This is a FILL-IN format. Please do not handwrite any data on this form other than your signature.

★★★ **Government of the District of Columbia**

2018 **SCHEDULE H** Homeowner and Renter Property Tax Credit

1 8 9 9 8 0 1 1 0 0 0 2

Important: Read eligibility requirements before completing.
Print in CAPITAL letters using black ink.

OFFICIAL USE ONLY Vendor ID#0002

Personal information
Your daytime telephone number

Your taxpayer identification number (TIN)   *and* Date of Birth (MMDDYYYY)   Spouse's/registered domestic partner's TIN   *and* Date of Birth (MMDDYYYY)

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

Section A Credit claim based on rent paid

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

1 Federal adjusted gross income of the tax filing unit *From **Line 32**, on page 2* (see instructions)   1 $ _____ .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 2018 $ _____ .00 *x.20* = 3 $ _____ 00

4 Property tax credit. *Use the "Computing Your Property Tax Credit" worksheet.*   4 $ _____ 00

5 Rent supplements received in 2018 by you or your landlord on your behalf.   5 $ _____ 00

6 Property tax credit. *Subtract Line 5 from Line 4, D-40 filers enter here and on Line 24 of the D-40.*   6 $ _____ 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.   8 $ _____ .00

9 DC real property tax paid by you on the property in 2018.   9 $ _____ .00

10 Property tax credit *Use the "Computing Your Property Tax Credit" worksheet. Enter here and on Line 24 of the D-40.*   10 $ _____ .00

11 *Enter information from your real property tax bill or assessment. If a section is blank on your property tax bill, <u>leave it blank here</u>.*

Square number _____   Suffix number _____   Lot number _____

1 8 9 9 8 0 1 2 0 0 0 2

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)
					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 ◯	6		◯	◯
	7 Capital gain Fill in if minus ◯	7		◯	◯
	8 Other gains Fill in if minus ◯	8		◯	◯
	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 ◯	11		◯	◯
	12 Farm income Fill in if minus ◯	12		◯	◯
	13 Unemployment compensation	13			
	14 Social security benefits: Taxable amount	14			
	15 Other taxable income. Attach separate sheet(s) Fill in if minus ◯	15		◯	◯
	16 Add Lines 1 through 15 in each column. Fill in if minus ◯	**16**		◯	◯
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 for members of the armed forces. Attach fed. Form 3903	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 RESERVED	28			
	29 RESERVED	29			
	30 Add Lines 17 through 29 in each column	**30**			
	31 Subtract Line 30 from Line 16 Fill in if minus ◯	31		◯	◯
	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 ◯ $				

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 *or* ◯ ReliaCard (See instructions) *or* ◯ 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 _____

File order 6

Revised 09/18