



X Mark if your address is different than your last return

File order 5

Personal information section including fields for name, social security numbers, address, and property type.

Section A Claim based on rent section with lines 1-6 for income, rent paid, tax credit, and landlord information.

Section B Claim based on property tax section with lines 7-10 for income, DC real property tax, and property details.

Your last name and SSN. AAAAAAAAAAAAAAAAAAAAAAAAAAAAAA 999-99-9999

File order 6



Calculation for total household gross income Report the total income of all members living in your household.

	You	Your spouse	Other householdmembers
a Wages, salaries, tips, bonuses, commissions, fees	a 999999999 .00	999999999 .00	999999999 .00
b Dividends and interest	b 999999999 .00	999999999 .00	999999999 .00
c Lottery winnings	c 999999999 .00	999999999 .00	999999999 .00
d Business income or loss	d 999999999 .00	999999999 .00	999999999 .00
e Taxable portion of pensions and annuities	e 999999999 .00	999999999 .00	999999999 .00
f Capital gain	f 999999999 .00	999999999 .00	999999999 .00
g Alimony received	g 999999999 .00	999999999 .00	999999999 .00
h Net rental income	h 999999999 .00	999999999 .00	999999999 .00
i Social security and/or railroad retirement	i 999999999 .00	999999999 .00	999999999 .00
j Nontaxable portion of pensions and annuities or exclusions	j 999999999 .00	999999999 .00	999999999 .00
k Unemployment insurance and/or worker's compensation	k 999999999 .00	999999999 .00	999999999 .00
l Support money and/or public assistance grants	l 999999999 .00	999999999 .00	999999999 .00
m Interest on U.S. obligations	m 999999999 .00	999999999 .00	999999999 .00
n Disability income exclusion (from D-2440)	n 999999999 .00	999999999 .00	999999999 .00
o Non-taxable portion of military compensation	o 999999999 .00	999999999 .00	999999999 .00
p Fellowship awards and grants	p 999999999 .00	999999999 .00	999999999 .00
q Life insurance proceeds	q 999999999 .00	999999999 .00	999999999 .00
r Veteran's pensions and disability payments	r 999999999 .00	999999999 .00	999999999 .00
s GI Bill benefits	s 999999999 .00	999999999 .00	999999999 .00
t Income subject to unincorporated business franchise tax	t 999999999 .00	999999999 .00	999999999 .00
u Cash distributions	u 999999999 .00	999999999 .00	999999999 .00
v Other Specify. AAAAAAAAAAAAAAAAAA	v 999999999 .00	999999999 .00	999999999 .00
W Total gross income Add lines a through v for each column.	w 999999999 .00	999999999 .00	999999999 .00
X Total gross household income Add all amounts on line w and enter on line 1 or 7 on front of this schedule..	x 999999999 .00		

Your last name and SSN. AAAAAAAAAAAAAAAAAAAAAAAAAA 999-99-9999



File order 7

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

First name M.I. Last name Social security number
AAAAAAAAAAAAAAAA A AAAAAAAAAAAAAAAAAAAAAA 999-99-9999
AAAAAAAAAAAAAAAA A AAAAAAAAAAAAAAAAAAAAAA 999-99-9999
AAAAAAAAAAAAAAAA A AAAAAAAAAAAAAAAAAAAAAA 999-99-9999

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 other than taxpayer is based on all information available to the preparer.

Your signature Date Paid preparer's signature Date
Paid preparer's FEIN, SSN or PTIN 999999999
Paid preparer's phone number 999-999-9999

Physician's certification of blindness or disability If you are blind or disabled, you must have this certificate completed each year you claim the Property Tax Credit.

Claimant's first name M.I. Last name
AAAAAAAAAAAAAAAA A AAAAAAAAAAAAAAAAAAAAAA
Claimant's social security number
999-99-9999

I certify that the above named taxpayer (fill in all that apply):

X is blind X has a physical or mental impairment that is expected to last continuously for 12 months or more X was physically or mentally impaired on January 1, 2002

Physician's first name M.I. Last name
AAAAAAAAAAAAAAAA A AAAAAAAAAAAAAAAAAAAAAA
Physician's address (number and street) Apartment number
99999AAAAAAAAAAAAAAAAAAAAA 99AAA
City State Zip
AAAAAAAAAAAAAAAAAAAAA AA 99999-9999
Physician's signature Date

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.