



2021

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 2021, 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	2021 Amount Contributed

Property Tax Credit Information:

TS .....

Enter the amount of rent paid .....

What type of property is the property tax credit for? .....

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 2021 tax return to:

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



2021

Disability Income Exclusion Information:

Were you physically or mentally impaired on January 1, 2021?
Is your disability expected to last 12 months or more?
Did you file a physician's certification in prior years?

Yes No grid for disability questions

TS form with fields for Date retired, 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

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)

Form for Non-Custodial Parent EITC Claim Information

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)

Form for Custodian information

Health Insurance Information

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.

Yes No grid for health insurance questions

Table with columns: Household Member Names, Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec

Enter Any Additional District of Columbia Information:

Additional information input field





2021

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 2021?  Yes  No

    If Yes, enter the termination date and reason below.

    Termination date (Mo/Da/Yr) \_\_\_\_\_

    Termination reason \_\_\_\_\_

IRS Service Center where the 2021 federal income tax return was filed \_\_\_\_\_

Taxpayer name shown on the 2021 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 2021?  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 2020?  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 2021 income tax return, or did you file any amended federal income tax returns?  Yes  No

