

2010 SCHEDULE H SUB Homeowner and Renter Property Tax Credit



Important: Read the eligibility requirements before completing.

Personal information

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

SOFTWARE DEVELOPER USE ONLY

VENDOR ID# 1234

Your social security number (SSN) 123456789

Your daytime telephone number 1234567890

Your first name ABCDEFGHIJKL

M.I. A

Last name ABCDEFGHIJKLABCDEFGH

Spouse's/registered domestic partner's SSN 123456789

Fill in if spouse/registered domestic partner is: X 62 or older X blind or disabled

Spouse's/registered domestic partner's first name ABCDEFGHIJKL

M.I. A

Last name ABCDEFGHIJKLABCDEFGH

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

12345ABCDEF... ABCDEFGHIJKLABCDEF

City ABCDEFGHIJKLABCDEFGH

State AB Zipcode + 4 123456789

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

12345ABCDEF... ABCDEFGHIJKLABCDEF

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 owed 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

Table with 3 columns: Line number, Description, Amount. Includes lines 1-6 for Section A.

6 Landlord's name ABCDEFGHIJKLABCDEF... ABCDEFGHIJKLABCD

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

12345ABCDEF... ABCDEFGHIJKLABCDEF

Landlord's telephone number 1234567890

City ABCDEFGHIJKLABCDEFGH

State AB Zipcode + 4 123456789

Section B Claim based on real property tax paid

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

Table with 3 columns: Line number, Description, Amount. Includes lines 7-9 for Section B.

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  
Your SSN.

ABCDEFGHIJKLMN  
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.**

Claimant's first name  
ABCDEF GHIJKLABC  
M.I.  
A  
Last name  
ABCDEFGHIJKLMN  
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, 2010

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

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

City  
ABCDEFGHIJKLMN  
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

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

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.**

First name, middle initial, last name	Social security number
ABCDEFGHIJKLMN A ABCDEFGHIJKLMNOPQRSTUVWXYZ	123456789
ABCDEFGHIJKLMN A ABCDEFGHIJKLMNOPQRSTUVWXYZ	123456789
ABCDEFGHIJKLMN A ABCDEFGHIJKLMNOPQRSTUVWXYZ	123456789
ABCDEFGHIJKLMN A ABCDEFGHIJKLMNOPQRSTUVWXYZ	123456789