Print Form Clear Form

This is a FILL-IN format. Please do not handwrite any data on this form other than your signature.

Government of the District of Columbia

**2015**

# SCHEDULE H Homeowner and Renter Property Tax Credit

1 5 9 9 8 0 1 1 0 0 0 2

OFFICIAL USE ONLY Vendor ID#0000

Important: Read eligibility requirements before completing. Print in CAPITAL letters using black ink.

## Personal information

Your daytime telephone number

Your social security number (SSN)

Spouse's/registered domestic partner's SSN

Your first name | M.I. | Last name

Spouse's/registered domestic partner's firs name | M.I. | Last name

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

City | State | Zip Code +4

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

*Type of property for which you are claiming the credit. Fill in only one:* House Apartment Rooming house Condominium

◆ **Complete Section A or Section B, whichever applies.** ◆ Do not claim this credit for an exempt property owned by a government, a house of worship or a non-profit organization

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

## Section A Credit claim based on rent paid

1 Federal adjusted gross income of the tax filing unit *from Line 32, on page 2* (see instructions) 1 $ .00

2 Money from other sources used to pay rent not included in AGI:

a. Source _____ $ .00

b. Source _____ $ .00

3 Rent paid on the property in 2015. _____ $ .00 *x.20* = 3 $ .00

4 Property tax credit. *Use the "Computing Your Property Tax Credit" worksheet.* 4 $ .00

5 Rent supplements received in 2015 by you or your landlord on your behalf. 5 $ .00

6 Property tax credit. *Subtract Line 5 from Line 4, D-40 filers enter here and on Line 28 of the D-40.* 6 $ .00

7 Landlord's name

Landlord's address (number and street) | Apartment number

City | State | Zip Code +4

Landlord's telephone number

## Section B Credit claim based on real property tax paid

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

8 Federal adjusted gross income of the tax filing unit (see instructions). *From **Line 32** on page 2.* 8 $ .00

9 DC real property tax paid by you on the property in 2015. 9 $ .00

10 Property tax credit *Use the "Computing Your Property Tax Credit" worksheet. Enter here and on Line 28 of the D-40.* 10 $ .00

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

Square number | Suffix number | Lot number

1 5 9 9 8 0 1 2 0 0 0 2

Federal Adjusted Gross Income of the tax filing unit (see instructions) – *Report the AGI of every member of your tax filing unit, including income subject to federal but not DC income tax. See following pages to add additional dependents.*

| | | | COLUMN A (YOU) | COLUMN B (SPOUSE/DP) | COLUMN C (DEPENDENT #1) |
|---|---|---|---|---|---|
| | Name (Last, First) | | | | |
| | Social Security Number (SSN) | | | | |
| | Date of Birth (MMDDYYYY) | | | | |
| INCOME | | | | | |
| 1 | Wages, salaries, tips, etc. | 1 | $ | $ | $ |
| 2 | Taxable interest | 2 | | | |
| 3 | Ordinary Dividends | 3 | | | |
| 4 | Taxable refunds, credits, or offsets of state and local income taxes | 4 | | | |
| 5 | Alimony received | 5 | | | |
| 6 | Business Income Fill in if minus ◯ | 6 | | ◯ | ◯ |
| 7 | Capital gain Fill in if minus ◯ | 7 | | ◯ | ◯ |
| 8 | Other gains Fill in if minus ◯ | 8 | | ◯ | ◯ |
| 9 | IRA distributions: Taxable amount | 9 | | | |
| 10 | Pensions and annuities: Taxable amount | 10 | | | |
| 11 | Rental real estate, royalties, partnerships, S-Corp., trusts, etc. Fill in if minus ◯ | 11 | | ◯ | ◯ |
| 12 | Farm income Fill in if minus ◯ | 12 | | ◯ | ◯ |
| 13 | Unemployment compensation | 13 | | | |
| 14 | Social security benefits Taxable amount | 14 | | | |
| 15 | Other income. Attach separate sheet(s) Fill in if minus ◯ | 15 | | ◯ | ◯ |
| **16** | **Add Lines 1 through 15 in each column.** Fill in if minus ◯ | **16** | | ◯ | ◯ |
| ADJUSTMENTS | | | | | |
| 17 | Educator expenses | 17 | | | |
| 18 | Certain business expenses of reservists, performing artists, and fee-basis government official | 18 | | | |
| 19 | Health savings account deduction | 19 | | | |
| 20 | Moving expenses | 20 | | | |
| 21 | Deductible part of self-employment tax | 21 | | | |
| 22 | Self-employed SEP, SIMPLE, and qualifie plans | 22 | | | |
| 23 | Self-employed health insurance deduction | 23 | | | |
| 24 | Penalty on early withdrawal of savings | 24 | | | |
| 25 | Alimony paid | 25 | | | |
| 26 | IRA deduction | 26 | | | |
| 27 | Student loan interest deduction | 27 | | | |
| 28 | Tuition and fees per Federal form 8917 | 28 | | | |
| 29 | Domestic production activities deduction | 29 | | | |
| **30** | **Add Lines 17 through 29 in each column** | **30** | | | |
| 31 | Subtract Line 30 from Line 16 Fill in if minus ◯ | 31 | | ◯ | ◯ |
| 32 | Total federal adjusted gross income. **Add amounts entered on Line 31, Columns A - I** and enter total here on Line 32 ***and*** on Section A, Line 1 or Section B, Line 8. | | Fill in if minus ◯ $ | | |

**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: For information on the tax refund card and program limitations, see instructions or visit our website otr.dc.gov/refundprepaidcards.**

Mark one refund choice: ◯ Direct deposit ◯ Tax refund card ◯ Paper check

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

Routing Number Account Number

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

Spouse's/domestic partner's signature if filin jointly or separately on same return. Date Preparer's Tax Identificatio Number (PTIN) PTIN telephone number

Federal Adjusted Gross Income of the tax filin unit (see instructions) – *Report the AGI of every member of your tax filing unit, including income subject to federal but not DC income tax. See following page to add additional dependents.*

| | | | COLUMN D (DEPENDENT #2) | COLUMN E (DEPENDENT #3) | COLUMN F (DEPENDENT #4) |
|---|---|---|---|---|---|
| | Name (Last, First)<br>Social Security Number (SSN)<br>Date of Birth (MMDDYYYY) | | | | |
| INCOME | 1 Wages, salaries, tips, etc. | 1 | $ | $ | $ |
| | 2 Taxable interest | 2 | | | |
| | 3 Ordinary Dividends | 3 | | | |
| | 4 Taxable refunds, credits, or offsets of state and local income taxes | 4 | | | |
| | 5 Alimony received | 5 | | | |
| | 6 Business Income Fill in if minus | 6 | | | |
| | 7 Capital gain Fill in if minus | 7 | | | |
| | 8 Other gains Fill in if minus | 8 | | | |
| | 9 IRA distributions: Taxable amount | 9 | | | |
| | 10 Pensions and annuities: Taxable amount | 10 | | | |
| | 11 Rental real estate, royalties, partnerships, S-Corp., trusts, etc. Fill in if minus | 11 | | | |
| | 12 Farm income Fill in if minus | 12 | | | |
| | 13 Unemployment compensation | 13 | | | |
| | 14 Social security benefits Taxable amount | 14 | | | |
| | 15 Other income. Attach separate sheet(s) Fill in if minus | 15 | | | |
| | **16 Add Lines 1 through 15 in each column.** Fill in if minus | **16** | | | |
| ADJUSTMENTS | 17 Educator expenses | 17 | | | |
| | 18 Certain business expenses of reservists, performing artists, and fee-basis government official | 18 | | | |
| | 19 Health savings account deduction | 19 | | | |
| | 20 Moving expenses | 20 | | | |
| | 21 Deductible part of self-employment tax | 21 | | | |
| | 22 Self-employed SEP, SIMPLE, and qualifie plans | 22 | | | |
| | 23 Self-employed health insurance deduction | 23 | | | |
| | 24 Penalty on early withdrawal of savings | 24 | | | |
| | 25 Alimony paid | 25 | | | |
| | 26 IRA deduction | 26 | | | |
| | 27 Student loan interest deduction | 27 | | | |
| | 28 Tuition and fees per Federal form 8917 | 28 | | | |
| | 29 Domestic production activities deduction | 29 | | | |
| | **30 Add Lines 17 through 29 in each column** | **30** | | | |
| | 31 Subtract Line 30 from Line 16 Fill in if minus | 31 | | | |

1 5 9 9 8 0 1 4 0 0 0 2

Federal Adjusted Gross Income of the tax filin unit (see instructions) – *Report the AGI of every member of your tax filing unit, including income subject to federal but not DC income tax. If you have more than 7 dependents, list them on an attachment.*

| | | | COLUMN G (DEPENDENT #5) | COLUMN H (DEPENDENT #6) | COLUMN I (DEPENDENT #7) |
|---|---|---|---|---|---|
| | Name (Last, First) | | | | |
| | Social Security Number (SSN) | | | | |
| | Date of Birth (MMDDYYYY) | | | | |
| INCOME | 1 Wages, salaries, tips, etc. | 1 | $ | $ | $ |
| | 2 Taxable interest | 2 | | | |
| | 3 Ordinary Dividends | 3 | | | |
| | 4 Taxable refunds, credits, or offsets of state and local income taxes | 4 | | | |
| | 5 Alimony received | 5 | | | |
| | 6 Business Income Fill in if minus | 6 | | | |
| | 7 Capital gain Fill in if minus | 7 | | | |
| | 8 Other gains Fill in if minus | 8 | | | |
| | 9 IRA distributions: Taxable amount | 9 | | | |
| | 10 Pensions and annuities: Taxable amount | 10 | | | |
| | 11 Rental real estate, royalties, partnerships, S-Corp., trusts, etc. Fill in if minus | 11 | | | |
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| | 13 Unemployment compensation | 13 | | | |
| | 14 Social security benefits Taxable amount | 14 | | | |
| | 15 Other income. Attach separate sheet(s) Fill in if minus | 15 | | | |
| | **16 Add Lines 1 through 15 in each column.** Fill in if minus | **16** | | | |
| ADJUSTMENTS | 17 Educator expenses | 17 | | | |
| | 18 Certain business expenses of reservists, performing artists, and fee-basis government official | 18 | | | |
| | 19 Health savings account deduction | 19 | | | |
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| | 23 Self-employed health insurance deduction | 23 | | | |
| | 24 Penalty on early withdrawal of savings | 24 | | | |
| | 25 Alimony paid | 25 | | | |
| | 26 IRA deduction | 26 | | | |
| | 27 Student loan interest deduction | 27 | | | |
| | 28 Tuition and fees per Federal form 8917 | 28 | | | |
| | 29 Domestic production activities deduction | 29 | | | |
| | **30 Add Lines 17 through 29 in each column** | **30** | | | |
| | 31 Subtract Line 30 from Line 16 Fill in if minus | 31 | | | |

# COMPUTING YOUR PROPERTY TAX CREDIT WORKSHEET

This credit may not be claimed if you live in a property owned by a government, a house of worship or a nonprofit organizatio .

The credit equals a percentage of the property taxes paid *or* the portion of the rent paid that is equivalent to property taxes (20% of rent paid) *in excess* of the applicable percentage of the total federal adjusted gross income of the tax filing unit. The maximum credit amount is $1000.

If you are under age 70 and the

| Federal AGI of your tax filing unit is | Percentage - |
|---|---|
| $0 - $24,999 | The amount of property tax that exceeds 3.0% of the adjusted gross income of the tax filing uni |
| $25,000 - $40,000 | The amount of property tax that exceeds 4.0% of the adjusted gross income of the tax filing uni |

If you are age 70 or older and the

| Federal AGI of your tax filing unit is | Percentage - |
|---|---|
| $0 - $60,000 | The amount of property tax that exceeds 3.0% of the adjusted gross income of the tax filing uni |

1. Enter federal AGI of tax filing unit (Line 1, Section A, Schedule or Line 8, Section B, Schedule H). 1. _____
2. Enter property taxes paid in 2015 or 20% of rent paid in 2015. 2. _____
3. Multiply Line 1 by the applicable percentage (.03 or .04). 3. _____
4. Balance (Subtract Line 3 from Line 2). 4. _____
5. Property Tax Credit Limit. 5. $1000.00
6. **Enter** the smaller of Line 4 or Line 5 here on Line 6 **and** on Line 4 of Schedule H, Section A for credit based on rent paid, or Line 10 of Schedule H, Section B for credit based on property tax paid. Round to the nearest whole dollar. 6. _____