

2019 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) and Date of Birth (MMDDYYYY) 123456789 12121234

Spouse's/registered domestic partner's TIN and Date of Birth (MMDDYYYY) 123456789 12121234

Your first name M.I. Last name ABCDEFGHIJKL A ABCDEFGHIJKLABCDEFGH

Spouse's/registered domestic partner's first name M.I. Last name ABCDEFGHIJKL A ABCDEFGHIJKLABCDEFGH

Mailing address (number,street and suite/apartment number if applicable) 12345ABCDEF... ABCDEFGHIJKLABCDEF

City State Zipcode + 4 ABCDEFGHIJKLABCDEFGH AB 123456789

Address of DC property (number, street and suite/apartment number if applicable) for which you are claiming credit if different from above 12345ABCDEF... ABCDEFGHIJKLABCDEF

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.

Table with 3 columns: Line number, Description, Amount. Includes lines 1-6 for rent paid claim.

7 Landlord's name ABCDEFGHIJKLABCDEF... ABCDEFGHIJKLABCD

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

12345ABCDEF... ABCDEFGH

City State Zipcode + 4 ABCDEFGHIJKLABCDEF AB 123456789 Landlord's telephone number 1234567890

Section B Credit claim based on real property tax paid

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

Table with 3 columns: Line number, Description, Amount. Includes lines 8-10 for real property tax paid claim.

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Last name and TIN

ABCDEFGHIJKLMN OPQRSTUVWXYZ123456789



For STANDALONE FILERS only, please complete the following "Refund Options" information. Will this refund go to an account outside of the us.? Yes No

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

Mark one refund choice: direct deposit or ReliaCard (See instructions) or Paper check

Direct Deposit. To have your refund deposited into your checking OR savings account, fill in oval and enter bank routing and account numbers. See instructions.

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

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)
1	Wages, salaries, tips, etc.	1 \$123456789.00	123456789.00
2	Taxable interest	2 123456789.00	123456789.00
3	Ordinary Dividends	3 123456789.00	123456789.00
4	Taxable refunds, credits, or offsets of state and local income taxes	4 123456789.00	123456789.00
5	RESERVED	5 123456789.00	123456789.00
6	Business Income	6 123456789.00	123456789.00
	Mark if loss <input checked="" type="checkbox"/>		Mark if loss <input checked="" type="checkbox"/>
7	Capital gain	7 123456789.00	123456789.00
	Mark if loss <input checked="" type="checkbox"/>		Mark if loss <input checked="" type="checkbox"/>
8	Other gains	8 123456789.00	123456789.00
	Mark if loss <input checked="" type="checkbox"/>		Mark if loss <input checked="" type="checkbox"/>
9	IRA distributions: Taxable amount	9 123456789.00	123456789.00
10	Pensions and annuities: Taxable amount	10 123456789.00	123456789.00
11	Rental real estate, royalties, partnerships, S Corporations, trusts, etc.	11 123456789.00	123456789.00
	Mark if loss <input checked="" type="checkbox"/>		Mark if loss <input checked="" type="checkbox"/>
12	Farm Income	12 123456789.00	123456789.00
	Mark if loss <input checked="" type="checkbox"/>		Mark if loss <input checked="" type="checkbox"/>
13	Unemployment compensation	13 123456789.00	123456789.00
14	Social security benefits: Taxable amount	14 123456789.00	123456789.00
15	Other taxable income: Attach separate sheet(s)	15 123456789.00	123456789.00
	Mark if loss <input checked="" type="checkbox"/>		Mark if loss <input checked="" type="checkbox"/>
16	Add Lines 1 through 15 in each column.	16 123456789.00	123456789.00
	Mark if loss <input checked="" type="checkbox"/>		Mark if loss <input checked="" type="checkbox"/>
17	Educator expenses	17 123456789.00	123456789.00
18	Certain business expenses of reservists, performing artist, and fee-basis government officials	18 123456789.00	123456789.00
19	Health Savings account deduction	19 123456789.00	123456789.00
20	Moving expenses for members of the armed forces. Attach fed. Form 3903	20 123456789.00	123456789.00
21	Deductible part of self-employment tax	21 123456789.00	123456789.00
22	Self-employed SEP, SIMPLE, and qualified plans	22 123456789.00	123456789.00
23	Self-employed health insurance deduction	23 123456789.00	123456789.00
24	Penalty on early withdrawal of savings	24 123456789.00	123456789.00
25	RESERVED	25 123456789.00	123456789.00
26	IRA deduction	26 123456789.00	123456789.00
27	Student loan interest deduction	27 123456789.00	123456789.00
28	RESERVED	28 123456789.00	123456789.00
29	RESERVED	29 123456789.00	123456789.00
30	Add Lines 17 through 29 in each column	30 123456789.00	123456789.00
31	Subtract Line 30 from Line 16	31 123456789.00	123456789.00
	Mark if loss <input checked="" type="checkbox"/>		Mark if loss <input checked="" type="checkbox"/>
32	Total federal adjusted gross income. Add amounts entered on Line 31, Columns A-B and enter total here on Line 32 and on Section A, Line 1 or Section B, Line 8.	32 123456789.00	123456789.00
	Mark if loss <input checked="" type="checkbox"/>		Mark if loss <input checked="" type="checkbox"/>