| Government of the District of Columbia Important: Read eligibility requirements before completing. | it 2 4 9 9 8 0 1 1 0 0 0 2 |
|---|---|
| Print in CAPITAL letters using black ink. Personal information | OFFICIAL USE ONLY Vendor ID#0002 |
| Your daytime telephone number Your taxpayer identification number (TIN) and Date of Birth (MMDDYYYY) Spous | se's/registered domestic partner's TIN and Date of Birth (MMDDYYYY) |
| Your first name M.I. Last name | |
| Spouse's/registered domestic partner's first name M.I. Last name | |
| Mailing address (number, street and suite/apartment number if applicable) | |
| | |
| City | State Zip Code +4 |
| Email Address | |
| | |
| Address of DC property (number, street and suite/apartment number if applicable) for which ye | ou are claiming the credit (if different from above) |
| | |
| Type of property for which you are claiming the credit. Fill in only one: House A | partment Rooming house Condominium Cooperative |
| Complete Section A or Section B, whichever applies. Do not claim the a house of worship or a non-profit organization. Section A Credit claim based on rent paid Federal adjusted gross income of the tax filing unit (see instructions). If less than a Rent paid by you on the property in 2024 | Round cents to nearest dollar. |
| 3 Property tax credit. Use the "Worksheet to Compute Your Property Tax Credit." | 3 \$ |
| 4 Landlord's name | |
| | |
| Landlard's address (number, strest and suits (another stress to unber if applicable) | Apartment number |
| Landlord's address (number, street and suite/apartment number if applicable) | Apartment number |
| | rd's telephone number |
| | |
| | rd's telephone number |
| City | rd's telephone number State Zip Code + 4 Round cents to nearest dollar. |
| City Landlor Section B Credit claim based on real property tax owed 5 Federal adjusted gross income of the tax filing unit (see instructions). If less than a 6 6 DC real property tax bill for tax year 2024. Do not include special assessments, | rd's telephone number State Zip Code +4 Round cents to nearest dollar. |
| City Landlor Section B Credit claim based on real property tax owed 5 Federal adjusted gross income of the tax filing unit (see instructions). If less than a | rd's telephone number State Zip Code +4 Round cents to nearest dollar. |
| City Section B <u>Credit claim based on real property tax owed</u> 5 Federal adjusted gross income of the tax filing unit (see instructions). <i>If less than a</i> 6 DC real property tax bill for tax year 2024. <i>Do not include special assessments,</i> | rd's telephone number State Zip Code +4 Zip Code +4 Round cents to nearest dollar. 2ero, enter zero. interest, 6 \$ 0 00 7 \$ 0 0 00 000 |



| For STANDALONE FILERS only, please complete the fol <u>Refund Options</u> : For information on the tax refund Mark <u>one</u> refund choice: Direct deposit | nd card and program limitations, se | e instructions or visit our website MyTax.DC.gov | <u> </u> | | | | | |
|---|-------------------------------------|--|----------|--|--|--|--|--|
| Direct Deposit. To have your refund deposited to your O checking or O savings account, fill in oval and enter bank routing and account numbers. See instruction | | | | | | | | |
| Routing Number Account Number | | | | | | | | |
| Under penalty 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 Preparer's signat | ure Da | ate | | | | | |
| Spouse's/domestic partner's signature if filing jointly or separately on same return. | Date Preparer's Tax Ide | entification Number (PTIN) Preparer's telephone number | | | | | | |
| FOR STANDALONE FILERS ONLY - | WORKSHEET TO DETER | MINE FEDERAL ADJUSTED GROS | S INCOME | | | | | |

This Worksheet is for use by standalone filers only. If you are filing a D-40 Return, do not complete this worksheet.

| | | | | <u>COLUMN A (YOU)</u> | COLUMN B (SPOUSE/DOMESTIC PARTNER) | | NER) |
|-------------|----|--|------|-----------------------|------------------------------------|--|------|
| | 1 | Wages, salaries, tips, etc. | 1\$ | | \$ | | |
| ЛE | 2 | Taxable interest | 2 | | | | |
| INCOME | 3 | Ordinary Dividends | 3 | | | | |
| Z | 4 | Taxable refunds, credits, or offsets of state and local income taxes | 4 | | | | |
| | 5 | Alimony received (only if divorce or separation agreement on or before 12/31/18 $\ensuremath{2}$ | 3) 5 | | | | |
| | 6 | Business Income Fill in if minus | 6 | | Fill in if minus 🔵 | | |
| | 7 | Capital gains Fill in if minus | 7 | | Fill in if minus 🔵 | | |
| | 8 | Other gains Fill in if minus | 8 | | Fill in if minus 🔵 | | |
| | 9 | IRA distributions: Taxable amount | 9 | | | | |
| | 10 | Pensions and annuities: Taxable amount | 10 | | | | |
| | 11 | Rental real estate, royalties, partnerships, S-Corp., trusts, etc. Fill in if minus | 11 | | Fill in if minus 🔵 | | |
| | 12 | Farm income Fill in if minus | 12 | | Fill in if minus 🔵 | | |
| | 13 | Unemployment compensation | 13 | | | | |
| | 14 | Social security benefits: Taxable amount | 14 | | | | |
| | 15 | Other taxable income. Attach separate sheet(s) Fill in if minus | 15 | | Fill in if minus 🔵 | | |
| | 16 | Add Lines 1 through 15 in each column. Fill in if minus | 16 | | Fill in if minus 🔵 | | |
| | 17 | Educator expenses | 17 | | | | |
| | 18 | Certain business expenses of reservists, performing artists, and fee-basis government officials | 18 | | | | |
| TS | 19 | Health savings account deduction | 19 | | | | |
| ΛEN | 20 | Moving expenses for members of the armed forces. Attach fed. Form 390 | 3 20 | | | | |
| ADJUSTMENTS | 21 | Deductible part of self-employment tax | 21 | | | | |
| DIL | 22 | Self-employed SEP, SIMPLE, and qualified plans | 22 | | | | |
| ∢ | 23 | Self-employed health insurance deduction | 23 | | | | |
| | 24 | Penalty on early withdrawal of savings | 24 | | | | |
| | 25 | Alimony paid (only if divorce or separation agreement on or before 12/31/18) | 25 | | | | |
| | 26 | IRA deduction | 26 | | | | |
| | 27 | Student loan interest deduction | 27 | | | | |
| | 28 | Tuition and fees per federal Form 8917 | 28 | | | | |
| | 29 | Add Lines 17 through 28 in each column | 29 | | | | |
| | 30 | Subtract Line 29 from Line 16 Fill in if minus | 30 | | Fill in if minus | | |
| | 31 | Total federal adjusted gross income. Add amounts entered on Line 3 and enter total here on Line 31 and on Section A, Line 1 or Section | | | 31 \$ | | |