



Last name and SSN

If you are blind or disabled, you must have this certificate completed to claim the Property Tax Credit. File it with your Schedule H.

Physician's certification of blindness or disability.

If a physician's certification of blindness or disability has been submitted previously and the claimant's condition is unchanged, additional certifications are not needed. Fill in if submitted .

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, 2010.

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.

Signature Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is true and correct. Declaration of paid preparer is based on the information available to the preparer.

Your signature Date Paid preparer's signature Date

Paid preparer's Federal ID, SSN or PTIN Paid preparer's telephone number

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Total Household Gross Income – Report the total income of every member of your household, including 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 governmental agency.

	You	Your spouse/dom. partner	Other household members
	\$	\$	\$
a Wages, salaries, tips, bonuses, commissions, fees and any compensation for personal services.	a		
b Dividends and interest.	b		
c Lottery winnings.	c		
d Trade or business income or (loss).	d		
e Taxable and nontaxable pensions and annuities.	e		
f Capital gain or (loss).	f		
g Alimony received.	g		
h Net rental and royalty 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 from a business or investment.	t		
u Other.	u		
v Total gross income. Add Lines a–u for each column.	v		
w Total household gross income. Add amounts entered on Line v, enter here and on Section A, Line 1 or Section B, line 7.	w \$		

List names and social security numbers of other household members. If more than four, list on a separate sheet of paper and attach with this form.

#1 _____

#2 _____

#3 _____

#4 _____