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

Covernment of the District of Columbia 2016 SCHEDULE H Homeowner and Renter Property Tax Credit								
Important: Read eligibility requirement	nts before completing.		1 6	9 9 8 0 1 1 0 0 0 2				
Personal information Your daytime telephone number Your social security number (SSN)	Spouse's/registered d	omestic partner's SSN	OFFICIA	IL USE ONLY Vendor ID#0002				
Your first name	M.I. Las	t name						
Spouse's/registered domestic partner's firs	st 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 an	nd suite/apartment number if appl	icable) for which you a	are claiming the o	credit if different from above				
Type of property for which you are claimin,	g the credit. Fill in only one: 🤇	House Apa	artment	Rooming house Condominium				
 Complete Section A or Section a house of worship or a non-pro 		Do not claim this	credit for an e	exempt property owned by a government, Round cents to the nearest dollar.				
Section A <u>Credit claim based c</u> 1 Federal adjusted gross income of		32 , on page 2 (see ii	nstructions)	If the amount is zero or less, <u>leave the line blank</u> .	00			
2 Money from other sources used	to pay rent not included i	n AGI:						
a. Source	\$.00					
b. Source	\$.00					
3 Rent paid on the property in 20	916 \$.00 x.20 =	3 \$	00			
4 Property tax credit. Use the "Com	4 Property tax credit. Use the "Computing Your Property Tax Credit" worksheet. 4 \$							
5 Rent supplements received in 2016 by you or your landlord on your behalf.								
6 Property tax credit. Subtract Line	5 from Line 4, D-40 filers enter he	ere and on Line 28 of th	he D-40.	6 \$	00			
7 Landlord's name								
Landlord's address (number and street)				Apartment number				
		Landlord's	telephone num					
City			State	Zip Code +4				
Section B <u>Credit claim based o</u> 8 Federal adjusted gross income			Round cents to the nearest dollar. If the amount is zero or less, <u>leave the line blank</u> .					
From Line 32 on page 2.			8 \$	00				
9 DC real property tax paid by y	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 \$								
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					
	2016 SC	HEDULE H P1						



Federal Adjusted Gross Income of the tax filing unit – Report the total AGI of your tax filing unit. If you filed a D-40 and have no dependents with adjusted gross income, skip Lines 1-31 on pages 2-4, and copy Line 3 of your D-40 on Line 32. See instructions.

Social Security Date of Birth (M Wages, salaries, tips, etc. Taxable interest Ordinary Dividends							
Taxable interest							
		1 \$		\$	\$		
Ordinary Dividends		2					
		3					
Taxable refunds, credits, or offsets of state and local income taxes		4					
Alimony received		5					
Business Income	Fill in if minus	6		0	0		
Capital gain	Fill in if minus	7					
	Fill in if minus 🔘						
		14					
-	Fill in if minus	15			0		
	Fill in if minus	16	(0	0		
Educator expenses		17					
Certain business expenses of reservists, perfo fee-basis government officials	rming artists, and	18					
Health savings account deduction		19					
Moving expenses		20					
Deductible part of self-employment tax		21					
Self-employed SEP, SIMPLE, and qualified pla	ins	22					
Self-employed health insurance deduction		23					
Penalty on early withdrawal of savings		24					
Alimony paid		25					
IRA deduction		26					
Student loan interest deduction		27					
Tuition and fees per Federal form 8917		28					
Domestic production activities deduction		29					
Add Lines 17 through 29 in each column		30					
Subtract Line 30 from Line 16	Fill in if minus 🔵	31					
				in if minus 🔵 \$			
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 Not set in the set instructions or visit our website							
Direct Deposit. To have your refund deposi	ted to your Ocheckin	g OR	savings account, fill in ova	al and enter bank ro	uting and account numbers. See instruction		
Routing Number			Account Number				
Your signature	Date		Preparer's signature		Date		
Spouse's/domestic partner's signature if filing jointly of	separately Date		Prenarer's Tax Identification	1 Number (PTIN)	PTIN telephone number		
	Other gains IRA distributions: Taxable amount Pensions and annuities: Taxable amount Rental real estate, royalties, partnerships, S-Corp., trusts, Farm income Unemployment compensation Social security benefits: Taxable amount Other income. Attach separate sheet(s) Add Lines 1 through 15 in each column. Educator expenses Certain business expenses of reservists, perforfee-basis government officials Health savings account deduction Moving expenses Deductible part of self-employment tax Self-employed SEP, SIMPLE, and qualified plate Self-employed health insurance deduction Penalty on early withdrawal of savings Alimony paid IRA deduction Student loan interest deduction Domestic production activities deduction Add Lines 17 through 29 in each column Subtract Line 30 from Line 16 Total federal adjusted gross income. Add amo and enter total here on Line 32 and on Section Standal Options: For information on the Mark one refound Choice: Direct Deposit. To have your refund deposi Routing Number Your signature	Other gains Fill in if minus IRA distributions: Taxable amount Pensions and annuities: Taxable amount Rental real estate, royatties, partnerships, S-Corp., trusts, etc. Fill in if minus E farm income Fill in if minus Social security benefits: Taxable amount Other income. Attach separate sheet(s) Fill in if minus Other income. Fill on if minus Add Lines 1 through 15 in each column. Fill in if minus Educator expenses Certain business expenses of reservists, performing artists, and fee-basis government officials Health savings account deduction Moving expenses Deductible part of self-employment tax Self-employed SEP, SIMPLE, and qualified plans Sulf-employed health insurance deduction Penalty on early withdrawal of savings Allimony paid IRA deduction Subtract Line 30 from Line 16 Fill in if minus Subtract Line 30 from Line 16 Fill in if minus Total federal adjusted gross income. Add amounts entered on Line 3 and enter total here on Line 32 and on Section A, Line 1 or Section E StrANDALONE FILERS only, please complete the following "Ref	Other gains Fill in if minus 8 IRA distributions: Taxable amount 9 Pensions and annuities: Taxable amount 10 Rental real estate, royalties, partnerships, S-Corp., trusts, etc. Fill in if minus 11 Farm income Fill in if minus 12 Unemployment compensation 13 Social security benefits: Taxable amount 14 Other income. Attach separate sheet(s) Fill in if minus 15 Add Lines 1 through 15 in each column. Fill in if minus 16 Educator expenses 17 Certain business expenses of reservists, performing artists, and fee-basis government officials 18 Health savings account deduction 19 Moving expenses 20 Deductible part of self-employment tax 21 Self-employed SEP, SIMPLE, and qualified plans 22 Self-employed health insurance deduction 23 Penalty on early withdrawal of savings 24 Alimony paid 255 IRA deduction 266 Subtract Line 30 from Line 16 Fill in if minus 31 Ponestic production activities deduction 29 29 </td <td>Other gains Fill in if minus 8 IRA distributions: Taxable amount 9 Pensions and annuities: Taxable amount 10 Rental real estate, royalties, partnerships, S-Corp., trusts, etc. Fill in if minus 11 Farm income Fill in if minus 12 Unemployment compensation 13 Social security benefits: Taxable amount 14 Other income. Attach separate sheet(s) Fill in if minus 15 Add Lines 1 through 15 in each column. Fill in if minus 16 Educator expenses 17 5 Certain business expenses of reservists, performing artists, and fee-basis government officials 18 Health savings account deduction 19 9 Mowing expenses 20 20 Deductible part of self-employment tax 21 Self-employed health insurance deduction 23 Penalty on early withdrawal of savings 24 Ad ducition 26 Student loan interest deduction 29 Add Lines 17 through 29 in each column 30 Subtract Line 30 from Line 16 Fill in if minus 31 Total federal adjusted gross income. Add amo</td> <td>Other gains Fill in if minus 8 IRA distributions: Taxable amount 9 Pensions and annuities: Taxable amount 10 Rental real estate, nyatiles, partnerships, S-Corp., trusts, etc. Fill in if minus 11 Farm income Fill in if minus 12 Unemployment compensation 13 Social security benefits: Taxable amount 14 Other nicome Fill in if minus 15 Add Lines 1 through 15 in each column. 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	justed gross income, skip Lines 1-31 on pages 2-4, and copy i	Report the total AGI of your tax filing unit. If you filed a D-40 and have no dependents wi Line 3 of your D-40 on Line 32. See instructions.				
			COLUMN D (DEPENDENT #2)	<u>COLUMN E</u> (DEPENDENT #3)	COLUMN F (DEPENDENT #4)	
	Name (Last, First)		(,	(= _: _: _: : ; ;	(,	
	Social Security Number (SSN) Date of Birth (MMDDYYYY)					
1	Wages, salaries, tips, etc.			\$	\$	
2	Taxable interest	2				
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				
1	D Pensions and annuities: Taxable amount	10				
1	l Rental real estate, royalties, partnerships, S-Corp., trusts, etc. Fill in if minus \bigcirc	11				
1	2 Farm income Fill in if minus 🔵	12				
1	3 Unemployment compensation	13				
1	Social security benefits: Taxable amount	14				
1	$ar{5}$ Other income. Attach separate sheet(s) Fill in if minus \bigcirc	15				
1	5 Add Lines 1 through 15 in each column. Fill in if minus	16		0	0	
1	7 Educator expenses	17				
-	3 Certain business expenses of reservists, performing artists, and fee-basis government officials	18				
1	9 Health savings account deduction	19				
1 2 2	D Moving expenses	20				
2	l Deductible part of self-employment tax	21				
2	2 Self-employed SEP, SIMPLE, and qualified plans	22				
2	3 Self-employed health insurance deduction	23				
2	Penalty on early withdrawal of savings	24				
20 21 28 29	5 Alimony paid	25				
	5 IRA deduction	26				
	7 Student loan interest deduction	27				
	3 Tuition and fees per Federal form 8917	28				
	ODomestic production activities deduction	29				
	Add Lines 17 through 29 in each column	30				
3	1 Subtract Line 30 from Line 16 Fill in if minus	31				

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Federal Adjusted Gross Income of the tax filing unit – Report the total AGI of your tax filing unit. If you filed a D-40 and have no dependents with adjusted gross income, skip Lines 1-31 on pages 2-4, and copy Line 3 of your D-40 on Line 32. See instructions.

	j			<u>COLUMN G</u> (DEPENDENT #5)	<u>COLUMN H</u> (DEPENDENT #6)	<u>COLUMN I</u> (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			
	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		0	0
	16	Add Lines 1 through 15 in each column. Fill in if minus	16			0
	17	Educator expenses	17			
ITS	18	Certain business expenses of reservists, performing artists, and fee-basis government officials	18			
MEN	19	Health savings account deduction	19			
ADJUSTMENTS	20	Moving expenses	20			
DJL	21	Deductible part of self-employment tax	21			
4	22	Self-employed SEP, SIMPLE, and qualified 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			