Government of the District of Columbia

2015 D-2440 Disability Income Exclusion

This is a FILL-IN format. Please do not handwrite any data on this form other than your signature.

OFFICIAL USE ONLY   Vendor ID#0002

Name as shown on Form D-40

Your social security number

Personal information

Date of your birth (MMDDYY)

Date you retired (MMDDYY)

Name of your employer

Payor, if other than employer

Date of spouse's/registered domestic partner's birth(MMDDYY)

Date retired (MMDDYY)

Name of employer

Payor, if other than employer

Have you filed a physician's certification for this disability in previous years?   ◯ **Yes**   ◯ **No**

If *yes*, do not file another certification. If *no*, you must file the physician's certification provided below.

Income   If married or registered domestic partners, use both columns.   Round cents to the nearest dollar. If amount is zero, leave the line blank.

		You	*Your spouse/registered domestic partner*
1	Total amount of disability payments received in 2015	1 $ .00	$ .00
2	Multiply $100 by the number of weeks you received disability payments in 2015. If you received pay for part of a week, see Line 2 instructions on the back.	2 $ .00	$ .00
3	Enter Line 1 or Line 2 amount, whichever is less.	3 $ .00	$ .00
4	*Add the amounts for you and your spouse/registered domestic partner from Line 3.*		*Total income* 4 $ .00

Limitation on exclusion

5	Federal adjusted gross income *from Form D-40, Line 3.*	5 $ .00
6	Taxable social security income *from Form D-40, Line 9.*	6 $ .00
7	Subtract Line 6 from Line 5.	7 $ .00
8	Amount used to reduce the excludable disability income.	− 1 5 0 0 0 .00
9	Subtract Line 8 from Line 7. **If zero or a negative number, stop here. Do not file this form.**	9 $ .00
10	Disability income payment excludable. Subtract Line 9 from Line 4.	10 $ .00

Enter on D-40 Schedule I, Calculation B, Line 2 (see D-40 instructions). **The exclusion may not exceed $5200 per disabled person.**

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2015 Physician's Certification of Permanent and Total Disability

Name of disabled taxpayer

Social security number

| MM | DD | YY |

I certify that the above taxpayer was permanently and totally disabled when the taxpayer retired. (Enter retirement date.)

Physician's first name, middle initial, last name

Physician's address (number and street)

Suite number

City   State   Zip Code + 4

Physician's phone number   Physician's signature   Date

Attach to Form D-40. See instructions on back.

What is the purpose of Form D-2440?

Form D-2440 is used to determine the amount of disability income you may exclude from the federal adjusted gross income you report on DC Form D-40. Enter the amount from Line 10 of this form on Line 2 of Calculation B of Schedule I. The maximum annual exclusion per disabled person is $5,200.

Who may file a Form D-2440?

You must meet **all** of the following requirements:

- You are not filing a Form D-40EZ;
- If you are married or registered domestic partners, you are filing a joint return;
- You received disability payments during 2015;
- You were under the age of 65 on December 31, 2015;
- You retired on disability and were permanently and totally disabled when you retired;
- On January 1, 2015, you had not reached the age required to retire under your employer's retirement program; and
- You have not notified the Office of Tax and Revenue that you have chosen to treat the disability income as a pension.

Personal information

If you are filing a joint return, please provide the information requested for you and your spouse/registered domestic partner, even if your spouse/registered domestic partner is not disabled and is not claiming a disability exclusion.

Income and Limitation on Exclusion

Line 1 Total amount of disability payments received in 2015
Enter the total amount of disability payments you received in 2015. Do not include any lump-sum payment received for accrued annual leave when you retired on disability. (The annual leave payment is included in your gross income for the year of receipt.) Payments from a retirement plan or profit-sharing plan that does not have a provision for disability retirement do not qualify for the exclusion.

Line 2

If you received disability payments for part of a week, follow the example below to determine the exclusion for that portion:

Divide $100 by the number of days in a week you normally worked before you retired and multiply the result by the number of days you were paid for the partial week.

Example: $100 divided by 5 days (number of days in typical work week) = $20. $20 x 3 (number of days you were paid for partial week) = $60. Add this amount to the total amount you were paid for the full weeks.

Line 8 Amount used to reduce disability income
$15,000 is the amount DC uses to reduce the disability income you can exclude.

Line 10 Disability income exclusion
This is the amount you may use to reduce your DC taxable income. $5,200 is the maximum annual amount per disabled person that may be excluded.

Physician's certification

To claim an exclusion, your physician must certify that you are, according to the definition below, permanently disabled. If both you and your spouse/registered domestic partner are claiming the exclusion, each must file a certification. You do not have to file another certification if you have filed one in a previous year. Attach the certification(s) to your Form D-40.

Instructions for the Physician

Date taxpayer retired
Please certify that the taxpayer ceased active employment because of his or her permanent disability and retired on the date that he or she became disabled.

Definition of permanent and total disability
Permanent and total disability means that the taxpayer is unable to engage in any substantial gainful activity because of a physical or mental condition **and** this condition has lasted continuously for at least a year, will last continuously for at least a year, or is fatal.