





Last name and SSN

**Calculation of total household gross income** *Report the total income of every member of your household, including income not subject to DC tax.*

	You	Your spouse/dom. partner	Other household members
a Wages, salaries, tips, bonuses, commissions, fees.	a \$	\$	\$
b Dividends and interest.	b		
c Lottery winnings.	c		
d Business income or loss.	d		
e Taxable and nontaxable pensions and annuities.	e		
f Capital gain (loss).	f		
g Alimony received.	g		
h Net rental income.	h		
i Social security and/or railroad retirement.	i		
j Unemployment insurance and workers' compensation.	j		
k Support money and public assistance grants.	k		
l Interest on U.S. obligations.	l		
m Disability income exclusion (from DC Form D-2440, Line 10).	m		
n Nontaxable portion of military compensation.	n		
o Fellowship and scholarship awards and grants.	o		
p Life insurance proceeds.	p		
q Veteran's pension and disability payments.	q		
r GI Bill benefits.	r		
s Income subject to unincorporated business franchise tax.	s		
t Cash distributions.	t		
u Other.	u		
<b>v Total gross income. Add Lines a–u for each column.</b>	<b>v</b>		
<b>w Total household gross income. Add amounts on Line v, enter here and on correct Line (1 or 7) on front of this schedule.</b>	<b>w \$</b>		

**Other members of your household** *List all those, other than your spouse or domestic partner, whose income is included above in the Other household members column.*

First name, middle initial, last name	Social security number
<input type="text"/>	<input type="text"/>
First name, middle initial, last name	Social security number
<input type="text"/>	<input type="text"/>
First name, middle initial, last name	Social security number
<input type="text"/>	<input type="text"/>

**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 the information available to the preparer.

Your signature	Date	Paid preparer's signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Paid preparer's Federal ID, SSN or PTIN		Paid preparer's telephone number	
<input type="text"/>		<input type="text"/>	



Last name and SSN [ ]

Physician's certification of blindness or disability.

If you are blind or disabled, you must have this certificate completed each time you claim the Property Tax Credit and file it with your Schedule H.

Claimant's first name M.I. Last name [ ]

Claimant's social security number [ ]

I certify that the above-named claimant (fill in all that apply):

- is blind;
has a physical or mental impairment that is expected to last continuously for 12 months or more;
was physically or mentally impaired on January 1, 2008.

Physician's first name M.I. Last name [ ]

Physician's address (number and street) Suite number [ ]

City State Zip Code +4 [ ]

Physician's signature Date Where Licensed License Number [ ]

Definitions

Blind
Central visual acuity that does not exceed 20/200 in the better eye with correcting lenses, or visual acuity that is greater than 20/200, but is accompanied by a limitation in the field of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees.

Disabled
Unable to engage in any gainful activity due to a medically determinable physical or mental impairment which can be expected to last for 12 months or more.