Government of the District of Columbia

# 2023 D-40 SUB Individual Income Tax Return

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SOFTWARE DEVELOPER USE ONLY VENDOR ID# 1064

STAPLE OTHER REQUESTED DOCUMENTS IN UPPER LEFT

STAPLE W-2s AND ANY OTHER WITHHOLDING STATEMENTS HERE

## Personal information

*Mark if:* Filing an **Amended return.** *See instructions.*

Your telephone number
**2023656100**

Mark if Deceased

Your taxpayer identification number (TIN) ***and*** Date of Birth (MMDDYYYY)
**057408343** **10071955**

Spouse's/registered domestic partner's TIN ***and*** Date of Birth (MMDDYYYY)
**481278373** **02131969**

Your first name M.I. Last Name
**FREDERICK** **SHADDOCK**

Spouse's/registered domestic partner's first name M.I. Last name
**OKSANA** **S** **SHADDOCK**

Home address (number, street and suite/apartment number if applicable)
**520 N STREET, SW**
**S-316**

City State Zip Code + 4
**WASHINGTON** **DC** **20024**

Email Address
**FRED@SHADDOCK.NET**

Not For Filing

## Filing Status

1 *Mark only one:* Single, **X** Married filing jointly, Married filing separately, Dependent claimed by someone else

Married filing separately on same return Enter combined amounts for Lines 5-43. See instructions.

Registered domestic partners filing jointly or filing separately on same return. *Enter combined amounts for Lines 5-43. See instructions.*

Head of household *Enter qualifying dependent and/or non-dependent information on Schedule S.*

Qualifying widow(er) with dependent child. *Enter qualifying dependent and/or non-dependent information on Schedule S.*

2 *Mark if you are:* Part-year resident in DC *from* (MMDDYYYY) *to* (MMDDYYYY) *See instructions.*

3 *Did you have qualifying health care coverage for all members of your shared responsibility family for the entire year?* *Yes* **X** *No*
*If no, or if claiming an exemption, complete Schedule HSR (see instructions).*

*Complete your federal return first - Enter your dependents' information on DC Schedule S*

## Income Information

*Round cents to nearest dollar. If amount is zero, leave line if blank; minus, enter amount and check box.*

| | | | | | |
|---|---|---|---|---|---|
| a | Wages, salaries, unemployment compensation and/or tips, *see instructions.* | | a | **122347** | .00 |
| b | Business income or loss, *see instructions.* | Mark if loss **X** | b | **5854** | .00 |
| c | Capital gain or loss. | Mark if loss | c | | .00 |
| d | Rental real estate, royalties, partnerships, etc. | Mark if loss **X** | d | **7853** | .00 |

## Computation of DC Gross and Adjusted Gross Income

| | | | | | |
|---|---|---|---|---|---|
| 4 | Federal adjusted gross income. From adjusted gross income lines on federal Forms 1040, 1040-SR, 1040-NR or 1040-NR-EZ. | Mark if loss | 4 | **115733** | .00 |

*Enter your last name* **SHADDOCK**
*Enter your TIN* **057408343**

2 3 0 4 0 4 S 2 1 0 6 4

## 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. | Mark if loss | 7 | **115733** .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 | **8293** .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 | **8293** .00 |
| 16 | DC adjusted gross income, Line 7 minus Line 15. | Mark if loss | 16 | **107440** .00 |

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17 Deduction type. *Take the same type as you took on your federal return. Fill in which type* Standard **X** or Itemized
*See instructions for amount to enter on Line 17.*

| | | | | |
|---|---|---|---|---|
| 18 | DC deduction amount. | | 18 | **29200** .00 |
| 19 | DC taxable income. Subtract Line 18 from Line 16. | Mark if loss | 19 | **78240** .00 |
| 20 | Tax. *If Line 19 is $100,000 or less, use tax tables to find the tax, if more, use Calculation I in instructions.* Check if filing separately on same return. *Complete Calculation J on Schedule S.* | | 20 | **5048** .00 |
| 21 | Credit for child and dependent care expenses .00 X .32 *From federal Form 2441; if part-year DC resident, from Line 5, DC Form 2441* | | 21 | .00 |
| 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 | **5048** .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 | **5048** .00 |

27 DC Earned income Tax Credit *

| | | | | |
|---|---|---|---|---|
| 27a | Enter the number of qualified EITC children. **0** | 27b Enter earned income amount | 27b | .00 |
| 27c | For filers **with** qualifying children. Enter calculated federal EIC amount .00 X .70 | 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 |

* If you or your spouse do not possess a valid SSN but are otherwise eligible for the federal earned income credit and are filing your DC return using an ITIN, you may claim the DC earned income credit by calculating the federal earned income credit disregarding the SSN requirement. To calculate your earned income credit amount refer to Tax Year 2023 IRS Publication 596, Earned Income Credit (EIC), and the EIC Worksheet in the instructions for IRS Form 1040 and 1040-SR for Tax Year 2023.

*Enter your last name* **SHADDOCK**

*Enter your TIN* **057408343**

2 3 0 4 0 4 S 3 1 0 6 4

| | | | |
|---|---|---|---|
| 29 | Refundable credits from DC Schedule U, Part 1b, Line 3. *Attach Schedule U.* | 29 | .00 |
| 30 | Total refundable credits. *Add Line 27d or 27e through Line 29* | 30 | .00 |
| 31 | DC income tax withheld *shown on Forms W-2 and 1099. Attach these forms.* | 31 | **8202** .00 |
| 32 | 2023 estimated income tax payments and amount applied from 2022 return. | 32 | .00 |
| 33 | Tax paid with FR-127 Extension of Time to File. | 33 | .00 |
| 34 | If this is an amended 2023 return, enter payments made with original 2023 D-40 return. | 34 | .00 |
| 35 | If this is an amended 2023 return, enter refunds requested with original 2023 D-40 return. | 35 | .00 |
| 36 | Total payments and refundable credits. *Add Line 30 through Line 34. (Do not include Line 35).* | 36 | **8202** .00 |
| 37 | Tax Due. *Subtract Line 36 from Line 26.* | 37 | .00 |
| 38 | Amount Overpaid. *Subtract Line 26 from Line 36.* | 38 | **3154** .00 |
| 39 | Amount to be applied to your 2024 estimated tax. | 39 | .00 |
| 40 | Underpayment Interest. **Check here and attach Form D-2210.** | 40 | .00 |
| 41 | Contribution amount from Schedule U, Part II, Line 5. (Cannot exceed amount on Line 38) | 41 | .00 |
| 42 | Total Amount Due. *Add Lines 37, 40 and 41.* | 42 | .00 |
| 43 | Net Refund *. *Subtract total of Lines 39, 40 and 41 from Line 38.* | 43 | **3154** .00 |

Will this refund go to an account outside the U.S.? Yes No **X** *See instructions.*

44 Fill in if either spouse is claiming injured spouse allocation. You **must** attach Form DC-8379.

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**Refund Options:** **For information on the tax refund card and Program limitations, see instructions or visit our website** **MyTax.DC.gov**

Make **one** refund choice: **X** Direct deposit or Reliacard (See instructions) or Paper check

Direct Deposit. *To have your refund deposited to your* **X** ***Checking*** *or* ***Savings*** *account, fill in and enter bank routing and account numbers. See instructions.*

Routing Number **256075342** Account Number **000173091018**

Check if you agree to receive your 1099-G Income Tax refund statement electronically (see instructions).

Third party designee *To authorize another person to discuss this return with OTR, mark here and enter the name and phone number of that person*

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 | Preparer's signature | Date |
|---|---|---|---|
| Spouse's/registered domestic partner's signature if filing jointly or separately on same return | Date | Preparer's Tax Identification Number (PTIN) | PTIN telephone number |

*Compare your Line 43 Net Refund amount with your DC EITC refund amount. If your Line 43 Net Refund amount is equal to or greater than your DC EITC refund amount, and your DC EITC refund amount is at least $1200 or more, the DC EITC portion of your refund will be paid in 12 monthly payments. If your DC EITC refund or Line 43 Net Refund amount is less than $1200, you will receive the entire amount of the refund as a lump sum.

OTR will calculate the distribution of your net refund amount for you and if you are a taxpayer receiving monthly DC EITC payments, your initial lump sum payment will differ from the Line 43 Net Refund amount.

Pursuant to legislation, OTR shall send a notice to every individual whose refund, or any refund, or any portion thereof, will be paid in monthly refund payments.

If you have selected the ReliaCard as your refund choice and are eligible to receive monthly EITC refund payments, please retain your U.S. Bank ReliaCard. Monthly payments will be reloaded onto the initial card that you received containing your initial lump sum refund payment.

All DC EITC credits are immediately subject to the offset provisions of DC Code § 47-4431.

Government of the
District of Columbia

# 2023 SCHEDULE S Supplemental Information and Dependents

2 3 0 4 0 0 S 3 1 0 6 4

SOFTWARE DEVELOPER USE ONLY

VENDOR ID# 1064

Unless instructed otherwise -
If you fill in any part of this schedule, attach it to your D-40.

Enter your last name.
**SHADDOCK**

Enter your Taxpayer Identification Number (TIN)
**057408343**

## Dependents *If you have more than 8 dependents, list them on an attachment.*

First name | M.I. | Last name

Taxpayer identification number | Relationship | Date of Birth (MMDDYYYY)

First name | M.I. | Last name

Taxpayer identification number | Relationship | Date of Birth (MMDDYYYY)

First name | M.I. | Last name

Taxpayer identification number | Relationship | Date of Birth (MMDDYYYY)

Not For Filing

First name | M.I. | Last name

Taxpayer identification number | Relationship | Date of Birth (MMDDYYYY)

First name | M.I. | Last name

Taxpayer identification number | Relationship | Date of Birth (MMDDYYYY)

First name | M.I. | Last name

Taxpayer identification number | Relationship | Date of Birth (MMDDYYYY)

First name | M.I. | Last name

Taxpayer identification number | Relationship | Date of Birth (MMDDYYYY)

First name | M.I. | Last name

Taxpayer identification number | Relationship | Date of Birth (MMDDYYYY)

## Head of household filers or qualifying widow(er)

Do not enter your information

TIN of qualifying non-dependent person | Date of Birth of qualifying non-dependent person (MMDDYYYY)

First name of qualifying non-dependent person | M.I. | Last name

**2023 SCHEDULE S PAGE 2**

*Last name and TIN* **SHADDOCK** **057408343**

2 3 0 4 0 0 S 4 1 0 6 4

Calculation G-1 Computation of Standard Deduction

Calculation G-1 must be completed and submitted with the return except for dependent filers

*If you were born before January 2, 1959, you are considered to be age 65 at the end of 2023

| | | | |
|---|---|---|---|
| a | Basic standard deduction amount. *See instructions.* | a | **27700** .00 |
| b | Enter 1 if you are age 65 or over* | b | **1** |
| c | Enter 1 if you are blind. | c | |
| d | Enter 1 if married or registered domestic partner filing jointly or filing separately on same return and your spouse or registered domestic partner is 65 or over* | d | |
| e | Enter 1 if married or registered domestic partner filing jointly or filing separately on same return and your spouse or registered domestic partner is blind. | e | |
| f | Total number of additions to standard deductions. *Add Lines b through e.* | f | **1** |
| g | Additional standard deduction amount. *Multiply 1,500 (1,850 if single or head of household) by* number on Line f. See instructions. | g | **1500** .00 |
| h | Total standard deduction. *Add Lines a and g, enter here and on D-40, Line 18.* | h | **29200** .00 |
| i | Total number of dependents. | i | |

**Calculation J Tax computation for married or registered domestic partners filing separately on the same DC return.**

*Enter separate amounts in each column. Do not combine amounts until Line i.*

| | | | You | Your spouse/registered domestic partner |
|---|---|---|---|---|
| **a** | **Federal adjusted gross income** *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.* | Mark if minus | **a** .00 | .00 |
| **b** | **Total additions to federal adjusted gross income** *Enter each person's portion of additions entered on D-40, Lines 5 and 6.* | | **b** .00 | .00 |
| **c** | **Add Lines a and b.** | Mark if minus | **c** .00 | .00 |
| **d** | **Total subtractions from federal adjusted gross income** *Enter each person's portion of subtractions entered on D-40, Line 15.* | | **d** .00 | .00 |
| **e** | **DC adjusted gross income** *Subtract Line d from Line c.* | Mark if minus | **e** .00 | .00 |
| **f** | **Deduction amount.** *Enter each person's portion of the amount entered on D-40, Line 18* *(You may allocate this amount as you wish.)* | | **f** .00 | .00 |
| **g** | **Taxable income.** *Subtract Line f from Line e.* | Mark if minus | **g** .00 | .00 |
| h | **Tax.** *If Line g is $100,000 or less, use tax tables. If more than $100,000, use Calculation I in instructions.* | | **h** .00 | .00 |
| i | *Add the amounts on Line h, enter here and on D-40, Line 20.* | | **i** .00 | Total tax |

Not For Filing

List TINs associated with income **reported and taxed** on Franchise and Fiduciary Returns for the amount listed **on D-40, Line 11.**

| | | |
|---|---|---|
| a | b | c |
| d | e | f |
| g | h | i |