

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 _____

Email Address _____

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 Cooperative

◆ 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.

Section A Credit claim based on rent paid

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

1 Federal adjusted gross income of the tax filing unit (see instructions). If less than zero, enter zero.	1	\$	_____	.00
2 Rent paid by you on the property in 2021	2	\$	_____ .00 x .20 =	.00
3 Property tax credit. Use the "Computing Your Property Tax Credit" worksheet.	3	\$	_____	.00

4 Landlord's name _____

Landlord's address (number, street and suite/apartment number if applicable) _____ Apartment number _____

Landlord's telephone number _____

City _____ State _____ Zip Code +4 _____

Section B Credit claim based on real property tax owed.

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

5 Federal adjusted gross income of the tax filing unit (see instructions). If less than zero, enter zero.	5	\$	_____	.00
6 DC real property tax bill for tax year 2021. Do not include special assessments, interest, penalties and service charges.	6	\$	_____	.00
7 Property tax credit Use the "Computing Your Property Tax Credit" worksheet.	7	\$	_____	.00

8 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 _____



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](https://www.irs.gov/efile).

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

Signature under penalty 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 information available to the preparer.

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

FOR STANDALONE FILERS ONLY - WORKSHEET TO DETERMINE FEDERAL ADJUSTED GROSS INCOME

This Worksheet is for use by standalone filers only. If you are filing a D-40 Return, do not complete this worksheet.

COLUMN A (YOU)

COLUMN B (SPOUSE/DOMESTIC PARTNER)

	COLUMN A (YOU)	COLUMN B (SPOUSE/DOMESTIC PARTNER)
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 (only if divorce or separation agreement on or before 12/31/18)	5	
6 Business Income	Fill in if minus <input type="radio"/> 6	Fill in if minus <input type="radio"/>
7 Capital gain	Fill in if minus <input type="radio"/> 7	Fill in if minus <input type="radio"/>
8 Other gains	Fill in if minus <input type="radio"/> 8	Fill in if minus <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.	Fill in if minus <input type="radio"/> 11	Fill in if minus <input type="radio"/>
12 Farm income	Fill in if minus <input type="radio"/> 12	Fill in if minus <input type="radio"/>
13 Unemployment compensation	13	
14 Social security benefits: Taxable amount	14	
15 Other taxable income. Attach separate sheet(s)	Fill in if minus <input type="radio"/> 15	Fill in if minus <input type="radio"/>
16 Add Lines 1 through 15 in each column.	Fill in if minus <input type="radio"/> 16	Fill in if minus <input type="radio"/>
17 Educator expenses	17	
18 Certain business expenses of reservists, performing artists, and fee-basis government officials	18	
ADJUSTMENTS		
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 (only if divorce or separation agreement on or before 12/31/18)	25	
26 IRA deduction	26	
27 Student loan interest deduction	27	
28 Tuition and fees per federal Form 8917	28	
29 Add Lines 17 through 28 in each column	29	
30 Subtract Line 29 from Line 16	Fill in if minus <input type="radio"/> 30	Fill in if minus <input type="radio"/>
31 Total federal adjusted gross income. Add amounts entered on Line 30, Columns A - B and enter total here on Line 31 and on Section A, Line 1 or Section B, Line 5. If less than zero, enter zero.	31 \$	\$