Government of the District of Columbia

2005 SCHEDULE H Homeowner and Renter Property Tax Credit

05998011 0000

Important: Read the eligibility requirements.

Print in CAPITAL letters using black ink.

OFFICIAL USE ONLY

Personal information *Fill in if you are:* ○ *62 or older* ○ *Blind or disabled*

Your first name

M.I. Last name

Your social security number

Spouse's social security number

Your daytime phone number

Mailing address (number and street) *Fill in* ☐ *if this is your first return or if your address is different from your last return.*

Apartment number

City

State Zip Code

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

Apartment number

City

State Zip Code

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

Complete either Section A or Section B, whichever one applies.

Section A Credit 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 on back. If over $20,000, do not claim this credit.*   1 $ **00**

2 Rent paid on this property in 2005 $ .... **00** *x.15* = 2 $ **00**

3 Property tax credit *If under age 62 and not blind or disabled, use Table A, pages 42-45.*
If 62 or older, or blind, or disabled, use Table B, pages 46-48.   3 $ **00**

4 Rent supplements received in 2005 by you or your landlord on your behalf   4 $ **00**

5 Allowable property tax credit *Subtract Line 4 from Line 3. D-40 filers, enter here and on Line 30 of D-40.*   5 $ **00**

6 Landlord's name

Landlord's address (number and street)

Apartment number

City

State Zip Code

Landlord's telephone number

Section B Credit 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 on back. If over $20,000, do not claim this credit.*   7 $ **00**

8 DC real property tax paid by you on this property in 2005   8 $ **00**

9 Property tax credit *If under age 62 and not blind or disabled, use Table A, pages 42-45.*
If 62 or older, or blind, or disabled, use Table B, pages 46-48.
D-40 filers, enter the amount here and on Line 30 of D-40.   9 $ **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

Suffix number

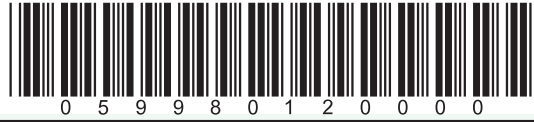Lot number

Revised 08/05

Last name and SSN

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

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

			You	Your spouse	Other household members
a	Wages, salaries, tips, bonuses, commissions, fees	a	$	$	$
b	Dividends and interest	b			
c	Lottery winnings	c			
d	Business income or loss	d			
e	Taxable and nontaxable pensions and annuities	e			
f	Capital gain (loss)	f			
g	Alimony received	g			
h	Net rental income	h			
i	Social security and/or railroad retirement	i			
j	Unemployment insurance and worker's compensation	j			
k	Support money and public assistance grants	k			
l	Interest on U.S. obligations	l			
m	Disability income exclusion (from DC Form D-2440, Line 10)	m			
n	Nontaxable portion of military compensation	n			
o	Fellowship and scholarship awards and grants	o			
p	Life insurance proceeds	p			
q	Veteran's pension and disability payments	q			
r	GI Bill benefits	r			
s	Income subject to unincorporated business franchise tax	s			
t	Cash distributions	t			
u	Other	u			
v	Total gross income *Add Lines a–u for each column*	v			
w	Total household gross income. Add amounts on Line v, enter here and on correct Line (1 or 7) on front of this schedule.	w	$		

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

First name, middle initial, last name

Social security number

First name, middle initial, last name

Social security number

First name, middle initial, last name

Social security 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 all the information available to the preparer.

Your signature

Date

Paid preparer's signature

Date

Send your signed and completed **original** return to:
Office of Tax and Revenue
PO Box 7861
Washington DC 20044-7861

Paid preparer's Federal ID, SSN or PTIN

Paid preparer's phone number