

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning _____, 2023, ending _____, 20 _____ See separate instructions.

Your first name and middle initial JAIME UDIEL	Last name GOMES ESCOBAR	Your social security number 832 84 9406
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. 3636 16TH ST NW		Apt. no. A749	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. WASHINGTON	State DC	ZIP code 20010	
Foreign country name	Foreign province/state/county	Foreign postal code	

Filing Status Single Head of household (HOH)

Check only one box. Married filing jointly (even if only one had income) Qualifying surviving spouse (QSS)

Married filing separately (MFS) If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) Yes No

Standard Deduction **Someone can claim:** You as a dependent Your spouse as a dependent Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: Were born before January 2, 1959 Are blind Spouse: Was born before January 2, 1959 Is blind

Dependents (see instructions): If more than four dependents, see instructions and check here <input type="checkbox"/>	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions): Child tax credit	Credit for other dependents
						<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Income	1a Total amount from Form(s) W-2, box 1 (see instructions)	1a	41,351.
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.	b Household employee wages not reported on Form(s) W-2	1b	
	c Tip income not reported on line 1a (see instructions)	1c	
	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
	e Taxable dependent care benefits from Form 2441, line 26	1e	
	f Employer-provided adoption benefits from Form 8839, line 29	1f	
	g Wages from Form 8919, line 6	1g	
	h Other earned income (see instructions)	1h	0.
	i Nontaxable combat pay election (see instructions) 1i		
	z Add lines 1a through 1h	1z	41,351.

Standard Deduction for— • Single or Married filing separately, \$13,850 • Married filing jointly or Qualifying surviving spouse, \$27,700 • Head of household, \$20,800 • If you checked any box under Standard Deduction, see instructions.	2a Tax-exempt interest	2a	b Taxable interest	2b	
	3a Qualified dividends	3a	b Ordinary dividends	3b	
	4a IRA distributions	4a	b Taxable amount	4b	
	5a Pensions and annuities	5a	b Taxable amount	5b	
	6a Social security benefits	6a	b Taxable amount	6b	
	c If you elect to use the lump-sum election method, check here (see instructions) <input type="checkbox"/>				
	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>		7		
	8 Additional income from Schedule 1, line 10		8	-6,960.	
	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income		9	34,391.	
	10 Adjustments to income from Schedule 1, line 26		10		
	11 Subtract line 10 from line 9. This is your adjusted gross income		11	34,391.	
	12 Standard deduction or itemized deductions (from Schedule A)		12	13,850.	
	13 Qualified business income deduction from Form 8995 or Form 8995-A		13		
	14 Add lines 12 and 13		14	13,850.	
	15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income		15	20,541.	

Tax and Credits table with rows 16-24. Includes Tax (see instructions), Amount from Schedule 2, Child tax credit, Amount from Schedule 3, Other taxes, and total tax.

Payments table with rows 25-33. Includes Federal income tax withheld (Form(s) W-2, 1099, etc.), 2023 estimated tax payments, Earned income credit, and total payments.

Refund table with rows 34-36. Includes overpaid amount, routing number, account number, and amount applied to 2024 estimated tax.

Amount You Owe table with rows 37-38. Includes amount you owe and estimated tax penalty.

Third Party Designee section with a checkbox for 'Yes' and 'No', and fields for name, phone, and PIN.

Sign Here section with a declaration of truthfulness and signature lines for taxpayer and preparer, including occupation and date.

Paid Preparer Use Only section with fields for preparer's name, signature, date, PTIN, firm's name, address, and phone number.

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

JAIME UDIEL GOMES ESCOBAR

Your social security number

832-84-9406

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions): _____			
3	Business income or (loss). Attach Schedule C		3	
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		5	-6,960.
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
a	Net operating loss	8a ()		
b	Gambling	8b		
c	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
e	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l		
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
o	Section 951A(a) inclusion (see instructions)	8o		
p	Section 461(l) excess business loss adjustment	8p		
q	Taxable distributions from an ABLÉ account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
z	Other income. List type and amount: _____	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		10	-6,960.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2023

Part II Adjustments to Income

11	Educator expenses		11
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12
13	Health savings account deduction. Attach Form 8889		13
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14
15	Deductible part of self-employment tax. Attach Schedule SE		15
16	Self-employed SEP, SIMPLE, and qualified plans		16
17	Self-employed health insurance deduction		17
18	Penalty on early withdrawal of savings		18
19a	Alimony paid		19a
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions): _____		
20	IRA deduction		20
21	Student loan interest deduction		21
22	Reserved for future use		22
23	Archer MSA deduction		23
24	Other adjustments:		
a	Jury duty pay (see instructions)	24a	
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
z	Other adjustments. List type and amount: _____	24z	
25	Total other adjustments. Add lines 24a through 24z		25
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10		26

**SCHEDULE E
(Form 1040)**

Supplemental Income and Loss

OMB No. 1545-0074

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

2023
Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Go to www.irs.gov/ScheduleE for instructions and the latest information.

Name(s) shown on return

JAIME UDIEL GOMES ESCOBAR

Your social security number

832-84-9406

Part I Income or Loss From Rental Real Estate and Royalties

Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

- A** Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions Yes No
B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)

A 23 CALLE ORIENTE, BARRIO CONCEPCIÓN # 810 B EL SALVADOR MX 01120

B
C

1b Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days		Personal Use Days	QJV
		A	B	C	
A 3		365		0	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) _____

Income:	Properties:		
	A	B	C
3 Rents received	3 490.		
4 Royalties received	4		
Expenses:			
5 Advertising	5		
6 Auto and travel (see instructions)	6		
7 Cleaning and maintenance	7 1,950.		
8 Commissions	8		
9 Insurance	9		
10 Legal and other professional fees	10		
11 Management fees	11 750.		
12 Mortgage interest paid to banks, etc. (see instructions)	12		
13 Other interest	13		
14 Repairs	14 1,970.		
15 Supplies	15 920.		
16 Taxes	16		
17 Utilities	17 1,860.		
18 Depreciation expense or depletion	18		
19 Other (list) _____	19		
20 Total expenses. Add lines 5 through 19	20 7,450.		
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21 -6,960.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22 (6,960.)		
23a Total of all amounts reported on line 3 for all rental properties	23a 490.		
b Total of all amounts reported on line 4 for all royalty properties	23b		
c Total of all amounts reported on line 12 for all properties	23c		
d Total of all amounts reported on line 18 for all properties	23d		
e Total of all amounts reported on line 20 for all properties	23e 7,450.		
24 Income. Add positive amounts shown on line 21. Do not include any losses	24		
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25 (6,960.)		
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, and IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2	26 -6,960.		

For Paperwork Reduction Act Notice, see the separate instructions.

NPA

-6,960.

Schedule E (Form 1040) 2023

2023 D-40E SUB District of Columbia Individual Income Tax Declaration for Electronic Filing



IRS Declaration Control Number (DCN) - - -

Your First name and initial Last name Taxpayer Identification Number (TIN)
JAIME UDIEL GOMES ESCOBAR 832849406

Spouse's/Registered domestic partner's First name and initial Last name Spouse's TIN

Present Home Address (number, street and suite/apartment number if applicable) Federal Filing Status
3636 16TH ST NW, APT. A749 1

City, Town, and State Zip Code + 4 District of Columbia Filing Status
WASHINGTON DC 20010 1

PART I - TAX RETURN INFORMATION

PLEASE ENTER WHOLE DOLLAR AMOUNTS

Table with 3 columns: Line number, Description, Amount. Includes rows for DC Adjusted Gross Income, Total Tax, DC Income Tax Withheld, Total Amount Due, and Net Refund.

PART II - REFUND METHOD [X] Direct Deposit ReliaCard Paper Check

For Direct Deposit or Direct Debit enter the following information:

6. Routing Number* 054001204
7. Account Number 226001270493
8. Type of Account [X] Checking Savings

PART III - DECLARATION OF TAXPAYER

Under penalties of perjury, I/we declare that I/we have examined a copy of my/our electronic individual income tax return and accompanying schedules and statements for the 2023 tax year...

Your Signature Date Spouse's Signature Date

PART IV - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER

I declare that I have reviewed the individual income tax return and that the entries on D40-E are complete and correct to the best of my knowledge. The taxpayer will have signed this form before I submit the return.

ERO's Signature Date Signature Date
SYAM PRIYA RAM SAGAR G 032124 P02082703

PLEASE KEEP FOR YOUR RECORDS. DO NOT MAIL.



2023 D-40 SUB Individual Income Tax Return



230404S11555

SOFTWARE DEVELOPER USE ONLY VENDOR ID #1555

STAPLE OTHER REQUESTED DOCUMENTS IN UPPER LEFT

Personal information

Mark if: Filing an Amended return. See instructions.

Your telephone number

2028201221

Mark if Deceased

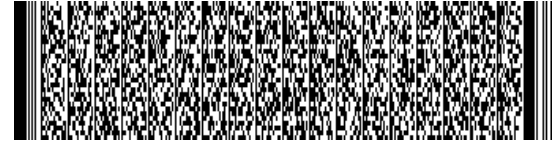
Your taxpayer identification number (TIN) and Date of Birth (MMDDYYYY)

832849406 10061997

Spouse's/registered domestic partner's TIN and Date of Birth (MMDDYYYY)

Your first name M.I. Last name JAIME UDIEL GOMES ESCOBAR

Spouse's/registered domestic partner's first name M.I. Last name



Home address(number, street and suite/apartment number (if applicable)) 3636 16TH ST NW, APT. A749

City State Zip Code + 4 WASHINGTON DC 20010

Email Address JAIME.GOMEZ.IAC@GMAIL.COM

STAPLE W-2s AND ANY OTHER WITHHOLDING STATEMENTS HERE

Filing Status

1 Mark only one: X Single, Married filing jointly, Married filing separately, Dependent claimed by someone else

Married filing separately on same return Enter combined amounts for Lines 5-43. See instructions.

Registered domestic partners filing jointly or filing separately on the same return. Enter combined amounts for Lines 5-43. See instructions.

Head of household Enter qualifying dependent and/or non-dependent information on Schedule S.

Qualifying widow(er) with dependent child Enter qualifying dependent and/or non-dependent information on Schedule S.

2 Mark if you are: Part-year resident in DC from (MMDDYYYY) to (MMDDYYYY) See instructions.

3 Did you have qualifying health care coverage for all members of your shared responsibility family for the entire year? Yes No X If no, or if claiming an exemption, complete Schedule HSR (see instructions).

Complete your federal return first - Enter your dependents' information on DC Schedule S

Income Information

Round centsto nearest dollar. If amount is zero, leave line if blank; minus, enter amount and fill in oval.

Table with 4 columns: Description, Mark if loss, Code, Amount. Rows include Wages, salaries, business income, capital gain, and rental real estate.

Computation of DC Gross and Adjusted Gross Income

4 Federal adjusted gross income. From adjusted gross income lines on federal Forms 1040, 1040-SR, 1040-NR or 1040-NR-EZ. Mark if loss 4 34391.00

Enter your last name GOMES ESCOBAR

Enter your TIN 832849406



230404S21555

Additions to DC Income

5	Franchise tax deducted on federal forms, <i>see instructions.</i>	5	.00
6	Other additions from DC Schedule I, Calculation A, Line 9.	6	.00
7	Add Lines 4, 5 and 6.	Mark if loss 7	34391.00

Subtractions from DC Income

8	Part year residents, enter income received during period of nonresidence, <i>see instructions.</i>	8	.00
9	Taxable refunds, credits or offsets of state and local income tax.	9	.00
10	Taxable amount of social security and tier 1 railroad retirement.	10	.00
11	Income reported and taxed this year on a DC franchise or fiduciary return.	11	.00
12	DC and federal government survivor benefits, <i>see instructions.</i>	12	.00
13	Unemployment Insurance Benefits, <i>see instructions.</i>	13	.00
14	Other subtractions from DC Schedule I, Calculation B, Line 16.	14	.00
15	Total subtractions from DC income, Lines 8-14.	15	0.00
16	DC adjusted gross income, Line 7 minus Line 15.	Mark if loss 16	34391.00

17 Deduction type. *Take the same type as you took on your federal return. Fill in which type* Standard or Itemized
See instructions for amount to enter on Line 17.

18	DC deduction amount.	18	13850.00
19	DC taxable income. Subtract Line 18 from Line 16.	Mark if loss 19	20541.00

20 Tax. *If Line 19 is \$100,000 or less, use tax tables to find the tax, if more, use Calculation I in instructions.*

Fill in if filing separately on same return. *Complete Calculation J on Schedule S.*

21 Credit for child and dependent care expenses .00 X .32 21 .00

From federal Form 2441; if part-year DC resident, from Line 5, DC Form 2441

22 Non-refundable credits from DC Schedule U, Part 1a, Line 7. *Attach Schedule U.* 22 .00

23 Total non-refundable credits. *Add Line 21 and Line 22.* 23 .00

24 Subtract Line 23 from Line 20. *If less than zero, enter zero.* 24 1032.00

25 DC Health Care Shared Responsibility. *See instructions. If fully covered or fully exempt, enter zero.* 25 745.00

26 Total tax and DC Health Care Shared Responsibility. *Add Line 24 and Line 25.* 26 1777.00

27 DC Earned Income Tax Credit *

27a Enter the number of qualified EITC children. 27b Enter earned income amount 27b .00

27c For filers **with** qualifying children. Enter calculated $>$.00 X .70 Enter result $>$ 27d .00
federal EIC amount

27e For filers **without** qualifying children. *See instructions for special calculations.* Enter result $>$ 27e .00

28 Property Tax Credit. *From your DC Schedule H; attach a copy.* 28 .00

* If you or your spouse do not possess a valid SSN but are otherwise eligible for the federal earned income credit and are filing your DC return using an ITIN, you may claim the DC earned income credit by calculating the federal earned income credit disregarding the SSN requirement. To calculate your earned income credit amount refer to Tax Year 2023 IRS Publication 596, Earned Income Credit (EIC), and the EIC Worksheet in the instructions for IRS Form 1040 and 1040-SR for Tax Year 2023.

Enter your last name

GOMES ESCOBAR

Enter your TIN

832849406



230404S31555

29	Refundable credits from DC Schedule U, Part 1b, Line 3. <i>Attach Schedule U.</i>	29	.00
30	Total refundable credits. <i>Add Line 27d or 27e through Line 29</i>	30	.00
31	DC income tax withheld <i>shown on Forms W-2 and 1099. Attach these forms.</i>	31	2097.00
32	2023 estimated income tax payments and amount applied from 2022 return.	32	.00
33	Tax paid with FR-127 Extension of Time to File.	33	.00
34	If this is an amended 2023 return, enter payments made with original 2023 D-40 return.	34	.00
35	If this is an amended 2023 return, enter refunds requested with original 2023 D-40 return.	35	.00
36	Total payments and refundable credits. <i>Add Line 30 through Line 34. (Do not include Line 35).</i>	36	2097.00
37	Tax Due. <i>Subtract Line 36 from Line 26</i>	37	.00
38	Amount Overpaid. <i>Subtract Line 26 from Line 36.</i>	38	320.00
39	Amount to be applied to your 2024 estimated tax.	39	.00
40	Underpayment Interest. Fill in the oval and attach form D-2210.	40	.00
41	Contribution amount from Schedule U, Part II, Line 5. (Cannot exceed amount on Line 38)	41	.00
42	Total Amount Due. Add Lines 37, 40 and 41.	42	.00
43	Net Refund *. <i>Subtract total of Lines 39, 40 and 41 from Line 38.</i>	43	320.00
	Will this refund go to an account outside the U.S. ? Yes No <input checked="" type="checkbox"/> See instructions.		
44	Fill in _____ if either spouse is claiming injured spouse allocation. You must attach Form DC-8379.		

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 or Reliacard (See instructions) or Paper check

Direct deposit. *To have your refund deposited to your* **Checking** or **Savings** *account, fill in and enter bank routing and account numbers. See instructions.*

Routing Number 054001204

Account Number 226001270493

Fill in _____ 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, mark here _____ and enter the name and phone number of that person*

Designee's Name _____

Phone number _____

Signature Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid preparer is based on information available to the preparer.

Your signature _____

Date _____

Preparer's signature

Date

SYAM PRIYA RAM SAGAR

03212024

Spouse's/registered domestic partner's signature if filing jointly or separately on same return _____

Date _____

Preparer's Tax Identification Number (PTIN)

PTIN telephone number

P02082703

6789659522

*Compare your Line 43 Net Refund amount with your DC EITC refund amount. If your Line 43 Net Refund amount is equal to or greater than your DC EITC refund amount, and your DC EITC refund amount is at least \$1200 or more, the DC EITC portion of your refund will be paid in 12 monthly payments. If your DC EITC refund or Line 43 Net Refund amount is less than \$1200, you will receive the entire amount of the refund as a lump sum.

OTR will calculate the distribution of your net refund amount for you and if you are a taxpayer receiving monthly DC EITC payments, your initial lump sum payment will differ from the Line 43 Net Refund amount.

Pursuant to legislation, OTR shall send a notice to every individual whose refund, or any portion thereof, will be paid in monthly refund payments.

If you have selected the ReliaCard as your refund choice and are eligible to receive monthly EITC refund payments, please retain your U.S. Bank ReliaCard. Monthly payments will be reloaded onto the initial card that you received containing your initial lump sum refund payment.

All DC EITC credits are immediately subject to the offset provisions of DC Code § 47-4431.

2023 SCHEDULE S PAGE 2

Last name and TIN GOMES ESCOBAR

832849406



230400S41555

Calculation G-1 Computation of Standard Deduction Calculation G-1 must be completed and submitted with the return except for dependent filers
 *If you were born before January 2, 1959, you are considered to be age 65 at the end of 2023

a	Basic standard deduction amount. See instructions.	a	13850.00
b	Enter 1 if you are age 65 or over*	b	
c	Enter 1 if you are blind.	c	
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*	d	
e	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.	e	
f	Total number of additions to standard deductions. Add Lines b through e.	f	
g	Additional standard deduction amount. Multiply 1,500 (1,850 if single or head of household) by number on Line f. See instructions.	g	0.00
h	Total standard deduction. Add Lines a and g, enter here and on D-40, Line 18.	h	13850.00
i	Total number of dependents.	i	

Calculation J Tax computation for married or registered domestic partners filing separately on the same DC return.

Enter separate amounts in each column. Do not combine amounts until Line i.

		You	Your spouse/registered domestic partner
a Federal adjusted gross income	Mark if minus	a .00	.00
<i>If 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.</i>			
b Total additions to federal adjusted gross income		b .00	.00
<i>Enter each person's portion of additions entered on D-40, Lines 5 and 6.</i>			
c Add Lines a and b.	Mark if minus	c .00	.00
d Total subtractions from federal adjusted gross income		d .00	.00
<i>Enter each person's portion of subtractions entered on D-40, Line 15.</i>			
e DC adjusted gross income	Subtract Line d from Line c. Mark if minus	e .00	.00
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.)	f .00	.00
g Taxable income.	Subtract Line f from Line e. Mark if minus	g .00	.00
h Tax.	If Line g is \$100,000 or less, use tax tables. If more than \$100,000, use Calculation I in instructions.	h .00	.00
i	Add the amounts on Line h, enter here and on D-40, Line 20.	i .00	Total tax

List TINs associated with income reported and taxed on Franchise and Fiduciary Returns for the amount listed on D-40, Line 11.

a	b	c
d	e	f
g	h	i

2023 Schedule HSR SUB DC Health Care Shared Responsibility



230405S11555

VENDOR ID# 1555

Unless Instructed otherwise- if you fill any part of this schedule, attach it to your D-40

Personal information

Your daytime telephone number 2028201221

Your taxpayer identification number (TIN) and Date of Birth (MMDDYYYY) 832849406 10061997 Spouse's/registered domestic partner's TIN and Date of Birth (MMDDYYYY)

Your first name M.I. Last name JAIME UDIEL GOMES ESCOBAR

Spouse's/registered domestic partner's first name M.I. Last name

Mailing address (number, street and suite/apartment number if applicable) 3636 16TH ST NW, APT. A749

City State Zip Code +4 WASHINGTON DC 20010

PART I Do you have qualifying health coverage?

- 1 Did you and, if applicable, all members of your health care shared responsibility family have qualifying health coverage for every month in 2023? Yes. STOP. You do not owe a health care shared responsibility payment and do not need to complete a Schedule HSR. X No. If you answered No, complete Part II. (Enter zero on Line 25 of your D-40)

PART II Do you have an exemption?

- 2 Can someone else claim you as a dependent on their federal income tax return for 2023? Yes. Proceed to Part IV. See instructions. X No.
- 3 Was your federal adjusted gross income below the applicable filing threshold for your filing status for 2023? See instructions. Yes. Proceed to Part IV. See instructions. X No.
- 4 Was your federal adjusted gross income reported on your D-40, Line 4 for 2023, equal to or less than 32,367.60? Yes. Proceed to Part IV. See instructions. X No.

If you answered Yes to any of questions 2 - 4, enter zero on Line 25 of your D-40. If not, continue by answering questions 5 - 6.

- 5 Do you affirm under the penalties of perjury that you or any member of your health care shared responsibility family lacked qualifying health coverage in 2023 on the basis of a sincerely held religious belief during the entire taxable year? Yes. You must complete Part III before completing Part IV. X No.
- 6 Are you claiming an exemption (other than a sincerely held religious belief) for at least one month for 2023 for yourself or any member of your health care shared responsibility family? Yes. You must complete Part III before completing Part IV. X No.

After answering questions 5 - 6, complete Part IV to determine the amount to enter on Line 25 of your D-40. If you answered yes to question 5 or 6, you must also complete Part III.



230405S21555

Enter your last name **GOMES ESCOBAR**
 Enter your taxpayer identification number (TIN) **832849406**

PART III What coverage exemptions are you claiming for members of your shared responsibility family and for how many months? See instructions for exemption type(s).

Name of Individual	Taxpayer Identification Number (TIN)	Exemption Type	Number of Exempt Months Claimed
7 First name and M.I. Last name			
8 First name and M.I. Last name			
9 First name and M.I. Last name			
10 First name and M.I. Last name			
11 First name and M.I. Last name			
12 First name and M.I. Last name			

PART IV Complete the applicable worksheets before completing Part IV.

*Round cents to nearest dollar.
If amount is zero, leave line blank.*

13	Enter flat dollar amount (see Worksheet A-1, Line 5 or Worksheet A-2, Line 7).....	13	745.00
14	Enter the percentage income amount (see Worksheet B-1, Line 4 or Worksheet B-2, Line 14).....	14	514.00
15	Enter the larger of Line 13 or Line 14 (If Lines 13 and 14 are the same, enter that number.).....	15	745.00
16	Enter the District Average Bronze Plan Premium (see Worksheet C-1, Line 2 or Worksheet C-2, Line 2).....	16	4056.00
17	Enter the smaller of Line 15 or Line 16 here and on D-40, Line 25.....	17	745.00