Frederick & Oksana Shaddock joint marital DC and USA taxes

with representative samples. All years are available upon request


2005DCFrederickOksanaShaddock.jpg


2005USFrederickOksanaShaddock.jpg

2001 - 2009 at 510 N Street, SW N32, Washington DC


2011DCFrederickOksanaShaddock.jpg



2011USFrederickOksanaShaddock.jpg

2010 - 2011 at 490 M Street SW, 400, Washington, DC

2012 - 2024 at 520 N Street SW, S316, Washington, DC


2012DCFrederickOksanaShaddock.jpg


2012USFrederickOksanaShaddock.jpg

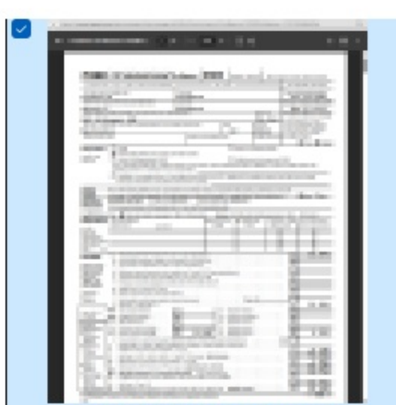


2022USFrederickOksanaShaddock.jpg



2023DCFrederickOksanaShaddock.jpg


2024DCFrederickOksanaShaddock.jpg


2024USFrederickOksanaShaddock.jpg

https://www.taxact.com/taxmanager/taxmanager.dll/Print?print_type=PrintReturn_FEDERAL&time=1757629980034

Form 1040 U.S. Individual Income Tax Return 2024

Department of the Treasury-Internal Revenue Service | OMB No. 1545-0074 | IRS Use Only-Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning _____, 2024, ending _____ — See separate instructions.

Your first name and middle initial: Frederick	Last name: Shaddock	Your social security number: [redacted]8343
If joint return, spouse's first name and middle initial: Oksana S	Last name: Shaddock	Spouse's social security number: [redacted]8373

Home address (number and street). If you have a P.O. box, see instructions.: 520 N Street, SW — Apt. no.: S-316

City, town, or post office. If you have a foreign address, also complete spaces below.: Washington — State: DC — ZIP code: 20024

Foreign country name | Foreign province/state/county | Foreign postal code

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund.
☒ You ☒ Spouse

Filing Status (Check only one box.)
☐ Single ☐ Head of household (HOH)
☒ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____
☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter name (see instructions and attach statement if required): _____

Digital Assets At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☒ Yes ☐ No

Standard Deduction Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: ☒ Were born before January 2, 1960 ☐ Are blind Spouse: ☐ Was born before January 2, 1960 ☐ Is blind

Dependents (see instructions):

(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) Check if qualifies for (see instructions): Child tax credit	Credit for other dependents
			☐	☐
			☐	☐
			☐	☐
			☐	☐

If more than four dependents, see instructions and check here ☐

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.
If you did not get a Form W-2, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)			1a	52,584.
b	Household employee wages not reported on Form(s) W-2			1b	
c	Tip income not reported on line 1a (see instructions)			1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)			1d	
e	Taxable dependent care benefits from Form 2441, line 26			1e	
f	Employer-provided adoption benefits from Form 8839, line 29			1f	
g	Wages from Form 8919, line 6			1g	
h	Other earned income (see instructions)			1h	
i	Nontaxable combat pay election (see instructions)	1i			
z	Add lines 1a through 1h			1z	52,584.

Attach Sch. B if required.

2a	Tax-exempt interest	2a	b Taxable interest	2b	
3a	Qualified dividends	3a	b Ordinary dividends	3b	
4a	IRA distributions	4a	b Taxable amount	4b	
5a	Pensions and annuities	5a	b Taxable amount	5b	
6a	Social security benefits	6a 10,068.	b Taxable amount	6b	8,558.
c	If you elect to use the lump-sum election method, check here (see instructions) ☐				
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐			7	
8	Additional income from Schedule 1, line 10			8	-4,798.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income.**			9	56,344.
10	Adjustments to income from Schedule 1, line 26			10	1,200.
11	Subtract line 10 from line 9. This is your **adjusted gross income**			11	55,144.
12	**Standard deduction or itemized deductions** (from Schedule A)			12	30,750.
13	Qualified business income deduction from Form 8995 or Form 8995-A			13	
14	Add lines 12 and 13			14	30,750.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**			15	24,394.

Standard Deduction for-
- Single or Married filing separately, $14,600
- Married filing jointly or Qualifying surviving spouse, $29,200
- Head of household, $21,900
- If you checked any box under *Standard Deduction*, see instructions.

Government of the District of Columbia

2024 D-40 SUB Individual Income Tax Return

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

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* [redacted]8343

Date of Birth (MMDDYYYY) 10071955

Spouse's/registered domestic partner's TIN *and* [redacted]8373

Date of Birth (MMDDYYYY) 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

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	63240.00
b	Business income or loss, *see instructions.*	Mark if loss X	b	7454.00
c	Capital gain or loss.	Mark if loss	c	.00
d	Rental real estate, royalties, partnerships, etc.	Mark if loss X	d	8000.00

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	55144.00

Government of the District of Columbia

2023 D-40 SUB Individual Income Tax Return

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

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
[redacted]8343

Date of Birth (MMDDYYYY)
[redacted]1955

Spouse's/registered domestic partner's TIN and
481278373

Date of Birth (MMDDYYYY)
02131969

Your first name
FREDERICK

M.I.

Last Name
SHADDOCK

Spouse's/registered domestic partner's first name
OKSANA

M.I.
S

Last name
SHADDOCK

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

City
WASHINGTON

State
DC

Zip Code + 4
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

Form **1040** Department of the Treasury–Internal Revenue Service **U.S. Individual Income Tax Return** **2022** OMB No. 1545-0074 IRS Use Only – Do not write or staple in this space.

Filing Status ☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)

Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Your first name and middle initial	Last name	Your social security number
Frederick	Shaddock	[redacted]-8343
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Oksana S	Shaddock	[redacted]8373

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.: 520 N Street, SW — S-316

City, town, or post office. If you have a foreign address, also complete spaces below. State: Washington — DC. ZIP code: 20024

Foreign country name | Foreign province/state/county | Foreign postal code

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☒ Yes ☐ No

Standard Deduction Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent ☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: ☒ Were born before January 2, 1958 ☐ Are blind Spouse: ☐ Was born before January 2, 1958 ☐ Is blind

Dependents (see instructions):

If more than four dependents, see instructions and check here ☐	(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions): Child tax credit	Credit for other dependents
				☐	☐
				☐	☐
				☐	☐
				☐	☐

EFILE COPY

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)				1a	112,016.
b	Household employee wages not reported on Form(s) W-2				1b	
c	Tip income not reported on line 1a (see instructions)				1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)				1d	
e	Taxable dependent care benefits from Form 2441, line 26				1e	
f	Employer-provided adoption benefits from Form 8839, line 29				1f	
g	Wages from Form 8919, line 6				1g	
h	Other earned income (see instructions)				1h	
i	Nontaxable combat pay election (see instructions)	1i				
z	Add lines 1a through 1h				1z	112,016.
2a	Tax-exempt interest	2a		b Taxable interest	2b	
3a	Qualified dividends	3a		b Ordinary dividends	3b	
4a	IRA distributions	4a		b Taxable amount	4b	
5a	Pensions and annuities	5a		b Taxable amount	5b	
6a	Social security benefits	6a	8,976.	b Taxable amount	6b	7,630.
c	If you elect to use the lump-sum election method, check here (see instructions) ☐					
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐				7	
8	Other income from Schedule 1, line 10				8	-21,210.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**				9	98,436.
10	Adjustments to income from Schedule 1, line 26				10	1,200.
11	Subtract line 10 from line 9. This is your **adjusted gross income**				11	97,236.
12	**Standard deduction or itemized deductions** (from Schedule A)				12	27,300.
13	Qualified business income deduction from Form 8995 or Form 8995-A				13	
14	Add lines 12 and 13				14	27,300.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**				15	69,936.

Attach Sch. B if required.

Standard Deduction for -
- Single or Married filing separately, $12,950
- Married filing jointly or Qualifying surviving spouse, $25,900
- Head of household, $19,400
- If you checked any box under *Standard Deduction*, see instructions.

Form **1040** Department of the Treasury - Internal Revenue Service (99) **U.S. Individual Income Tax Return** **2012** OMB No. 1545-0074 IRS Use Only - Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2012, or other tax year beginning , 2012, ending , 20 See separate instructions.

Your first name and initial	Last name	Your social security number
Frederick	Shaddock	[redacted]8343
If a joint return, spouse's first name and initial	Last name	Spouse's social security number
Oksana S	Shaddock	[redacted]8373

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
520 N Street, SW S-316

Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).
Washington, DC 20024

Foreign country name | Foreign province/county | Foreign postal code

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Filing Status

Check only one box.

1 ☐ Single
2 ☒ Married filing jointly (even if only one had income)
3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶
4 ☐ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 ☐ Qualifying widow(er) with dependent child

Exemptions

6a ☒ **Yourself.** If someone can claim you as a dependent, **do not** check box 6a
b ☒ **Spouse**

Boxes checked on 6a and 6b: 2

c **Dependents:**

(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if child under age 17 qualifying for child tax credit (see instr.)
			☐
			☐
			☐
			☐

If more than four dependents, see instructions and check here ▶ ☐

No. of children on 6c who:
- lived with you: 0
- did not live with you due to divorce or separation (see instructions): 0

Dependents on 6c not entered above: 0

Add numbers on lines above ▶: 2

d Total number of exemptions claimed

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7	Wages, salaries, tips, etc. Attach Form(s) W-2		7	74,392.
8a	**Taxable** interest. Attach Schedule B if required		8a	
b	**Tax-exempt** interest. **Do not** include on line 8a	8b		
9a	Ordinary dividends. Attach Schedule B if required		9a	
b	Qualified dividends	9b		
10	Taxable refunds, credits, or offsets of state and local income taxes		10	598.
11	Alimony received		11	
12	Business income or (loss). Attach Schedule C or C-EZ		12	14,385.
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐		13	
14	Other gains or (losses). Attach Form 4797		14	
15a	IRA distributions 15a	b Taxable amount	15b	
16a	Pensions and annuities 16a	b Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17	-15,944.
18	Farm income or (loss). Attach Schedule F		18	
19	Unemployment compensation		19	1,795.
20a	Social security benefits 20a	b Taxable amount	20b	
21	Other income. List type and amount		21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your **total income** ▶		22	75,226.

Adjusted Gross Income

23	Educator expenses	23		
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24		
25	Health savings account deduction. Attach Form 8889	25		
26	Moving expenses. Attach Form 3903	26	952.	
27	Deductible part of self-employment tax. Attach Schedule SE	27	1,949.	
28	Self-employed SEP, SIMPLE, and qualified plans	28		
29	Self-employed health insurance deduction	29		
30	Penalty on early withdrawal of savings	30		
31a	Alimony paid b Recipient's SSN ▶	31a		
32	IRA deduction	32		
33	Student loan interest deduction	33	2,500.	
34	Tuition and fees. Attach Form 8917	34		
35	Domestic production activities deduction. Attach Form 8903	35		
36	Add lines 23 through 35		36	5,401.
37	Subtract line 36 from line 22. This is your **adjusted gross income** ▶		37	69,825.

Government of the District of Columbia

2012 D-40 SUB Individual Income Tax Return

12 0 4 0 0 4 1 1 0 6 4

Print in CAPITAL letters using black ink. Leave lines blank that do not apply.

STAPLE OTHER REQUESTED DOCUMENTS IN UPPER LEFT

Personal information

Mark if Amended return

Mark if Filing for a deceased taxpayer

SOFTWARE DEVELOPER USE ONLY
VENDOR ID# 1064

Your social security number (SSN)	Spouse's/registered domestic partner's SSN	Your daytime phone number
[redacted]8343	[redacted]8373	2022410929

Your first name	M.I.	Last name
FREDERICK		SHADDOCK

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

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

City	State	Zipcode + 4
WASHINGTON	DC	20024

STAPLE W-2 AND ANY OTHER WITHHOLDING STATEMENTS HERE

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 4 - 42. See instructions.
Registered domestic partners filing jointly or filing separately on same return
Head of household Enter qualifying dependent and/or non-dependent information on Schedule S.

2 Mark if you are: Part-year resident in DC from (month) to (month), # of months in DC See instructions.

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

Income Information

a	Wages, salaries, unemployment compensation and/or tips, see instructions			a	76187.00
b	Business income or loss, see instructions	Mark if loss		b	14385.00
c	Capital gain or loss	Mark if loss		c	
d	Rental real estate, royalties, partnerships, etc.	Mark if loss	X	d	15944.00

Computation of DC Gross and Adjusted Gross Income

3	Federal adjusted gross income From adjusted gross income lines on Federal Forms 1040, 1040A, 1040EZ, 1040NR or 1040NR-EZ.	Mark if loss	3	69825.00

Additions to DC Income

STAPLE CHECK OR MONEY ORDER HERE

4	Franchise tax deducted on federal forms, see instructions		4	
5	Other additions from DC Schedule I, Calculation A, Line 8		5	
6	Add lines 3, 4 and 5	Mark if loss	6	69825.00

Subtractions from DC Income

7	Part year residents, enter income received during period of nonresidence, see instructions		7	
8	Taxable refunds, credits or offsets of state and local income tax		8	598.00
9	Taxable amount of social security and tier 1 railroad retirement from Federal Forms 1040 or 1040A		9	
10	Income reported and taxed this year on a DC franchise or fiduciary return		10	
11	DC and federal government pension and annuity limited exclusion, see instructions Mark if you are 62 or older if your spouse/domestic partner is 62 or older		11	
12	DC and federal government survivor benefits, see instructions		12	
13	Other subtractions from DC Schedule I, Calculation B, Line 16.		13	
14	Total the subtractions from DC income, Lines 7 - 13		14	598.00
15	DC adjusted gross income, Line 6 minus Line 14.	Mark if loss	15	69227.00

Form **1040** Department of the Treasury - Internal Revenue Service (99) **U.S. Individual Income Tax Return** **2011** OMB No. 1545-0074 IRS Use Only - Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2011, or other tax year beginning , 2011, ending , 20

Your first name and initial	Last name	Your social security number
Frederick	Shaddock	[redacted]8343
If a joint return, spouse's first name and initial	Last name	Spouse's social security number
Oksana S	Shaddock	[redacted]8373

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 400
490 M Street, SW

Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).
Washington, DC 20024

Foreign country name | Foreign province/county | Foreign postal code

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. [X] You [X] Spouse

Filing Status
Check only one box.

1 [ ] Single
2 [X] Married filing jointly (even if only one had income)
3 [ ] Married filing separately. Enter spouse's SSN above and full name here. ▶
4 [ ] Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 [ ] Qualifying widow(er) with dependent child

Exemptions
6a [X] **Yourself.** If someone can claim you as a dependent, **do not** check box 6a
b [X] **Spouse**

Boxes checked on 6a and 6b: 2
No. of children on 6c who:
• lived with you: 0
• did not live with you due to divorce or separation (see instructions): 1
Dependents on 6c not entered above: 0
Add numbers on lines above ▶: 3

c **Dependents:**

(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) X if child under age 17 qualifying for child tax credit (see instr.)
Luke Shaddock	057-40-8344	Son	[X]
			[ ]
			[ ]
			[ ]

If more than four dependents, see instructions and check here ▶ [ ]

d Total number of exemptions claimed 6d 3

Not For Filing

Income
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7	Wages, salaries, tips, etc. Attach Form(s) W-2 HSH 1200.		7	84,648.
8a	**Taxable** interest. Attach Schedule B if required		8a	
b	**Tax-exempt** interest. **Do not** include on line 8a	8b		
9a	Ordinary dividends. Attach Schedule B if required		9a	
b	Qualified dividends	9b		
10	Taxable refunds, credits, or offsets of state and local income taxes		10	1,195.
11	Alimony received		11	
12	Business income or (loss). Attach Schedule C or C-EZ		12	-15,661.
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ [ ]		13	
14	Other gains or (losses). Attach Form 4797		14	
15a	IRA distributions 15a	b Taxable amount	15b	
16a	Pensions and annuities 16a	b Taxable amount	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17	-17,022.
18	Farm income or (loss). Attach Schedule F		18	
19	Unemployment compensation		19	
20a	Social security benefits 20a	b Taxable amount	20b	
21	Other income. List type and amount		21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your **total income** ▶		22	53,160.

Adjusted Gross Income

23	Educator expenses	23		
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24		
25	Health savings account deduction. Attach Form 8889	25		
26	Moving expenses. Attach Form 3903	26		
27	Deductible part of self-employment tax. Attach Schedule SE	27	36.	
28	Self-employed SEP, SIMPLE, and qualified plans	28		
29	Self-employed health insurance deduction	29		
30	Penalty on early withdrawal of savings	30		
31a	Alimony paid b Recipient's SSN ▶	31a		
32	IRA deduction	32		
33	Student loan interest deduction	33		
34	Tuition and fees. Attach Form 8917	34		
35	Domestic production activities deduction. Attach Form 8903	35		
36	Add lines 23 through 35		36	36.
37	Subtract line 36 from line 22. This is your **adjusted gross income** ▶		37	53,124.

Government of the District of Columbia

2011 D-40 SUB Individual Income Tax Return

1 1 0 4 0 0 4 1 1 0 6 4

Print in CAPITAL letters using black ink. Leave lines blank that do not apply.

STAPLE OTHER REQUESTED DOCUMENTS IN UPPER LEFT

Personal information

Mark if Amended return

Mark if Filing for a deceased taxpayer

SOFTWARE DEVELOPER USE ONLY
VENDOR ID# 1064

Your social security number (SSN)	Spouse's/registered domestic partner's SSN	Your daytime phone number
[redacted]8343	[redacted]8373	2022410929

Your first name	M.I.	Last name
FREDERICK		SHADDOCK

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

Home address (number, street and apartment number if applicable)
490 M STREET, SW 400

City	State	Zipcode + 4
WASHINGTON	DC	20024

STAPLE W-2s AND ANY OTHER WITHHOLDING STATEMENTS HERE

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 4 - 42. See instructions.
Registered domestic partners filing jointly or filing separately on same return
Head of household Enter qualifying dependent and/or non-dependent information on Schedule S.

2 Mark if you are: Part-year resident in DC from (month) to (month), # of months in DC See instructions.

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

Income Information

a	Wages, salaries, unemployment compensation and/or tips, see instructions		a	84648.00
b	Business income or loss, see instructions	Mark if loss	b	275.00
c	Capital gain or loss	Mark if loss	c	
d	Rental real estate, royalties, partnerships, etc.	Mark if loss X	d	11015.00

Computation of DC Gross and Adjusted Gross Income

3	Federal adjusted gross income From 1040, Line 37; 1040A, Line 21; 1040EZ, Line 4; 1040NR, Line 36 plus Sch NEC, Line 13; 1040NR-EZ, Line 10	Mark if loss	3	77308.00

Additions to DC Income

4	Franchise tax deducted on federal forms, see instructions		4	
5	Other additions from DC Schedule I, Calculation A, Line 8		5	
6	Add lines 3, 4 and 5	Mark if loss	6	77308.00

STAPLE CHECK OR MONEY ORDER HERE

Subtractions from DC Income

7	Part year residents, enter income received during period of nonresidence, see instructions	7	
8	Taxable refunds, credits or offsets of state and local income tax	8	1195.00
9	Taxable amount of social security and tier 1 railroad retirement Forms 1040 Line 20b, or 1040A Line 14b	9	
10	Income reported and taxed this year on a DC franchise or fiduciary return	10	
11	DC and federal government pension and annuity limited exclusion, see instructions Mark if you are 62 or older if your spouse/domestic partner is 62 or older	11	
12	DC and federal government survivor benefits, see instructions	12	
13	Other subtractions from DC Schedule I, Calculation B, Line 16.	13	
14	Total the subtractions from DC income, Lines 7 - 13	14	1195.00
15	DC adjusted gross income, Line 6 minus Line 14.	Mark if loss 15	76113.00

Form **1040** Department of the Treasury - Internal Revenue Service **U.S. Individual Income Tax Return 2005**

IRS Use Only - Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2005, or other tax year beginning , 2005, ending , 20 — OMB No. 1545-0074

Label (See instructions) — Use the IRS label. Otherwise, please print or type.

Your first name and initial: Frederick	Last name: Shaddock
If a joint return, spouse's first name and initial: Oksana	Last name: Shemet
Home address (number and street). If you have a P.O. box, see instructions. 510 N Street, SW	Apt. no. 32
City, town or post office, state, and ZIP code. If you have a foreign address, see instructions. Washington, DC 20024	

Your social security number: [redacted]8343

Spouse's social security number: [redacted]8373

▲ You must enter your SSN(s) above. ▲

Checking a box below will not change your tax or refund.

Presidential Election Campaign ▶ Check here if you, or your spouse if filing jointly, want $3 to go to this fund (see instructions) ▶ [X] You [X] Spouse

Filing Status — Check only one box.

1 [ ] Single
2 [X] Married filing jointly (even if only one had income)
3 [ ] Married filing separately. Enter spouse's SSN above and full name here. ▶
4 [ ] Head of household (with qualifying person). (See instructions) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 [ ] Qualifying widow(er) with dependent child (See instructions)

Exemptions

6a [X] **Yourself.** If someone can claim you as a dependent, **do not** check box 6a
b [X] **Spouse**

Boxes checked on 6a and 6b: 2

c **Dependents:**

(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if qualifying child for child tax credit
			[ ]
			[ ]
			[ ]
			[ ]

If more than four dependents, see instructions.

No. of children on 6c who:
- lived with you: 0
- did not live with you due to divorce or separation (see instructions): 0

Dependents on 6c not entered above: 0

d Total number of exemptions claimed: Add numbers on lines above ▶ 2

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7	Wages, salaries, tips, etc. Attach Form(s) W-2			7	31,914.
8a	**Taxable** interest. Attach Schedule B if required			8a	
b	**Tax-exempt** interest. **Do not** include on line 8a	8b			
9a	Ordinary dividends. Attach Schedule B if required			9a	
b	Qualified dividends (see instructions)	9b			
10	Taxable refunds, credits, or offsets of state and local income taxes (see instructions)			10	
11	Alimony received			11	
12	Business income or (loss). Attach Schedule C or C-EZ			12	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ [ ]			13	
14	Other gains or (losses). Attach Form 4797			14	
15a	IRA distributions 15a		b Taxable amount (see instructions)	15b	
16a	Pensions and annuities 16a		b Taxable amount (see instructions)	16b	
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			17	
18	Farm income or (loss). Attach Schedule F			18	
19	Unemployment compensation			19	
20a	Social security benefits 20a		b Taxable amount (see instructions)	20b	
21	Other income. List type and amount (see instructions)			21	
22	Add the amounts in the far right column for lines 7 through 21. This is your **total income** ▶			22	31,914.

Adjusted Gross Income

23	Educator expenses (see instructions)	23		
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24		
25	Health savings account deduction. Attach Form 8889	25		
26	Moving expenses. Attach Form 3903	26		
27	One-half of self-employment tax. Attach Schedule SE	27		
28	Self-employed SEP, SIMPLE, and qualified plans	28		
29	Self-employed health insurance deduction (see instructions)	29		
30	Penalty on early withdrawal of savings	30		
31a	Alimony paid b Recipient's SSN ▶	31a		
32	IRA deduction (see instructions)	32		
33	Student loan interest deduction (see instructions)	33		
34	Tuition and fees deduction (see instructions)	34		
35	Domestic production activities deduction. Attach Form 8903	35		
36	Add lines 23 through 31a and 32 through 35		36	0.
37	Subtract line 36 from line 22. This is your **adjusted gross income** ▶		37	31,914.

Government of the District of Columbia

2005 D-40 SUB Individual Income Tax Return

0 5 0 4 0 0 4 1 1 0 6 4

Leave lines blank that do not apply to you.

STAPLE OTHER REQUESTED DOCUMENTS IN UPPER LEFT

Personal information

Mark if Amended return OFFICIAL USE ONLY

Mark if Filing for a deceased taxpayer

Your social security number	Spouse's social security number	Your daytime phone number
[redacted]8343	[redacted]3373	2028294444

Your first name	M.I.	Last name
FREDERICK		SHADDOCK

Spouse's first name	M.I.	Last name
OKSANA		SHEMET

Mark if this is your first return or if your address is different than your last return.

Home address (number and street) If foreign address use Sched S.	Apartment number
510 N STREET, SW	32

City	State	Zipcode
WASHINGTON	DC	20024

STAPLE W2s AND ANY OTHER WITHHOLDING STATEMENTS HERE

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 3 through 43. See instructions.*

Head of household *Enter the name of qualifying dependent or non-dependent on Schedule S.*

2 **Mark if you are:** Part-year resident Enter number of months of DC residency *See instructions.*

Income Information

Copy the amounts for lines 3 -12 from your federal return.
Some income lines on your federal return may not need to be copied.

Round cents to the nearest dollar.
If amount is zero, leave the line blank.

3	Wages, salaries, tips, unemployment compensation, etc.		3	31914.00
4	Taxable interest		4	
5	Ordinary dividends		5	
6	Business income or loss *Attach copy of federal Schedule C or C-EZ.* *If you had farm income, see instructions. Attach a copy of federal Schedule F* Federal employer ID	Mark if loss:	6	
7	Capital gain or loss *Attach copy of federal Schedule D.*	Mark if loss:	7	
8	Rental real estate, royalties, partnerships, S corporations, trusts, etc. *Attach copy of federal Schedule E.*	Mark if loss:	8	
9	Pension and annuity. IRA distribution and other income	Mark if loss:	9	
10	Federal total income *From 1040, Line 22.*	Mark if loss:	10	31914.00
11	Adjustments *From 1040, Line 36 or 1040A, Line 20 Attach copy of page 1 of 1040 or 1040A.*		11	

STAPLE CHECK OR MONEY ORDER HERE

Computation of DC Adjusted Gross Income

12	Federal adjusted gross income *From 1040, Line 37; 1040A, Line 21; 1040EZ, Line 4.*	Mark if loss:	12	31914.00
13	Subtractions from federal adjusted gross income *From Line I, Calculation A.*		13	
13a	Amount you paid (or carried over) to DC college savings plan in 2005 *(Part-year residents see instructions)*	Maximum $6000 (for joint filers)	13a	
13b	Part-year residents (information only) *Enter amount from Line a, Calculation A.* 13b			
14	*Add lines 13 and 13a, subtract the total from Line 12, enter result.*	Mark if loss:	14	31914.00
15	Additions to federal adjusted gross income *From line h, Calculation B*		15	
16	DC adjusted gross income *Add lines 14 and 15.*	Mark if loss:	16	31914.00