



2017 SCHEDULE H Homeowner and Renter Property Tax Credit



OFFICIAL USE ONLY Vendor ID#0002

Important: Read eligibility requirements before completing.

Personal information

Your daytime telephone number

Your taxpayer identification number (TIN)

Spouse's/registered domestic partner's TIN

Your first name

M.I.

Last name

Spouse's/registered domestic partner's first name

M.I.

Last name

Mailing address (number, street and suite/apartment number if applicable)

City

State

Zip Code +4

Address of DC property (number, street and suite/apartment number if applicable) for which you are claiming the credit if different from above

Type of property for which you are claiming the credit. Fill in only one: House Apartment Rooming house Condominium

◆ **Complete Section A or Section B, whichever applies.** ◆ Do not claim this credit for an exempt property owned by a government, a house of worship or a non-profit organization

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

Section A Credit claim based on rent paid

1	Federal adjusted gross income of the tax filing unit From Line 32 , on page 2 (see instructions)	\$.00
2	Money from other sources used to pay rent not included in federal AGI:										
	a. Source _____	\$.00
	b. Source _____	\$.00
3	Rent paid by you on the property in 2017	\$								x.20 =	
3		\$.00
4	Property tax credit. Use the "Computing Your Property Tax Credit" worksheet.	\$.00
5	Rent supplements received in 2017 by you or your landlord on your behalf.	\$.00
6	Property tax credit. Subtract Line 5 from Line 4, D-40 filers enter here and on Line 28 of the D-40.	\$.00

7 Landlord's name

Landlord's address (number and street) _____ Apartment number _____

Landlord's telephone number _____

City _____ State _____ Zip Code +4 _____

Section B Credit claim based on real property tax paid

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

8	Federal adjusted gross income of the tax filing unit (see instructions). From Line 32 on page 2.	\$.00
9	DC real property tax paid by you on the property in 2017.	\$.00
10	Property tax credit Use the "Computing Your Property Tax Credit" worksheet. Enter here and on Line 28 of the D-40.	\$.00
11	Enter information from your real property tax bill or assessment. If a section is blank on your property tax bill, leave it blank here.										

Square number _____ Suffix number _____ Lot number _____



Federal Adjusted Gross Income of the tax filing unit – Report the total AGI of your tax filing unit, including income subject to federal but not DC income tax.

		COLUMN A (YOU)	COLUMN B (SPOUSE/DP)	COLUMN C (DEPENDENTS)
Name (Last, First) Taxpayer Identification Number (TIN) Date of Birth (MMDDYYYY)				Enter on each line below the total amounts for all dependents
INCOME	1 Wages, salaries, tips, etc.	1 \$	\$	\$
	2 Taxable interest	2		
	3 Ordinary Dividends	3		
	4 Taxable refunds, credits, or offsets of state and local income taxes	4		
	5 Alimony received	5		
	6 Business Income Fill in if minus <input type="radio"/>	6	<input type="radio"/>	<input type="radio"/>
	7 Capital gain Fill in if minus <input type="radio"/>	7	<input type="radio"/>	<input type="radio"/>
	8 Other gains Fill in if minus <input type="radio"/>	8	<input type="radio"/>	<input type="radio"/>
	9 IRA distributions: Taxable amount	9		
	10 Pensions and annuities: Taxable amount	10		
	11 Rental real estate, royalties, partnerships, S-Corp., trusts, etc. Fill in if minus <input type="radio"/>	11	<input type="radio"/>	<input type="radio"/>
	12 Farm income Fill in if minus <input type="radio"/>	12	<input type="radio"/>	<input type="radio"/>
	13 Unemployment compensation	13		
	14 Social security benefits: Taxable amount	14		
	15 Other taxable income. Attach separate sheet(s) Fill in if minus <input type="radio"/>	15	<input type="radio"/>	<input type="radio"/>
16 Add Lines 1 through 15 in each column. Fill in if minus <input type="radio"/>	16	<input type="radio"/>	<input type="radio"/>	
ADJUSTMENTS	17 Educator expenses	17		
	18 Certain business expenses of reservists, performing artists, and fee-basis government officials	18		
	19 Health savings account deduction	19		
	20 Moving expenses	20		
	21 Deductible part of self-employment tax	21		
	22 Self-employed SEP, SIMPLE, and qualified plans	22		
	23 Self-employed health insurance deduction	23		
	24 Penalty on early withdrawal of savings	24		
	25 Alimony paid	25		
	26 IRA deduction	26		
	27 Student loan interest deduction	27		
	28 Tuition and fees per Federal form 8917	28		
	29 Domestic production activities deduction	29		
	30 Add Lines 17 through 29 in each column	30		
	31 Subtract Line 30 from Line 16 Fill in if minus <input type="radio"/>	31	<input type="radio"/>	<input type="radio"/>
32 Total federal adjusted gross income. Add amounts entered on Line 31, Columns A - C and enter total here on Line 32 and on Section A, Line 1 or Section B, Line 8. Fill in if minus <input type="radio"/> \$				

For STANDALONE FILERS only, please complete the following "Refund Options" information Will this refund go to an account outside of the U.S.? Yes No

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 ReliaCard (See instructions) Paper check

Direct Deposit. To have your refund deposited to your checking OR savings account, fill in oval and enter bank routing and account numbers. See instructions.

Routing Number

Account Number

Your signature _____ Date _____ Preparer's signature _____ Date _____

Spouse's/domestic partner's signature if filing jointly or separately on same return. _____ Date _____ Preparer's Tax Identification Number (PTIN) _____ PTIN telephone number _____