Government of the District of Columbia 2019 SCHEDULE H Homeowner and Renter Property Tax Credit						
Important: Read eligibility requirements before completing.	1 1 1 1 1 1 1 1 1 1					
Personal information OFFIC	CIAL USE ONLY Vendor ID#0002					
	nestic 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	an aradit if different from above					
Address of DC property (number, street and sune/apartment number if applicable) for which you are claiming the						
Type of property for which you are claiming the credit. Fill in only one: OHouse Apartment	Rooming house Condominium					
a house of worship or a non-profit organization Section A <u>Credit claim based on rent paid</u>	Round cents to nearest dollar. If amount is zero, leave line blank.					
 Federal adjusted gross income of the tax filing unit <i>From Line 32, on page 2</i> (see instructions) Reserved 	1 \$	00				
3 Rent paid by you on the property in 2019 \$.00 x.20	= 3 \$	00				
4 Property tax credit. Use the "Computing Your Property Tax Credit" worksheet. 4						
5 Rent supplements received in 2019 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 31 of the D-40.						
7 Landlord's name		00				
		00				
Landlord's address (number, street and suite/apartment number if applicable)		.00				
	Apartment number	.00				
l andlord's telephone nu						
City State	Imber					
City State						
	Imber					
City State	Tip Code +4 Round cents to nearest dollar.	.00				
City State Section B <u>Credit claim based on real property tax paid</u> 8 Federal adjusted gross income of the tax filing unit (see instructions).	Tip Code +4 Round cents to nearest dollar. If amount is zero, leave line blank.					

2019 SCHEDULE H PAGE 2 Last name and TIN



For STANDALONE FILERS only, please compl	ete the following "Refund	d 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 <u>one</u> refund choice: O 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 instruction								
Routing Number Account Number								
Signature under penalty of law, I declare that I have ex	amined this return and, to the be	est of my knowledge, it is correct. Declaration of paid prepa	arer is based on information available to the preparer.					
Your signature	Date	Preparer's signature	Date					
Spouse's/domestic partner's signature if filing jointly o	r separately Date	Preparer's Tax Identification Number (PTIN)	PTIN telephone number					

FOR STANDALONE FILERS ONLY - WORKSHEET TO DETERMINE FEDERAL ADJUSTED GROSS INCOME

This Worksheet is for use by standalone filers only. If you are filing a D-40 Return, do not complete this worksheet.

				<u>COLUMN A (YOU)</u>	COLUMN B (SPOUSE/DOMESTIC PARTNER)		
	1	Wages, salaries, tips, etc.	1\$		\$		
ΛE	2	Taxable interest	2				
INCOME	3	Ordinary Dividends	3				
2	4	Taxable refunds, credits, or offsets of state and local income taxes	4				
	5	RESERVED	5				
	6	Business Income Fill in if minus O	6		Fill in if minus 🔵		
	7	Capital gain Fill in if minus 🔾	7		Fill in if minus 🔵		
	8	Other gains Fill in if minus 🔵	8		Fill in if minus 🔵		
	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		Fill in if minus 🔵		
	12	Farm income Fill in if minus	12		Fill in if minus 🔵		
	13	Unemployment compensation	13				
	14	Social security benefits: Taxable amount	14				
-	15	Other taxable income. Attach separate sheet(s) Fill in if minus	15		Fill in if minus 🔵		
	16	Add Lines 1 through 15 in each column. Fill in if minus	16		Fill in if minus 🔵		
	17	Educator expenses	17				
	18	Certain business expenses of reservists, performing artists, and fee-basis government officials	18				
TS	19	Health savings account deduction	19				
ЛЕN	20	Moving expenses for members of the armed forces. Attach fed. Form 3903	20				
STN	21	Deductible part of self-employment tax	21				
ADJUSTMENTS	22	Self-employed SEP, SIMPLE, and qualified plans	22				
۲.	23	Self-employed health insurance deduction	23				
	24	Penalty on early withdrawal of savings	24				
	25	RESERVED	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		Fill in if minus		
	32	Total federal adjusted gross income. Add amounts entered on Line 31 and enter total here on Line 32 and on Section A, Line 1 or Section B,			if minus 🔵 \$		