



2020

Residency Information:

From (Mo/Da/Yr)	To (Mo/Da/Yr)
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If you did not live in the District of Columbia for all of 2020, enter the dates you did live in the District of Columbia

Enter the state names other than the District of Columbia where you had income

Education Savings:

Yes	No
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Did you or your spouse make any contributions to a qualified DC "529" College Savings Plan account? If Yes, enter the following:

TS	Name of Designated Beneficiary	Social Security Number	Account Number	2020 Amount Contributed

Property Tax Credit Information:

TS

Enter the amount of rent paid

What type of property is the property tax credit for? House Apartment Rooming house Condominium

Landlord's information:

Name Address Apartment number City, state and ZIP code Telephone number

Business Credits

Organ and Bone Marrow Donor Credit Job Growth Incentive Act Credit Amount of homeownership assistance provided to eligible employees Number of eligible employees

Voluntary Contributions:

Enter the amount you wish to contribute on your 2020 tax return to:

Tax-Payer Support for Afterschool Programs for At-Risk Students DC Statehood Delegation Fund Anacostia River Cleanup and Protection Fund



2020

Disability Income Exclusion Information:

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Were you physically or mentally impaired on January 1, 2020?

Is your disability expected to last 12 months or more?

Did you file a physician's certification in prior years?

Date retired (Mo/Da/Yr)

Name of employer

Name of payer

Physician's name

Physician's address

Physician's apartment number

Physician's city, state and ZIP code

Physician's telephone number

TS _____	TS _____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Non-Custodial Parent EITC Claim Information:

Dependent name

Dependent SSN

Location of court

Case or Docket number

Name of government agency

Street address of government agency

City, state and ZIP code

Monthly court ordered payments

Start date of ordered payments (Mo/Da/Yr)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Custodian first name and initial

Custodian last name

Custodian social security number

Custodian street address

City, state and ZIP code

Custodian date of birth (Mo/Da/Year)

Health Insurance Information

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Did you and all household members have health insurance coverage for the entire year?

If No, did you or any household members qualify for an exemption?

If Yes, enter the applicable exemption. _____

If No, indicate which months you and/or your household members did not have health insurance coverage and did not have an exemption.

Household Member Names	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
_____	---	---	---	---	---	---	---	---	---	---	---	---
_____	---	---	---	---	---	---	---	---	---	---	---	---
_____	---	---	---	---	---	---	---	---	---	---	---	---

Enter Any Additional District of Columbia Information:



2020

Unincorporated Business Franchise Tax Information:

General Information:

TSJ _____

Number of business locations: _____

 Within DC _____

 Outside DC _____

DC business tax number _____

Sales and use tax account number _____

Federal employer I.D. number _____

Fiscal year begin date _____

Fiscal year end date _____

Business name _____

Business street address _____

Business city, state, and ZIP code _____

Supplemental Information:

Principal business activity _____

Type of ownership _____

Date business began (Mo/Da/Yr) _____

Was the business terminated during 2020? Yes No

 If Yes, enter the termination date and reason below.

 Termination date (Mo/Da/Yr) _____

 Termination reason _____

IRS Service Center where the 2020 federal income tax return was filed _____

Taxpayer name shown on the 2020 federal income tax return filed _____

Have you filed annual Federal Information Return Forms 1096 and 1099? Yes No

 If No, enter the reason for not filing Forms 1096 and 1099 _____

Which method is used on the federal income tax return? Accrual Cash Other (specify) _____

Did you withhold DC income tax from your employees' wages during 2020? Yes No

 If No, enter the reason for not withholding DC income tax _____

Did you file a DC franchise tax return for the business for 2019? Yes No

 If No, enter the reason for not filing a DC franchise tax return _____

Did you file an annual ballpark fee return? Yes No

Has the IRS made or proposed any adjustments to your 2020 income tax return, or did you file any amended federal income tax returns? Yes No

