Government of the
District of Columbia

2020 SCHEDULE H SUB Homeowner and Renter Property Tax Credit

2 0 9 9 8 2 S 1 0 0 0 1

Important: Read the eligibility requirements before completing.

Personal information

Your daytime telephone number
9999999999

VENDOR ID# 9999

Your taxpayer identification number(TIN)   *and* Date of Birth (MMDDYYYY)
999999999   99999999

Spouse's/registered domestic partner's TIN   *and* Date of Birth (MMDDYYYY)
999999999   99999999

Your first name
XXXXXXXXXXXXXXXXXXX

M.I.
X

Last name
XXXXXXXXXXXXXXXXXXX

Spouse's/registered domestic partner's first name
XXXXXXXXXXXXXXXXXXX

M.I.
X

Last name
XXXXXXXXXXXXXXXXXXX

Mailing address (number,street and suite/apartment number if applicable)
99999XXXXXXXXXXXXXXXXXXXXXXXXXX
99999XXXXXXXXXXXXXXXXXXXX

City
XXXXXXXXXXXXXXXXXXXXXXXXXXX

State
XX

Zipcode + 4
999999999

Email Address
9XXXX9XXXX9XXXX9XXXXXXXXXXXXXXXX

Address of DC property (number, street and suite/apartment number if applicable) for which you are claiming credit if different from above
99999XXXXXXXXXXXXXXXXXXXXXXXXX
99999XXXXXXXXXXXXXXXXXXXX

Type of property for which you are claiming credit.   Mark only one:
X House   X Apartment   X Rooming house   X Condominium   X Cooperative

Complete Section A or Section B, whichever one applies.

Do not claim this credit for an exempt property owed by a government, a house of worship or a non-profit organization

Section A Credit claim based on real property tax paid.

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

1   Federal adjusted gross income of the tax filing unit. (see instructions).   1 9999999.00
2   Rent paid by you on the property in 2020.   999999.00 x .20 =   2 9999999.00
3   Property tax credit. *Use the "Computing Your Property Tax Credit" worksheet.*   3 9999999.00

4   Landlord's name
    XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

    Landlord's address (number, street and suite/apartment number if applicable)   Apartment number
    99999XXXXXXXXXXXXXXXXXXXXXXXXXXXXX   99999
    99999XXXXXXXXXXXXXX   Landlord's telephone number   9999999999
    City   State   Zipcode + 4
    XXXXXXXXXXXXXXXXXXX   XX   999999999

Section B Credit claim based on real property tax paid or accrued.

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

5   Federal adjusted gross income of the tax filing unit (see instructions).   5 9999999.00

6   DC real property tax paid or accrued on the property in 2020.   6 9999999.00

7   Property tax credit. *Use the "Computing Your Property Tax Credit" worksheet.*   7 9999999.00

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   Suffix   Lot
    9999   9999   9999

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Last name and TIN XXXXXXXXXXXXXXXXXXXX
999999999

209982S20001

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

Refund Options: For information on the tax refund card and program limitations, see instructions or visit our website. MyTax.DC.gov.

Mark **one** refund choice: X Direct deposit **or** X Reliacard (see instructions) **or** X Paper check

Direct deposit. *To have your refund deposited to your* X *checking* or X *savings* *account, fill in and enter bank routing and account numbers. See instructions.*

Routing Number 999999999   Account Number 999999999999999999

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 information available to the preparer.

Your signature   Date   Preparer's signature   Date

999999999

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)
1	Wages, salaries, tips, etc.	1	999999999.00	999999999.00
2	Taxable interest	2	999999999.00	999999999.00
3	Ordinary Dividends	3	999999999.00	999999999.00
4	Taxable refunds, credits, or offsets of state and local income taxes	4	999999999.00	999999999.00
5	Alimony received (only if divorce or separation agreement on or before 12/31/2018)	5	999999999.00	999999999.00
6	Business Income Mark if loss X	6	999999999.00	Mark if loss X 999999999.00
7	Capital gain Mark if loss X	7	999999999.00	Mark if loss X 999999999.00
8	Other gains Mark if loss X	8	999999999.00	Mark if loss X 999999999.00
9	IRA distributions: Taxable amount	9	999999999.00	999999999.00
10	Pensions and annuities: Taxable amount	10	999999999.00	999999999.00
11	Rental real estate, royalties, partnerships, S Corporations, trusts, etc. Mark if loss X	11	999999999.00	Mark if loss X 999999999.00
12	Farm Income Mark if loss X	12	999999999.00	Mark if loss X 999999999.00
13	Unemployment compensation	13	999999999.00	999999999.00
14	Social security benefits: Taxable amount	14	999999999.00	999999999.00
15	Other taxable income: Attach separate sheet(s) Mark if loss X	15	999999999.00	Mark if loss X 999999999.00
16	**Add Lines 1 through 15 in each column.** Mark if loss X	**16**	999999999.00	Mark if loss X 999999999.00
17	Educator expenses	17	999999999.00	999999999.00
18	Certain business expenses of reservists, performing artist, and fee-basis government officials	18	999999999.00	999999999.00
19	Health Savings account deduction	19	999999999.00	999999999.00
20	Moving expenses for members of the armed forces. Attach fed. Form 3903	20	999999999.00	999999999.00
21	Deductible part of self-employment tax	21	999999999.00	999999999.00
22	Self-employed SEP, SIMPLE, and qualified plans	22	999999999.00	999999999.00
23	Self-employed health insurance deduction	23	999999999.00	999999999.00
24	Penalty on early withdrawal of savings	24	999999999.00	999999999.00
25	Alimony paid (only if divorce or separation agreement on or before 12/31/2018)	25	999999999.00	999999999.00
26	IRA deduction	26	999999999.00	999999999.00
27	Student loan interest deduction	27	999999999.00	999999999.00
28	Tuition and fees per federal Form 8917	28	999999999.00	999999999.00
29	**Add Lines 17 through 28 in each column**	29	999999999.00	999999999.00
30	Subtract Line 29 from Line 16 Mark if loss X	30	999999999.00	Mark if loss X 999999999.00
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		999999999.00

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