District of Columbia Retirement Board (DCRB)
Benefits Department
900 7th Street, NW, 2nd Floor •Washington, DC 20001
Telephone: (202) 343-3272 • Toll Free: (866) 456-3272 • Fax: (202) 566-5001
www.dcrb.dc.gov

Annual Earned Income Report (Calendar Year 2015)

The District of Columbia Police Officers and Firefighters' Retirement Plan requires that disability retirement benefit annuitants under the age of fifty (50) submit a notarized statement reporting earned income for the prior calendar year (DC Code §5-714). If the space below is not sufficient to report all of your income sources, please submit additional pages. The deadline for submission of this report is May 16, 2016. If you do not file your report by this date, the District of Columbia Retirement Board ("DCRB") will stop your benefit.

YOU MUST ATTACH A COPY OF THE FIRST TWO PAGES OF YOUR IRS 1040 FORM!

If you are married filing jointly, provide copies of all W-2 and 1099 information filed with your tax return.

Member Information

First Name | Middle Initial | Last Name | Date of Birth | Social Security Number

Street Address | City | State | Zip Code | Telephone Number

Income From Wages (Based on W-2 Forms)

Employer's Name (Do not include disability payments received from DCRB.) — Amount, Box 1 of W-2

1._____ $_____

2._____ $_____

Income From Your Personal Business (IRS Form 1040 Schedule C or Schedule C-EZ) 1040 Line 12

—If you reported below, please attach a copy of the form to this report —

Name of Business — Amount, Schedule C, Line 31 or C-EZ, Line 3

1._____ $_____

2._____ $_____

Income From Partnerships (IRS Form 1040 Schedule E Part II) 1040 Line 17

If you file Schedule E, please send a copy of your tax return.

Name of Partnership — Amount, Schedule E, Line 28

1._____ $_____

2._____ $_____

Income From Your Farm or Ranch (IRS Form 1040, Schedule F) 1040 Line 18

Name of Farm/Ranch — Amount, Schedule F, Line 34

1._____ $_____

Other Income (IRS Form 1040, Line 21)

Name of Payor — Amount, Form 1040, Line 21

1._____ $_____

2._____ $_____

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Report of Earnings

If you did not file a Federal income tax return for calendar year 2015, please check one of the following:

- ❑ Not required to file (please attach Verification of Non-filing from the IRS)
- ❑ Applied for filing extension (please attach a copy of IRS Form 4868)
  Estimated 2015 Annual income $_____(must be provided if this box is checked)
- ❑ Other (explain): _____

Certification

I certify that the information provided on this form is true and correct. I further understand that if I have provided any materially false information, I will forfeit all rights to my disability retirement annuity. I understand that making knowingly false or frivolous statements or representations may subject me to civil and criminal penalties under Federal and District of Columbia laws.

_____ _____ _____

Member's Signature — Member's Printed Name — Date

(Must sign in the presence of a Notary Public)

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Notary Public Verification

STATE OF _____ COUNTY OF _____

Before me, a Notary Public, on this day personally appeared _____ known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that s/he executed the same for purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, 20_____

(SEAL)

_____ _____

Signature of Notary — Commission Expires