



2018 SCHEDULE H Homeowner and Renter Property Tax Credit



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

OFFICIAL USE ONLY Vendor ID#0002

Personal information

Your daytime telephone number

Your taxpayer identification number (TIN) and Date of Birth (MMDDYYYY)

Spouse's/registered domestic partner's TIN and Date of Birth (MMDDYYYY)

Your first name M.I. Last name

Spouse's/registered domestic partner's first 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 nearest dollar. If amount is zero, leave line blank.

Section A Credit claim based on rent paid

Table with 6 rows for Section A calculations: 1 Federal adjusted gross income, 2 Money from other sources, 3 Rent paid by you, 4 Property tax credit, 5 Rent supplements received, 6 Property tax credit.

7 Landlord's name

Landlord's address (number and street) Apartment number

Landlord's telephone number

City State Zip Code +4

Section B Credit claim based on real property tax paid

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

Table with 3 rows for Section B calculations: 8 Federal adjusted gross income, 9 DC real property tax paid, 10 Property tax credit.

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



Federal Adjusted Gross Income of the tax filing unit – Report the total AGI of your tax filing unit, including income subject to federal but not DC income tax.

		COLUMN A (YOU)	COLUMN B (SPOUSE/DP)	COLUMN C (DEPENDENTS)
		Enter on each line below the total amounts for all dependents		
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 <span style="float:right">Fill in if minus <input type="radio"/></span>	6	<input type="radio"/>	<input type="radio"/>
	7 Capital gain <span style="float:right">Fill in if minus <input type="radio"/></span>	7	<input type="radio"/>	<input type="radio"/>
	8 Other gains <span style="float:right">Fill in if minus <input type="radio"/></span>	8	<input type="radio"/>	<input type="radio"/>
	9 IRA distributions: Taxable amount	9		
	10 Pensions and annuities: Taxable amount	10		
	11 Rental real estate, royalties, partnerships, S-Corp., trusts, etc. <span style="float:right">Fill in if minus <input type="radio"/></span>	11	<input type="radio"/>	<input type="radio"/>
	12 Farm income <span style="float:right">Fill in if minus <input type="radio"/></span>	12	<input type="radio"/>	<input type="radio"/>
	13 Unemployment compensation	13		
	14 Social security benefits: Taxable amount	14		
	15 Other taxable income. Attach separate sheet(s) <span style="float:right">Fill in if minus <input type="radio"/></span>	15	<input type="radio"/>	<input type="radio"/>
<b>16 Add Lines 1 through 15 in each column.</b> <span style="float:right">Fill in if minus <input type="radio"/></span>	<b>16</b>	<input type="radio"/>	<input type="radio"/>	
ADJUSTMENTS	17 Educator expenses	17		
	18 Certain business expenses of reservists, performing artists, and fee-basis government officials	18		
	19 Health savings account deduction	19		
	20 Moving expenses for members of the armed forces. Attach fed. Form 3903	20		
	21 Deductible part of self-employment tax	21		
	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 RESERVED	28		
	29 RESERVED	29		
	<b>30 Add Lines 17 through 29 in each column</b>	<b>30</b>		
	31 Subtract Line 30 from Line 16 <span style="float:right">Fill in if minus <input type="radio"/></span>	31	<input type="radio"/>	<input type="radio"/>
32 Total federal adjusted gross income. Add amounts entered on Line 31, Columns A - C and enter total here on Line 32 and on Section A, Line 1 or Section B, Line 8. <span style="float:right">Fill in if minus <input type="radio"/></span> \$				

**For STANDALONE FILERS only, please complete the following "Refund Options" information** Will this refund go to an account outside of the U.S.?  Yes  No

**Refund Options:** For information on the tax refund card and program limitations, see instructions or visit our website [MyTax.DC.gov](http://MyTax.DC.gov).

Mark **one** refund choice:  Direct deposit **or**  ReliaCard (See instructions) **or**  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

Your signature \_\_\_\_\_ Date \_\_\_\_\_ Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_

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