

2005 SCHEDULE H SUB Homeowner and Renter Property Tax Credit



0 5 9 9 8 0 2 1 0 0 0 0 OFFICIAL USE ONLY

Important: Read the eligibility requirements.

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

Your first name ABCDEFGHIJKLMNOP M.I. Last name ABCDEFGHIJKLMNOP

Your social security number 123456789 Spouse's social security number 123456789 Your daytime phone number 1234567890

Mailing address (number and street) 12345ABCDEF... Mark if X this is your first return... Apartment number 12ABC

City ABCDEFGHIJKLMNOP State AB Zipcode 123456789

Address of property (number and street) for which you are claiming credit if different from above 12345ABCDEF... Apartment number 12ABC

City ABCDEFGHIJKLMNOP State AB Zipcode 123456789

Type of property for which you are claiming credit. Mark only one: X House X Apartment X Rooming house Complete either Section A or Section B, whichever one applies.

Section A Claim based on rent paid

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

Table with 3 columns: Line number, Description, Amount. Includes Total household gross income, Rent paid on this property in 2005, Property tax credit, Rent supplements received in 2005, Allowable property tax credit.

6 Landlord's name ABCDEFGHIJKLMNOP Landlord's address (number and street) 12345ABCDEF... Apartment number 12ABC City ABCDEFGHIJKLMNOP State AB Zipcode 123456789 Landlord's telephone number 1234567890

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 Total household gross income, DC real property tax paid by you on this property in 2005, Property tax credit, and information for real property tax bill.

Your last name ABCDEFGHIJKLMNOPQ  
Your SSN. 123456789



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

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

**Other members of your household** List all people other than your spouse, whose income is included in the other household members column on page 2.

First name	M.I.	Last name	Social security number
ABCDEFGHIJKLMN	A	ABCDEFGHIJKLMN	123456789
ABCDEFGHIJKLMN	A	ABCDEFGHIJKLMN	123456789
ABCDEFGHIJKLMN	A	ABCDEFGHIJKLMN	123456789

**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	Paid preparer's phone number
		123456789	1234567890

Your last name ABCDEFGHIJKL ABCDEFGH  
Your SSN. 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.*

Claimant's first name ABCDEFGHIJKL ABC  
M.I. A Last name ABCDEFGHIJKL ABCDEFGH

Claimant's social security number  
123456789

I certify that the above named taxpayer (fill in 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, 2005

Physician's first name ABCDEFGHIJKL ABC  
M.I. A Last name ABCDEFGHIJKL ABCDEFGH

Physician's address (number and street) 12345 ABCDEFGHIJKL ABCDEFGH Suite number 12ABC

City ABCDEFGHIJKL ABCDEFGH State AB Zipcode 123456789

Physician's signature \_\_\_\_\_ Date \_\_\_\_\_ Where Licensed \_\_\_\_\_ License No. \_\_\_\_\_

**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.