

2023 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

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

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

1 Federal adjusted gross income of the tax filing unit (see instructions). <i>If less than zero, enter zero.</i>	1 \$.00
2 Rent paid by you on the property in 2023	\$.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 owed.

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

5 Federal adjusted gross income of the tax filing unit (see instructions). <i>If less than zero, enter zero.</i>	5 \$.00
6 DC real property tax bill for tax year 2023. Do not include special assessments, interest, penalties and service charges.	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 3 9 9 8 0 1 2 0 0 0 2

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](https://www.irs.gov/mytax).

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

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 _____

Spouse's/domestic partner's signature if filing jointly or separately on same return. _____ 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.

COLUMN A (YOU)

COLUMN B (SPOUSE/DOMESTIC PARTNER)

	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="radio"/> 6	Fill in if minus <input type="radio"/>
	7 Capital gain Fill in if minus <input type="radio"/> 7	Fill in if minus <input type="radio"/>
	8 Other gains Fill in if minus <input type="radio"/> 8	Fill in if minus <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	Fill in if minus <input type="radio"/>
	12 Farm income Fill in if minus <input type="radio"/> 12	Fill in if minus <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	Fill in if minus <input type="radio"/>
16 Add Lines 1 through 15 in each column. Fill in if minus <input type="radio"/> 16	Fill in if minus <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 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="radio"/> 30	Fill in if minus <input type="radio"/>
	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 \$	