Government of the
District of Columbia

2023 D-2440 SUB Disability Income Exclusion

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

Name as shown on Form D-40 *Taxpayer identification number (TIN)*

Personal information

Date of your birth (MMDDYYYY) Date you retired (MMDDYYYY) Name of your employer Payor, if other than employer

Date of spouses/registered domestic partner's birth (MMDDYYYY) Date retired(MMDDYYYY) Name of employer Payor, if other than employer

Have you filed a physician's certification for this disability in previous years? Yes No
If *yes*, do not file another certification. If *no*, you must file the physician's certification provided below.

Income

If married or registered domestic partners, use both columns. Round cents to nearest dollar. If amount is zero, leave line blank.

			You	*Your spouse/*registered *domestic partner*
1	**Total amount of disability payments received in 2023**	1		
2	Multiply $100 by the number of weeks you received disability payments in 2023. If you received pay for part of a week, see the Line 2 instructions.	2		
3	Enter Line 1 or Line 2 amount, whichever is less.	3		
				Total income
4	*Add the amounts for you and your spouse/*registered *domestic partner from Line 3.*	4		

Limitation on exclusion

5	**Federal adjusted gross income** *from Form D-40, Line 4.* Mark if loss	5	
6	**Taxable social security income** *from Form D-40, Line 10.*	6	
7	Subtract Line 6 from Line 5.	7	
8	Amount used to reduce the excludable disability income.		15000.00
9	Subtract Line 8 from Line 7. **If Line 8 is more than Line 7, enter zero.**	9	
10	**Disability income payment excludable. Subtract Line 9 from Line 4.**	10	

Enter on D-40 Schedule I, Calculation B, Line 2 (see D-40 instructions). **The exclusion may not exceed $5200 per disabled person.**

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2023 Physician's Certification of Permanent and Total Disability

Name of disabled taxpayer Taxpayer identification number (TIN)

I certify that the above taxpayer was permanently and totally disabled when the taxpayer retired. (Enter retirement date.) MM DD YYYY

Physician's first name, middle initial, last name

Physician's address (number and street) Suite number

State Zip Code + 4

Physician's phone number Physician's signature Date (MMDDYYYY)

Attach to Form D-40. See instructions.

Enter your last name

Enter your TIN

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2023 Physician's Certification of Permanent and Total Disability

Name of disabled taxpayer

Taxpayer identification number (TIN)

I certify that the above taxpayer was permanently and totally disabled when the taxpayer retired. (Enter retirement date.) MM DD YYYY

Physician's first name, middle initial, last name

Physician's address (number and street)

Suite number

City

State

Zip Code + 4

Physician's phone number

Physician's signature

Date (MMDDYYYY)

Attach to Form D-40. See instructions.