



**District of Columbia Retirement Board (DCRB)**  
**Benefits Department**

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www.dcrb.dc.gov

**Affidavit of IRS Non-Filing**

**Tax Year Under Review: 2023**

I, \_\_\_\_\_, am receiving a disability retirement annuity from the District of Columbia Police Officers and Firefighters' Retirement Plan ("Plan") and am under age fifty (50). I understand that under the terms of the Plan (D.C. Code §5-714), if I earn income from outside employment in excess of a certain amount, my disability retirement annuity may be terminated.

I understand that I am required to submit to annual earned income reviews until age fifty (50) and provide any information as requested by the District of Columbia Retirement Board ("DCRB") for this purpose.

I hereby certify that I did not and was not required to file a Federal income tax return for the tax year under review.

I understand that any willful falsification of information contained in this Affidavit may result in termination of my disability retirement annuity.

I certify under penalty of perjury under the laws of the Federal and District of Columbia governments, that the foregoing is true and correct.

\_\_\_\_\_  
Member's Signature  
(Must sign in the presence of a Notary Public)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Member's Printed Name

\*\*\*\*\*

**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



Revised 03/2024