

2009 SCHEDULE H SUB Homeowner and Renter Property Tax Credit



OFFICIAL USE ONLY

Important: Read the eligibility requirements before completing.

Personal information

Mark if you are: X 62 or older X Blind or disabled

Your social security number (SSN)

1 2 3 4 5 6 7 8 9

Your daytime telephone number

1 2 3 4 5 6 7 8 9 0

Your first name

A B C D E F G H I J K L

M.I.

A

Last name

A B C D E F G H I J K L A B C D E F G H

Spouse's/registered domestic partner's SSN

1 2 3 4 5 6 7 8 9

Fill in if spouse/registered domestic partner is:

X 62 or older X blind or disabled

Spouse's/registered domestic partner's first name

A B C D E F G H I J K L

M.I.

A

Last name

A B C D E F G H I J K L A B C D E F G H

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

1 2 3 4 5 A B C D E F G H I J K L A B C D E F G H I J K L A B C D E F G H I J K L A B C D E F

City

A B C D E F G H I J K L A B C D E F G H

State

A B

Zipcode + 4

1 2 3 4 5 6 7 8 9

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

1 2 3 4 5 A B C D E F G H I J K L A B C D E F G H I J K L A B C D E F G H I J K L A B C D E F

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

Complete Section A or Section B, whichever one applies.

Do not claim this credit for a property owned by a government, a house of worship or a non-profit organization.

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

Section A Credit claim based on rent paid

1 Total household gross income From Line w (page 2). If over \$20,000, do not claim this credit. 1 \$ 1 2 3 4 5 6 7 8 9 . 00

2 Rent paid on this property in 2009 \$ 1 2 3 4 5 6 7 8 9 . 00 x .15 = 2 \$ 1 2 3 4 5 6 7 8 9 . 00 If 15% of the rent paid amount is more than the line 1 amount do not claim the credit.

3 Property tax credit Use the calculation from the Property Tax Credit Worksheet 3 \$ 1 2 3 4 5 6 7 8 9 . 00

4 Rent supplements received in 2009 by you or by your landlord on your behalf 4 \$ 1 2 3 4 5 6 7 8 9 . 00

5 Property tax credit Subtract Line 4 from Line 3, D-40 filers, enter here and on Line 29 of D-40. 5 \$ 1 2 3 4 5 6 7 8 9 . 00

6 Landlord's name

A B C D E F G H I J K L A B C D E F G H I J K L A B C D E F G H I J K L A B C D

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

1 2 3 4 5 A B C D E F G H I J K L A B C D E F G H I J K L A B C D E F G H I J K L A B C D E F

Landlord's telephone number 1 2 3 4 5 6 7 8 9 0

City

A B C D E F G H I J K L A B C D E F G H

State

A B

Zipcode + 4

1 2 3 4 5 6 7 8 9

Section B Claim based on real property tax paid

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

7 Total household gross income From Line w (page 2). If over \$20,000, do not claim this credit. 7 \$ 1 2 3 4 5 6 7 8 9 . 00

8 DC real property tax paid by you on this property in 2009 8 \$ 1 2 3 4 5 6 7 8 9 . 00

9 Property tax credit Use the calculation from the Property Tax Credit Worksheet 9 \$ 1 2 3 4 5 6 7 8 9 . 00

10 Enter information from your real property tax bill or assessment. If a section is blank on your tax bill, leave it blank here.

Square number 1 2 3 4 Suffix number 1 2 3 4 Lot number 1 2 3 4

# 2009 SCHEDULE H WORKSHEET

Your last name **ABCDEFGHIJKLMN**  
 Your SSN. **123456789**

**Total household gross income** Report the total income of every member of your household, including any income not subject to DC tax.  
 This income does not include gifts from nongovernmental sources, food stamps or food and other relief in-kind supplied by a government agency.

	You	Your spouse/dom. partner	Other household members
a Wages, salaries, tips, bonuses, commissions, fees and any compensation for personal services	a 1 2 3 4 5 6 7 8 9 . 00	1 2 3 4 5 6 7 8 9 . 00	1 2 3 4 5 6 7 8 9 . 00
b Dividends and interest	b 1 2 3 4 5 6 7 8 9 . 00	1 2 3 4 5 6 7 8 9 . 00	1 2 3 4 5 6 7 8 9 . 00
c Lottery winnings	c 1 2 3 4 5 6 7 8 9 . 00	1 2 3 4 5 6 7 8 9 . 00	1 2 3 4 5 6 7 8 9 . 00
d Trade or business income or loss	d 1 2 3 4 5 6 7 8 9 . 00	1 2 3 4 5 6 7 8 9 . 00	1 2 3 4 5 6 7 8 9 . 00
e Taxable and nontaxable pensions and annuities	e 1 2 3 4 5 6 7 8 9 . 00	1 2 3 4 5 6 7 8 9 . 00	1 2 3 4 5 6 7 8 9 . 00
f Capital gain (loss)	f 1 2 3 4 5 6 7 8 9 . 00	1 2 3 4 5 6 7 8 9 . 00	1 2 3 4 5 6 7 8 9 . 00
g Alimony received	g 1 2 3 4 5 6 7 8 9 . 00	1 2 3 4 5 6 7 8 9 . 00	1 2 3 4 5 6 7 8 9 . 00
h Net rental and royalty income	h 1 2 3 4 5 6 7 8 9 . 00	1 2 3 4 5 6 7 8 9 . 00	1 2 3 4 5 6 7 8 9 . 00
i Social security and/or railroad retirement	i 1 2 3 4 5 6 7 8 9 . 00	1 2 3 4 5 6 7 8 9 . 00	1 2 3 4 5 6 7 8 9 . 00
j Unemployment insurance and worker's compensation	j 1 2 3 4 5 6 7 8 9 . 00	1 2 3 4 5 6 7 8 9 . 00	1 2 3 4 5 6 7 8 9 . 00
k Support money and public assistance grants	k 1 2 3 4 5 6 7 8 9 . 00	1 2 3 4 5 6 7 8 9 . 00	1 2 3 4 5 6 7 8 9 . 00
l Interest on U.S. obligations	l 1 2 3 4 5 6 7 8 9 . 00	1 2 3 4 5 6 7 8 9 . 00	1 2 3 4 5 6 7 8 9 . 00
m Disability income exclusion (from DC Form D-2440)	m 1 2 3 4 5 6 7 8 9 . 00	1 2 3 4 5 6 7 8 9 . 00	1 2 3 4 5 6 7 8 9 . 00
n Non-taxable portion of military compensation	n 1 2 3 4 5 6 7 8 9 . 00	1 2 3 4 5 6 7 8 9 . 00	1 2 3 4 5 6 7 8 9 . 00
o Fellowship and scholarship awards and grants	o 1 2 3 4 5 6 7 8 9 . 00	1 2 3 4 5 6 7 8 9 . 00	1 2 3 4 5 6 7 8 9 . 00
p Life insurance proceeds	p 1 2 3 4 5 6 7 8 9 . 00	1 2 3 4 5 6 7 8 9 . 00	1 2 3 4 5 6 7 8 9 . 00
q Veteran's pensions and disability payments	q 1 2 3 4 5 6 7 8 9 . 00	1 2 3 4 5 6 7 8 9 . 00	1 2 3 4 5 6 7 8 9 . 00
r GI Bill benefits	r 1 2 3 4 5 6 7 8 9 . 00	1 2 3 4 5 6 7 8 9 . 00	1 2 3 4 5 6 7 8 9 . 00
s Income subject to unincorporated business franchise tax	s 1 2 3 4 5 6 7 8 9 . 00	1 2 3 4 5 6 7 8 9 . 00	1 2 3 4 5 6 7 8 9 . 00
t Cash distributions from a business or investment	t 1 2 3 4 5 6 7 8 9 . 00	1 2 3 4 5 6 7 8 9 . 00	1 2 3 4 5 6 7 8 9 . 00
u Other	u 1 2 3 4 5 6 7 8 9 . 00	1 2 3 4 5 6 7 8 9 . 00	1 2 3 4 5 6 7 8 9 . 00
v Total gross income Add Lines a - u for each column.	v 1 2 3 4 5 6 7 8 9 . 00	1 2 3 4 5 6 7 8 9 . 00	1 2 3 4 5 6 7 8 9 . 00
W Total gross household income Add all amounts on Line v, enter here and on correct Line (1 or 7) on page 1 of this schedule.	W \$1 2 3 4 5 6 7 8 9 . 00		

## List names and social security numbers of other household members.

First name, middle initial, last name	Social security number
ABCDEFGHIJKLMN A ABCDEFGHIJKLMN	1 2 3 4 5 6 7 8 9
ABCDEFGHIJKLMN A ABCDEFGHIJKLMN	1 2 3 4 5 6 7 8 9
ABCDEFGHIJKLMN A ABCDEFGHIJKLMN	1 2 3 4 5 6 7 8 9
ABCDEFGHIJKLMN A ABCDEFGHIJKLMN	1 2 3 4 5 6 7 8 9

Your last name ABCDEFGHIJKLMNOPQ  
Your SSN. 123456789



**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. File it with your Schedule H. If a physician's certification of blindness or disability has been submitted previously and the claimant's condition is unchanged, additional certificates are not needed. Mark here if submitted X.

Claimant's first name ABCDEFGHIJKLMNOPQ M.I. A Last name ABCDEFGHIJKLMNOPQ  
Claimant's social security number 123456789

I certify that the above named taxpayer (mark 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, 2009

Physician's first name ABCDEFGHIJKLMNOPQ M.I. A Last name ABCDEFGHIJKLMNOPQ

Physician's address (number and street) 1234567890123456789 Suite number 12ABC

City ABCDEFGHIJKLMNOPQ State AB Zipcode + 4 123456789

Physician's signature \_\_\_\_\_ Date \_\_\_\_\_ Where Licensed \_\_\_\_\_ License No. \_\_\_\_\_

**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 medically determinable physical or mental impairment which can be expected to last for 12 months or more.

**Signature** Under penalties of the 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 all information available to the preparer.

Your signature \_\_\_\_\_ Date \_\_\_\_\_

Paid preparer's signature \_\_\_\_\_ Date \_\_\_\_\_

Paid preparer's FEIN, SSN or PTIN 123456789 Paid preparer's phone number 1234567890