



District of Columbia Retirement Board (DCRB)
Benefits Department

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Annual Earned Income Report

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 16th. 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 for you and your spouse.

Member Information

Form with fields: First Name, Middle Initial, Last Name, Date of Birth, Social Security Number, Street Address, City, State, Zip Code, Telephone Number, Email Address

Income From Wages (Based on W-2 Forms)

Table with columns: Employer's Name, Amount, Box 1 of W-2 (You, Your Spouse). Rows 1 and 2.

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

Table with columns: Name of Business, Amount, Schedule C, Line 31 or C-EZ, Line 3 (You, Your Spouse). Rows 1 and 2.

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

Table with columns: Name of Partnership, Amount, Schedule E, Line 28 (You, Your Spouse). Rows 1 and 2.

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

Table with columns: Name of Farm/Ranch, Amount, Schedule F, Line 34 (You, Your Spouse). Row 1.

Other Income (IRS Form 1040, Line 21)

Table with columns: Name of Payor, Amount, Form 1040, Line 21 (You, Your Spouse). Rows 1 and 2.



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Report of Earnings

If you did not file a Federal income tax return for calendar year 2013, please check one of the following:

- not required to file (please sign attached Affidavit of IRS Non-Filing)
applied for filing extension (please attach a copy of IRS Form 4868)
other (explain):

To avoid a potential interruption of your monthly benefit, you must complete and return all required forms by May 16, 2014.

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 (Must sign in the presence of a Notary Public) Member's Printed Name Date

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