

SCHEDULE H Homeowner  
and Renter Property Tax Credit



Important: Read eligibility requirements before completing. This is a FILL-IN format. Please do not handwrite any data on this form other than your signature.

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

Email Address

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 ☐ Cooperative

◆ **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

1 Federal adjusted gross income of the tax filing unit (see instructions).

1 \$ .00

2 Rent paid by you on the property in 2020

\$ .00 x .20 =

2 \$ .00

3 Property tax credit. Use the "Computing Your Property Tax Credit" worksheet.

3 \$ .00

4 Landlord's name

Landlord's address (number, street and suite/apartment number if applicable)

Apartment number

Landlord's telephone number

City

State

Zip Code +4

Section B Credit claim based on real property tax paid or accrued.

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

5 Federal adjusted gross income of the tax filing unit (see instructions).

5 \$ .00

6 DC real property tax paid or accrued on the property in 2020.

6 \$ .00

7 Property tax credit Use the "Computing Your Property Tax Credit" worksheet.

7 \$ .00

8 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



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

**Refund Options:** For information on the tax refund card and program limitations, see instructions or visit our website [MyTax.DC.gov](https://www.MyTax.DC.gov).

**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.

[illegible]

Signature under penalty of law. I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid preparer is based on information available to the preparer.

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

COLUMN A (YOU)

COLUMN B (SPOUSE/DOMESTIC PARTNER)

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 (only if divorce or separation agreement on or before 12/31/18)	5					
	6	Business Income	Fill in if minus <input type="text"/>	6		Fill in if minus <input type="text"/>		
	7	Capital gain	Fill in if minus <input type="text"/>	7		Fill in if minus <input type="text"/>		
	8	Other gains	Fill in if minus <input type="text"/>	8		Fill in if minus <input type="text"/>		
	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="text"/>	11		Fill in if minus <input type="text"/>		
	12	Farm income	Fill in if minus <input type="text"/>	12		Fill in if minus <input type="text"/>		
	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="text"/>	15		Fill in if minus <input type="text"/>		
16 Add Lines 1 through 15 in each column.			Fill in if minus <input type="text"/>	16		Fill in if minus <input type="text"/>		
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 (only if divorce or separation agreement on or before 12/31/18)	25					
	26	IRA deduction	26					
	27	Student loan interest deduction	27					
	28	Tuition and fees per federal Form 8917	28					
	29 Add Lines 17 through 28 in each column			29				
	30	Subtract Line 29 from Line 16	Fill in if minus <input type="text"/>	30		Fill in if minus <input type="text"/>		
	31 Total federal adjusted gross income. Add amounts entered on Line 30, Columns A - B and enter total here on Line 31 and on Section A, Line 1 or Section B, Line 5. If less than zero, enter zero.					31	\$	