

2007 SCHEDULE H SUB Homeowner and Renter Property Tax Credit



0 7 9 9 8 0 2 1 0 0 0 0

OFFICIAL USE ONLY

Important: Read the eligibility requirements.

Personal information Mark if you are: X 62 or older X Blind or disabled
Your first name ABCDEFGHIJKLMNOP M.I. A Last name ABCDEFGHIJKLMNOPDEFGH
Your social security number 123456789 Spouse's/domestic partner's social security number 123456789 Your daytime phone number 1234567890

Mailing address (number, street and apartment number if applicable) 12345ABCDEF...
City ABCDEFGHIJKLMNOP State AB Zipcode + 4 123456789

Address of property (number, street and apartment number if applicable) for which you are claiming credit if different from above
12345ABCDEF...
City ABCDEFGHIJKLMNOP State AB Zipcode + 4 123456789

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.

Section A Claim based on rent paid

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

1 Total household gross income From Line w (page 2). If over \$20,000, do not claim this credit. 1 \$ 123456789.00
2 Rent paid on this property in 2007 123456789.00 x .15 = 2 \$ 123456789.00
3 Property tax credit If under age 62 and not blind or disabled, use Table A. If 62 or older, or blind, or disabled, use Table B. 3 \$ 123456789.00
4 Rent supplements received in 2007 by you or by your landlord on your behalf 4 \$ 123456789.00
5 Allowable property tax credit Subtract Line 4 from Line 3, D-40 filers, enter here and on Line 29 of D-40. 5 \$ 123456789.00
6 Landlord's name ABCDEFGHIJKLMNOPDEFGHIJKLMNOP

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

12345ABCDEF...
City ABCDEFGHIJKLMNOP State AB Zipcode + 4 123456789

Landlord's telephone number 1234567890

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 \$ 123456789.00
8 DC real property tax paid by you on this property in 2007 8 \$ 123456789.00
9 Property tax credit If under age 62 and not blind or disabled, use Table A. If 62 or older, or blind, or disabled, use Table B. D-40 filers, enter the amount here, and on Line 29 of your Form D-40. 9 \$ 123456789.00
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 1234 Suffix number 1234 Lot number 1234

Your last name ABCDEFGHIJKLMNOPQ
Your SSN. 123456789



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

| | You | Your spouse | Other household members |
|--|------------------|--------------|-------------------------|
| a Wages, salaries, tips, bonuses, commissions, fees | 123456789.00 | 123456789.00 | 123456789.00 |
| b Dividends and interest | 123456789.00 | 123456789.00 | 123456789.00 |
| c Lottery winnings | 123456789.00 | 123456789.00 | 123456789.00 |
| d Business income or loss | 123456789.00 | 123456789.00 | 123456789.00 |
| e Taxable and nontaxable portion of pensions and annuities | 123456789.00 | 123456789.00 | 123456789.00 |
| f Capital gain (loss) | 123456789.00 | 123456789.00 | 123456789.00 |
| g Alimony received | 123456789.00 | 123456789.00 | 123456789.00 |
| h Net rental income | 123456789.00 | 123456789.00 | 123456789.00 |
| i Social security and/or railroad retirement | 123456789.00 | 123456789.00 | 123456789.00 |
| j Unemployment insurance and/or worker's compensation | 123456789.00 | 123456789.00 | 123456789.00 |
| k Support money and/or public assistance grants | 123456789.00 | 123456789.00 | 123456789.00 |
| l Interest on U.S. obligations | 123456789.00 | 123456789.00 | 123456789.00 |
| m Disability income exclusion (from DC Form D-2440) | 123456789.00 | 123456789.00 | 123456789.00 |
| n Non-taxable portion of military compensation | 123456789.00 | 123456789.00 | 123456789.00 |
| o Fellowship and scholarship awards and grants | 123456789.00 | 123456789.00 | 123456789.00 |
| p Life insurance proceeds | 123456789.00 | 123456789.00 | 123456789.00 |
| q Veteran's pensions and disability payments | 123456789.00 | 123456789.00 | 123456789.00 |
| r GI Bill benefits | 123456789.00 | 123456789.00 | 123456789.00 |
| s Income subject to unincorporated business franchise tax | 123456789.00 | 123456789.00 | 123456789.00 |
| t Cash distributions | 123456789.00 | 123456789.00 | 123456789.00 |
| u Other | 123456789.00 | 123456789.00 | 123456789.00 |
| v Total gross income | 123456789.00 | 123456789.00 | 123456789.00 |
| <i>Add Lines a - u for each column.</i> | | | |
| w Total gross household income <i>Add all amounts on Line v,</i> | w\$ 123456789.00 | | |
| <i>enter here and on correct Line (1 or 7) on page 1 of this schedule.</i> | | | |

Other members of your household List all people other than your spouse, whose income is included in the other household members column.

| First name, middle initial, last name | Social security number |
|---------------------------------------|------------------------|
| ABCDEFGHIJKLMN A ABCDEFGHIJKLMNOPQ | 123456789 |
| ABCDEFGHIJKLMN A ABCDEFGHIJKLMNOPQ | 123456789 |
| ABCDEFGHIJKLMN A ABCDEFGHIJKLMNOPQ | 123456789 |

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

Your last name ABCDEFGHIJKLABCDEFGH
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.*

Claimant's first name ABCDEFGHIJKLABC M.I. Last name A ABCDEFGHIJKLABCDEFGH

Claimant's social security number
123456789

I certify that the above named taxpayer (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, 2007

Physician's first name ABCDEFGHIJKLABC M.I. Last name A ABCDEFGHIJKLABCDEFGH

Physician's address (number and street) 12345ABCDEF GHIJKLABCDEFGH Suite number 12ABC

City ABCDEFGHIJKLABCDEFGH State AB Zipcode + 4 123456789

Physician's signature _____ Date _____ Where Licensed _____ License No. _____

Definitions

Blind

Vision that does not exceed 20/200 in the better eye with correcting lenses, or vision 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 physical or mental impairment which can be expected to last for 12 months or more.