
to your 2009 estimated tax.

37 Contribution amount. 37 \$ _____ .00
from Sched. U, Part II, Line 4.

38 Add Lines 36 and 37. 38 \$ _____ .00

39 Refund. 39 \$ _____ .00
Subtract Line 38 from Line 35.

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

40 Tax due. Subtract Line 40 \$ _____ .00
34 from Line 27.

41 Contribution amount 41 \$ _____ .00
from Sched. U, Part II, Line 5.

42 Total due. 42 \$ _____ .00
Add Lines 40 and 41.

Payment options
• Make check or money order payable to: DC Treasurer.
• To pay by credit card, call 1-800-272-9829 or visit www.officialpayments.com and enter DC jurisdiction code 6000.

Direct Deposit. To have your refund deposited to your **checking** or **savings** account, fill in only one oval and enter bank routing and account numbers. See page 16.

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 16.

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 Federal ID, SSN or PTIN _____

Paid preparer's phone number _____