

## SCHEDULE S Supplemental Information and Dependents

Unless instructed otherwise – If you fill in <u>any part</u> of this schedule, attach it to your D-40. Print in CAPITAL letters using black ink.

OFFICIAL USE ONLY
Vendor ID#0000

nter your last name			Enter your TIN	
ependents If you have more than 8	dependents, list them o	n an attac	nment.	
irst name		M.I.	Last Name	
axpayer identification number	Relationship			Date of Birth (MMDDYYYY)
irst name		M.I.	Last Name	
axpayer identification number	Relationship			Date of Birth (MMDDYYYY)
irst name		M.I.	Last Name	
axpayer identification number	Relationship			Date of Birth (MMDDYYYY)
irst name		M.I.	Last Name	
axpayer identification number	Relationship			Date of Birth (MMDDYYYY)
irst name		M.I.	Last Name	
axpayer identification number	Relationship			Date of Birth (MMDDYYYY)
irst name		M.I.	Last Name	
axpayer identification number	Relationship			Date of Birth (MMDDYYYY)
irst name		M.I.	Last Name	
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axpayer identification number	Relationship			Date of Birth (MMDDYYYY)
irst name		M.I.	Last Name	
axpayer identification number	Relationship			Date of Birth (MMDDYYYY)
lead of household filers TIN of C	qualifying non-dependent per	son	Date of Birth of qualifying non-depend	lent person (MMDDYYYY)
r qualifying widow(er)	quantying non dependent per	5511	Sate of Birth of qualifying non-depend	ASIL POISON (MINIDOTTTI)
o not enter your information				
First name of qualifying non-dependent per		M.I.	Last Name	

Last name and TIN



Basic standard deduction amount. See instructions.  Enter 1 if you are age 65 or over *  Enter 1 if you are blind  Enter 1 if married or registered domestic partner filing jointly or filing separately on same return	\$ .00
Enter 1 if you are blind  Enter 1 if married or registered domestic partner filing jointly or filing separately on same return	
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 *	
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	
Total number of additions to standard deductions. Add Lines b through e.	
g Additional standard deduction amount. Multiply \$1,350 (\$1,700 if single or head of household.  By number on Line f. See instructions.	.00
Total standard deduction. Add Lines a and g, enter here and on D-40, Line 18.	.00
Total number of dependents	
Calculation J Tax computation for married or registered domestic partners filing separately on the same DC	C return.
Enter separate amounts in each column. Combine amounts on Line i. You Your spouse	e/registered domestic partner
a Federal adjusted gross income. Fill in if loss a \$ .00 \$ \$ lf 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.	00
b Total additions to federal adjusted gross income.	.00
Enter each person's portion of additions entered on D-40, Lines 5 and 6.	
c Add Lines a and b. Fill in if loss c C \$ 00 \$	.00
c Add Lines a and b. Fill in if loss c \$ .00 \$ .00 \$ d Total subtractions from federal adjusted gross income. d \$ .00 \$	.00
c Add Lines a and b. Fill in if loss c \$ .00 \$ \$ d Total subtractions from federal adjusted gross income.	
c Add Lines a and b.  Fill in if loss	00
c Add Lines a and b.  Fill in if loss  c \$	00 00 00
c Add Lines a and b.  d Total subtractions from federal adjusted gross income.  Enter each person's portion of subtractions entered on D-40, Line 15.  e DC adjusted gross income. Subtract Line d from Line c. Fill in if loss e  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.)	00 00 00 00
c Add Lines a and b.  d Total subtractions from federal adjusted gross income.  Enter each person's portion of subtractions entered on D-40, Line 15.  e DC adjusted gross income. Subtract Line d from Line c. Fill in if loss e  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.)  g Taxable income. Subtract Line f from Line e  Fill in if loss g  g \$  00 \$  00 \$  10	.00
c Add Lines a and b.  d Total subtractions from federal adjusted gross income.  Enter each person's portion of subtractions entered on D-40, Line 15.  e DC adjusted gross income. Subtract Line d from Line c. Fill in if loss e  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.)  g Taxable income. Subtract Line f from Line e  Fill in if loss g  g \$ 00 \$ \$  h Tax. If Line g is \$100,000 or less, use tax tables.  If more than \$100,000, use Calculation i in instructions.	00 00 00 00 00 00
c Add Lines a and b.  d Total subtractions from federal adjusted gross income.  Enter each person's portion of subtractions entered on D-40, Line 15.  e DC adjusted gross income. Subtract Line d from Line c. Fill in if loss  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.)  g Taxable income. Subtract Line f from Line e  Fill in if loss  g \$  00 \$  t \$  t	.00 .00 .00 .00 .00
c Add Lines a and b.  Fill in if loss  C  OO  S  d Total subtractions from federal adjusted gross income.  Enter each person's portion of subtractions entered on D-40, Line 15.  e DC adjusted gross income. Subtract Line d from Line c. Fill in if loss  e DC adjusted gross income. Subtract Line d from Line c. Fill in if loss  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.)  g Taxable income. Subtract Line f from Line e  Fill in if loss  g \$  .00  \$  No  S  List TINs associated with Income reported and taxed on Franchise and Fiduciary Returns for the amount listed or	.00 .00 .00 .00 .00