



2023

Residency Information:

| | |
|--------------------|------------------|
| From (Mo/Da/Yr) | To (Mo/Da/Yr) |
|--------------------|------------------|

If you did not live in the District of Columbia for all of 2023, 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 |
|-----|----|

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 | 2023 Amount Contributed |
|----|--------------------------------|------------------------|----------------|-------------------------|
| | | | | |
| | | | | |
| | | | | |

Property Tax Credit Information:

TS

Enter the amount of annual 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 2023 tax return to:

Tax-Payer Support for Afterschool Programs for At-Risk Students

DC Statehood Delegation Fund

Anacostia River Cleanup and Protection Fund



2023

Disability Income Exclusion Information:

Were you physically or mentally impaired on January 1, 2023?
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



2023

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 2023? Yes No

 If Yes, enter the termination date and reason below.

 Termination date (Mo/Da/Yr) _____

 Termination reason _____

IRS Service Center where the 2023 federal income tax return was filed _____

Taxpayer name shown on the 2023 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 2023? 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 2022? 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 2023 income tax return, or did you file any amended federal income tax returns? Yes No



2023

Small Retailer Property Tax Relief Credit:

Certificate of occupancy permit number

Enter the amount of rent paid for qualified retail location

Enter the total amount of Class 2 property taxes paid for qualified retail location

District of Columbia Class 2 Property Information:

Address

City, state, and ZIP code

Owner's information:

Name

Address

City, state, and ZIP code

Telephone number

Enter Any Additional District of Columbia UBT Information:

Lined area for entering additional District of Columbia UBT information.