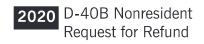


◀STAPLE W-25 AND OTHER WITHHOLDING STATEMENTS HERE ▶ STAPLE OTHER REQUESTED DOCUMENTS IN UPPER LEFT <u>BEHIND</u> THIS FORM





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

Personal information						OFFICIAL USE ONLY	
Your first name	M.I.	Last name				Vendor ID#0000	
Your Taxpayer Identification Number (TIN) Your date of birth (MMDDYYYY) Daytime phone number							
		\perp		Щ	ш		
Current mailing address (number, street and suite/apartmen	t number if applicable)	-					
			шш	ш	<u>ш</u>		
				П	ш		
City			State	Zip	Code + 4		
					ш		
Country or U.S. commonwealth/U.S. territory		-		-			
				<u>ш</u>	<u>ш</u>		
Review categories A - B below and attach you	r withholding stat	ements a	nd/or DD Forr	n 2058,	JAN 2018	3. Indicate the state in the boxes belo	
from my place of residence to work in the	District of Colum	bia (DC) (or I was a dor Jaries, which	niciliary	or legal re	sident of the state listed	
state abbreviation for your domiciliary or le	egal state of resid	ency). I d	did not maint	ain a pla	ce of aboo	de in DC for a total of more	
than 183 days. (see instructions). DC tax	was erroneously	withheld	from salary a	nd wage	s paid to r	me by my employer.	
B. Military spouse exemption: If your non-re	sident military sp	ouse was	s in the armed	d service:	s during 2	020, and you are not a DC	
resident or elected to use the same resider Form 2058. You must complete and attac	nce as your non-re h a copy of DD Fo	esident m orm 2058	iilitary spouse 3, JAN 2018	e, enter the with the	ne state of D-40B.	f domicile declared on DD	
C. List the type and location of any DC real property you own.							
Type of property							
Address (number, street and suite/apartmer	nt number if appli	cable)					
Address (Hambel, Street and Salte/apartmer	те патьег п арри	cable)		т			
Type of property							
Address (number, street and suite/apartment number if applicable)							
Treatiss (names), street and saite, apartment names in approache)							
Refund request					Round cents	to nearest dollar. If amount is zero, leave line blank.	
1. DC income tax withheld Attach copies of your with	nholding statements.				1 \$ _	.00	
2. 2020 DC estimated income tax payments					2 \$.00	
3. Refund request Add Lines 1 and 2.				Form 2058, JAN 2018. Indicate the state in the boxes below. In shown above I either commuted on a daily basis a domiciliary or legal resident of the state listed nich are subject to taxation by (enter the 2 letter naintain a place of abode in DC for a total of more ary and wages paid to me by my employer. I such a services during 2020, and you are not a DC couse, enter the state of domicile declared on DD couse, enter the state of domicile declared on DD couse, with the D-40B. Round cents to nearest dollar. If amount is zero, leave line blank. 1 \$ 0.00 2 \$ 0.00 3 \$ 0.00 citons. Luctions or visit our website MyTax.DC.gov Paper Check Checking savings and enter the routing number and account enstructions). and enter the name and phone number of that person. See instructions. Phone number ched statements and, to the best of my knowledge, they are correct.			
·	Vac	No. Co	a inaturations				
Will the refund go to an account outside the US? Yes No See instructions. Refund Options: For information on the tax refund card and program limitations, see instructions or visit our website MyTax.DC.gov							
Mark one refund choice: Direct Deposit on	ReliaCard	d (see insti	ructions) <i>or</i>		aper Chec	К	
Direct Deposit If you want your refund deposited in y number below.	our bank account, fil	II in type of	account 0	hecking (savings	s and enter the routing number and account	
Routing Number Account Number							
Fill in O if you agree to receive your 1099-G Income Tax Refund Statement electronically (see instructions).							
Third party designee To authorize another person to discuss this return with OTR, fill in here and enter the name and phone number of that person. See instructions.							
Designee's name				Phone	number		
Signature Under penalties of law, I declare that I have examined this request and any attached statements and, to the best of my knowledge, they are correct.							
Your signature	Date		Preparer's sig		,	,,	
G			1		N	FIAIN	
			Preparer's lax	pentification	ı Mumber (P1	IIN)	