

## 2021 SCHEDULE H Homeowner and Renter Property Tax Credit



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 and Date of Birth (MMDDYYYY) Spouse's/registered domestic partner's TIN and Date of Birth (MMDDYYYY) Your taxpayer identification number (TIN) Your first name M.I. Last name Spouse's/registered domestic partner's first name 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 Rooming house Condominium Apartment 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 00 1 \$ 1 Federal adjusted gross income of the tax filing unit (see instructions). If less than zero, enter zero. 2 Rent paid by you on the property in 2021 00 x.20 = 200 3 Property tax credit. Use the "Computing Your Property Tax Credit" worksheet. 00 3 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 Round cents to nearest dollar. Section B Credit claim based on real property tax owed. If amount is zero, leave line blank. 00 5 Federal adjusted gross income of the tax filing unit (see instructions). If less than zero, enter zero. 5 6 DC real property tax bill for tax year 2021. Do not include special assessments, interest, 00 penalties and service charges. 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. Suffix number Square number Lot number



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I		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 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 number.  Routing Number Account Number 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 as								
						g and account numbers. See	instructions.	
						sed on information available to th	e preparer.	
	;	Your signature Date Preparer's signature Date						
	Spouse's/domestic partner's signature if filing jointly or separately Date Preparer's Tax Identification Number (PTIN) PTIN telephone number on same return.							
	F	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.						
		me nondreces for use systemations made si	B (SPOUSE/DOMESTIC PAR	RTNER)				
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	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			
Ī	17	Educator expenses	17				_	
	18	Certain business expenses of reservists, performing artists, and fee-basis government officials	18					
LS	19	Health savings account deduction	19					
	20	Moving expenses for members of the armed forces. Attach fed. Form 3903	20					
STM	21	Deductible part of self-employment tax	21					
<b>ADJUSTMENTS</b>		Self-employed SEP, SIMPLE, and qualified plans	22					
A		Self-employed health insurance deduction	23					
		Penalty on early withdrawal of savings	24					
		, ,	25					
		Alimony paid (only if divorce or separation agreement on or before 12/31/18)	26					
		IRA deduction						
-		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	30		Fill in if minus			
	31	Total federal adjusted gross income. Add amounts entered on Line 30 and enter total here on Line 31 and on Section A. Line 1 or Section B			31 \$			