

2020 SCHEDULE H SUB Homeowner and Renter Property Tax Credit



Important: Read the eligibility requirements before completing.

Personal information

Your daytime telephone number 9999999999

SOFTWARE DEVELOPER USE ONLY

VENDOR ID# 9999

Your taxpayer identification number(TIN) and Date of Birth (MMDDYYYY) 999999999 99999999

Spouse's/registered domestic partner's TIN and Date of Birth (MMDDYYYY) 999999999 99999999

Your first name M.I. Last name XXXXXXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXX

Spouse's/registered domestic partner's first name M.I. Last name XXXXXXXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXXXX

Mailing address (number,street and suite/apartment number if applicable) 9999XXXXXXXXXXXXXXXXXXXXXXXXXXXX 9999XXXXXXXXXXXXXXXXXXXXXXXXXXXX

City State Zipcode + 4 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XX 99999999

Email Address 9XXXX9XXXX9XXXX9XXXXXXXXXXXXXXXXXXXX

Address of DC property (number, street and suite/apartment number if applicable) for which you are claiming credit if different from above 9999XXXXXXXXXXXXXXXXXXXXXXXXXXXX 9999XXXXXXXXXXXXXXXXXXXXXXXXXXXX

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

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

Roundcentsto the nearest dollar. If amount is zero, leave line blank.

Table with 3 rows: 1 Federal adjusted gross income... 2 Rent paid by you... 3 Property tax credit...

4 Landlord's name, address, apartment number, telephone number, city, state, zip code

Section B Credit claim based on real property tax paid

Roundcentsto the nearest dollar. If amount is zero, leave line blank.

Table with 8 rows: 5 Federal adjusted gross income... 6 DC real property tax paid... 7 Property tax credit... 8 Enter information from your real property tax bill...

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Last name and TIN XXXXXXXXXXXXXXXXXXXXXXXX
999999999



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/efile).
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 and enter bank routing and account numbers. See instructions.

Routing Number 999999999 Account Number 9999999999999999999

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 _____
999999999
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.	999999999.00	999999999.00
2	Taxable interest	999999999.00	999999999.00
3	Ordinary Dividends	999999999.00	999999999.00
4	Taxable refunds, credits, or offsets of state and local income taxes	999999999.00	999999999.00
5	Alimony received (only if divorce or separation agreement on or before 12/31/2018)	999999999.00	999999999.00
6	Business Income <input checked="" type="checkbox"/> Mark if loss	999999999.00	<input checked="" type="checkbox"/> Mark if loss 999999999.00
7	Capital gain <input checked="" type="checkbox"/> Mark if loss	999999999.00	<input checked="" type="checkbox"/> Mark if loss 999999999.00
8	Other gains <input checked="" type="checkbox"/> Mark if loss	999999999.00	<input checked="" type="checkbox"/> Mark if loss 999999999.00
9	IRA distributions: Taxable amount	999999999.00	999999999.00
10	Pensions and annuities: Taxable amount	999999999.00	999999999.00
11	Rental real estate, royalties, partnerships, S Corporations, trusts, etc. <input checked="" type="checkbox"/> Mark if loss	999999999.00	<input checked="" type="checkbox"/> Mark if loss 999999999.00
12	Farm Income <input checked="" type="checkbox"/> Mark if loss	999999999.00	<input checked="" type="checkbox"/> Mark if loss 999999999.00
13	Unemployment compensation	999999999.00	999999999.00
14	Social security benefits: Taxable amount	999999999.00	999999999.00
15	Other taxable income: Attach separate sheet(s) <input checked="" type="checkbox"/> Mark if loss	999999999.00	<input checked="" type="checkbox"/> Mark if loss 999999999.00
16	Add Lines 1 through 15 in each column. <input checked="" type="checkbox"/> Mark if loss	999999999.00	<input checked="" type="checkbox"/> Mark if loss 999999999.00
17	Educator expenses	999999999.00	999999999.00
18	Certain business expenses of reservists, performing artist, and fee-basis government officials	999999999.00	999999999.00
19	Health Savings account deduction	999999999.00	999999999.00
20	Moving expenses for members of the armed forces. Attach fed. Form 3903	999999999.00	999999999.00
21	Deductible part of self-employment tax	999999999.00	999999999.00
22	Self-employed SEP, SIMPLE, and qualified plans	999999999.00	999999999.00
23	Self-employed health insurance deduction	999999999.00	999999999.00
24	Penalty on early withdrawal of savings	999999999.00	999999999.00
25	Alimony paid (only if divorce or separation agreement on or before 12/31/2018)	999999999.00	999999999.00
26	IRA deduction	999999999.00	999999999.00
27	Student loan interest deduction	999999999.00	999999999.00
28	Tuition and fees per federal Form 8917	999999999.00	999999999.00
29	Add Lines 17 through 28 in each column	999999999.00	999999999.00
30	Subtract Line 29 from Line 16 <input checked="" type="checkbox"/> Mark if loss	999999999.00	<input checked="" type="checkbox"/> Mark if loss 999999999.00
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.	999999999.00	999999999.00