

2017 SCHEDULE H SUB Homeowner and Renter Property Tax Credit



Important: Read the eligibility requirements before completing.

Personal information Your daytime telephone number

1234567890

SOFTWARE DEVELOPER USE ONLY

VENDOR ID# 1234

Your taxpayer identification number (TIN)

123456789

Spouse's/registered domestic partner's TIN

123456789

Your first name

ABCDEFGHIJKL

M.I.

A

Last name

ABCDEFGHIJKLABCDEFGH

Spouse's/registered domestic partner's first name

ABCDEFGHIJKL

M.I.

A

Last name

ABCDEFGHIJKLABCDEFGH

Mailing address (number,street and suite/apartment number if applicable)

12345ABCDEF... ABCDEF

City

ABCDEFGHIJKLABCDEFGH

State

AB

Zipcode + 4

123456789

Address of DC property (number, street and suite/apartment number if applicable) for which you are claiming credit if different from above

12345ABCDEF... ABCDEF

Type of property for which you are claiming credit. Mark only one: X House X Apartment X Rooming house X Condominium

Complete Section A or Section B, whichever one 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 the nearest dollar. If amount is zero, leave line blank.

- 1 Federal adjusted gross income... 1 \$ 123456789.00
2 Money from other sources...
a. Source \$ 123456.00
b. Source \$ 123456.00
3 Rent paid by you... 3 \$ 123456789.00
4 Property tax credit... 4 \$ 123456789.00
5 Rent supplements received... 5 \$ 123456789.00
6 Property tax credit... 6 \$ 123456789.00

7 Landlord's name

ABCDEFGHIJKLABCDEF... ABCD

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

12345ABCDEF... ABCDEF

Landlord's telephone number

1234567890

City

ABCDEFGHIJKLABCDEFGH

State

AB

Zipcode + 4

123456789

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... 8 \$ 123456789.00
9 DC real property tax paid... 9 \$ 123456789.00
10 Property tax credit... 10 \$ 123456789.00
11 Enter information from your real property tax bill...
Square number 1234 Suffix number 1234 Lot number 1234

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Last name and TIN ABCDEFGHIJKLMNOPQRSTUVWXYZ123456789



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)
Name (Last, First)		ABCDEFGHIJ ABCDEFG	ABCDEFGHIJABCDEFGHIJ	Enter on each line below the total amounts for ALL dependents.
Taxpayer Identification Number (TIN)		123456789	123456789	
Date of Birth (MMDDYYYY)		MMDDYYYY	MMDDYYYY	
1	Wages, salaries, tips, etc.	\$1 123456789.00	123456789.00	123456789.00
2	Taxable interest	2 123456789.00	123456789.00	123456789.00
3	Ordinary Dividends	3 123456789.00	123456789.00	123456789.00
4	Taxable refunds, credits, or offsets of state and local income taxes	4 123456789.00	123456789.00	123456789.00
5	Alimony received	5 123456789.00	123456789.00	123456789.00
6	Business Income	6 123456789.00	X 123456789.00	X 123456789.00
7	Capital gain	7 123456789.00	X 123456789.00	X 123456789.00
8	Other gains	8 123456789.00	X 123456789.00	X 123456789.00
9	IRA distributions: Taxable amount	9 123456789.00	123456789.00	123456789.00
10	Pensions and annuities: Taxable amount	10 123456789.00	123456789.00	123456789.00
11	Rental real estate, royalties, partnerships, S Corporations, trusts, etc.	11 123456789.00	X 123456789.00	X 123456789.00
12	Farm Income	12 123456789.00	X 123456789.00	X 123456789.00
13	Unemployment compensation	13 123456789.00	123456789.00	123456789.00
14	Social security benefits: Taxable amount	14 123456789.00	123456789.00	123456789.00
15	Other taxable income: Attach separate sheet(s)	15 123456789.00	X 123456789.00	X 123456789.00
16	Add Lines 1 through 15 in each column.	16 123456789.00	X 123456789.00	X 123456789.00
17	Educator expenses	17 123456789.00	123456789.00	123456789.00
18	Certain business expenses of reservists, performing artist, and fee-basis government officials	18 123456789.00	123456789.00	123456789.00
19	Health savings account deduction	19 123456789.00	123456789.00	123456789.00
20	Moving expenses	20 123456789.00	123456789.00	123456789.00
21	Deductible part of self-employment tax	21 123456789.00	123456789.00	123456789.00
22	Self-employed SEP, SIMPLE, and qualified plans	22 123456789.00	123456789.00	123456789.00
23	Self-employed health insurance deduction	23 123456789.00	123456789.00	123456789.00
24	Penalty on early withdrawal of savings	24 123456789.00	123456789.00	123456789.00
25	Alimony paid	25 123456789.00	123456789.00	123456789.00
26	IRA deduction	26 123456789.00	123456789.00	123456789.00
27	Student loan interest deduction	27 123456789.00	123456789.00	123456789.00
28	Tuition and fees per Federal form 8917	28 123456789.00	123456789.00	123456789.00
29	Domestic production activities deduction	29 123456789.00	123456789.00	123456789.00
30	Add Lines 17 through 29 in each column	30 123456789.00	123456789.00	123456789.00
31	Subtract Line 30 from Line 16	31 123456789.00	X 123456789.00	X 123456789.00
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.		Mark if loss X	\$123456789.00

For STANDALONE FILERS only, please complete the following "Refund Options" information. Will the 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 ReliaCard (See instructions) Paper check
 Direct Deposit To have your refund deposited into your checking OR savings account, mark X and enter bank routing and account number
 Routing Number 123456789 Account Number 000000012345678

Signature Under penalties 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
		123456789	1234567890
Spouse's/domestic partner's signature if filing jointly or separately on same return	Date	Preparer's Tax Identification Number (PTIN)	PTIN telephone number