



Enter your last name.

Enter your TIN



Additions to DC Income

- 5 Franchise tax deducted on federal forms, *see instructions.* 5 \$ .00
- 6 Other additions from DC Schedule I, Calculation A, Line 9. 6 \$ .00
- 7 Add Lines 4, 5 and 6. Fill in if loss  7 \$ .00

Subtractions from DC Income

- 8 Part year residents, enter income received during period of nonresidence, *see instructions.* 8 \$ .00
- 9 Taxable refunds, credits or offsets of state and local income tax. 9 \$ .00
- 10 Taxable amount of social security and tier 1 railroad retirement 10 \$ .00
- 11 Income reported and taxed this year on a DC franchise or fiduciary return. 11 \$ .00
- 12 DC and federal government survivor benefits, *see instructions.* 12 \$ .00
- 13 Unemployment Insurance Benefits, *see instructions.* 13 \$ .00
- 14 Other subtractions from DC Schedule I, Calculation B, Line 16. 14 \$ .00
- 15 Total subtractions from DC income, Lines 8-14. 15 \$ .00
- 16 DC adjusted gross income, Line 7 minus Line 15. Fill in if loss  16 \$ .00

- 17 Deduction type. *Take the same type as you took on your federal return. Fill in which type:* Standard  or Itemized    
*See instructions for amount to enter on Line 18.*
- 18 DC deduction amount. 18 \$ .00
- 19 DC taxable income. *Subtract Line 18 from Line 16.* Fill in if loss  19 \$ .00

- 20 Tax. *If Line 19 is \$100,000 or less, use tax tables to find the tax, if more, use Calculation I instructions.* 20 \$ .00  
*Fill in  if filing separately on same return. Complete Calculation J on Schedule S.*
- 21 Credit for child and dependent care expenses \$ .00 X .32 21 \$ .00  
*From federal Form 2441; if part-year DC resident, from Line 5, DC Form 2441*
- 22 Non-refundable credits from DC Schedule U, Part 1a, Line 7. *Attach Schedule U.* 22 \$ .00
- 23 Total non-refundable credits. *Add Line 21 and Line 22.* 23 \$ .00
- 24 Subtract Line 23 from Line 20. *If less than zero, enter zero.* 24 \$ .00
- 25 DC Health Care Shared Responsibility *See instructions. If fully covered or fully exempt, enter zero.* 25 \$ .00
- 26 Total tax and DC Health Care Shared Responsibility. *Add Line 24 and Line 25.* 26 \$ .00

- 27 DC Earned Income Tax Credit \* Do you choose to receive your DC EITC refund in 12 monthly payments instead of one total payment?  If so, see instructions for eligibility.
- 27a Enter the number of qualified EITC children.  27b Enter earned income amount 27b \$ .00
- 27c For filers **with** qualifying children. Enter calculated federal EIC amount > \$ .00 X 1.00 Enter result > 27d \$ .00
- 27e For filers **without** qualifying children. *See instructions for special calculations.* Enter result > 27e \$ .00
- 28 Property Tax Credit. *From your DC Schedule H; attach a copy.* 28 \$ .00

\* **Caution: Choosing to receive this credit in monthly payments may cause you to lose your Supplemental Nutrition Assistance Program (SNAP) or other federal benefits (For more information about SNAP, contact the Department of Human Services at (202) 807-0405 or [dhs@dc.gov](mailto:dhs@dc.gov).)** Taxpayers receiving DC EITC amounts of \$1,200 or more may choose to receive the DC EITC portion of their refund in 12 equal monthly payments instead of one total payment. If you choose to receive monthly DC EITC payments, OTR will calculate the distribution of your net refund amount for you. Your initial payment will be different from the Line 43 Net Refund amount.

