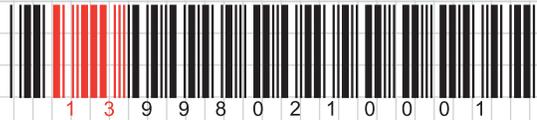


2013 SCHEDULE H SUB Homeowner and Renter Property Tax Credit



Important: Read the eligibility requirements before completing.

Personal information

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

SOFTWARE DEVELOPER USE ONLY

Your social security number (SSN) 123456789

Your daytime telephone number 1234567890

VENDOR ID# 1234

Your first name ABCDEFGHIJKL

M.I. A

Last name ABCDEFGHIJKLABCDEFGH

Spouse's/registered domestic partner's SSN 123456789

Fill in if spouse/registered domestic partner is: X 62 or older X blind or disabled

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

M.I. A

Last name ABCDEFGHIJKLABCDEFGH

Mailing address (number, street and apartment number if applicable) 12345ABCDEF... ABCDEFGHIJKLABCDEF

City ABCDEFGHIJKLABCDEFGH

State AB Zipcode + 4 123456789

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

12345ABCDEF... ABCDEFGHIJKLABCDEF

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

Complete Section A or Section B, whichever one 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 the nearest dollar. If amount is zero, leave the line blank.

- 1 Total household gross income From Line w (page 3). If over \$20,000, do not claim this credit. 1 \$ 123456789.00
2 Rent paid on this property in 2013. \$ 123456789.00 x .15 = 2 \$ 123456789.00
3 Property tax credit Use the calculation from the Property Tax Credit Worksheet 3 \$ 123456789.00
4 Rent supplements received in 2013 by you or by your landlord on your behalf. 4 \$ 123456789.00
5 Property tax credit Subtract Line 4 from Line 3, D-40 filers, enter here and on Line 29 of D-40. 5 \$ 123456789.00

6 Landlord's name ABCDEFGHIJKLABCDEF... ABCDEFGHIJKLABCD

Landlord's address (number, street and apartment number if applicable)

12345ABCDEF... ABCDEFGHIJKLABCDEF

Landlord's telephone number 1234567890

City ABCDEFGHIJKLABCDEFGH

State AB Zipcode + 4 123456789

Section B 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 (page 3). If over \$20,000, do not claim this credit. 7 \$ 123456789.00
8 DC real property tax paid by you on this property in 2013. 8 \$ 123456789.00
9 Property tax credit Use the calculation from the Property Tax Credit Worksheet. 9 \$ 123456789.00

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 1234 Suffix number 1234 Lot number 1234

Your last name
Your SSN.

ABCDEFGHIJKLMN
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. File it with your Schedule H. If a physician's certification of blindness or disability has been submitted previously and the claimant's condition is unchanged, additional certificates are not needed.

Claimant's first name
ABCDEF GHIJKL ABC

M.I.
A

Last name
ABCDEFGHIJKLMN
ABCDEF GHIJKL ABCDEF GH

Claimant's social security number
123456789

I certify that the above named taxpayer (mark 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, 2013.

Physician's first name
ABCDEFGHIJKLMN
ABCDEF GHIJKL ABC

M.I.
A

Last name
ABCDEFGHIJKLMN
ABCDEF GHIJKL ABCDEF GH

Physician's address (number and street)
12345 ABCDEF GHIJKL ABCDEF GH

Suite number
12ABC

City
ABCDEFGHIJKLMN
ABCDEF GHIJKL ABCDEF GH

State
AB

Zipcode + 4
123456789

Physician's signature
Date
Where Licensed
License No.

Definitions

Blind
Central visual acuity that does not exceed 20/200 in the better eye with correcting lenses, or visual acuity 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 medically determinable physical or mental impairment which can be expected to last for 12 months or more.

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 PTIN
123456789

Paid preparer's phone number
1234567890

2013 SCHEDULE H WORKSHEET PAGE 3

Your last name ABCDEFGHIJKLMNOPQRSTUVWXYZ
 Your SSN. 123456789

Total household gross income Report the total income of every member of your household, including any income not subject to DC tax.
 This income does not include gifts from nongovernmental sources, food stamps or food and other relief in-kind supplied by a government agency.

	You	Your spouse/dom. partner	Other household members
a Wages, salaries, tips, bonuses, commissions, fees and any compensation for personal services.	a 123456789.00	123456789.00	123456789.00
b Dividends and interest.	b 123456789.00	123456789.00	123456789.00
c Lottery winnings.	c 123456789.00	123456789.00	123456789.00
d Trade or business income or loss.	d 123456789.00	123456789.00	123456789.00
e Taxable and nontaxable pensions and annuities.	e 123456789.00	123456789.00	123456789.00
f Capital gain (or loss).	f 123456789.00	123456789.00	123456789.00
g Alimony received.	g 123456789.00	123456789.00	123456789.00
h Net rental and royalty income.	h 123456789.00	123456789.00	123456789.00
i Social security and/or railroad retirement.	i 123456789.00	123456789.00	123456789.00
j Unemployment insurance and worker's compensation.	j 123456789.00	123456789.00	123456789.00
k Support money and public assistance grants.	k 123456789.00	123456789.00	123456789.00
l Interest on U.S. obligations (to the extent not included in Line b).	l 123456789.00	123456789.00	123456789.00
m Disability income exclusion (from DC Form D-2440, Line 10) (to the extent not included in other lines).	m 123456789.00	123456789.00	123456789.00
n Non-taxable portion of military compensation.	n 123456789.00	123456789.00	123456789.00
o Fellowship and scholarship awards and grants (to the extent not included in Line a).	o 123456789.00	123456789.00	123456789.00
p Life insurance proceeds.	p 123456789.00	123456789.00	123456789.00
q Veteran's pensions and disability payments	q 123456789.00	123456789.00	123456789.00
r GI Bill benefits.	r 123456789.00	123456789.00	123456789.00
s Unincorporated business income (to the extent not included in other lines).	123456789.00	123456789.00	123456789.00
t Cash distributions from a business or investment.	t 123456789.00	123456789.00	123456789.00
u Other	u 123456789.00	123456789.00	123456789.00
v Total gross income Add Lines a - u for each column.	v 123456789.00	123456789.00	123456789.00
w Total gross household income Add all amounts on Line v, enter here and on Section A, Line 1 or Section B, Line 7.	w \$123456789.00		

List names and social security numbers of other household members. If more than four, list on a separate sheet of paper and attach with this form.

First name, middle initial, last name

ABCDEFGHIJKLMN A ABCDEFGHIJKLMNOPQRSTUVWXYZ 123456789
 ABCDEFGHIJKLMN A ABCDEFGHIJKLMNOPQRSTUVWXYZ 123456789
 ABCDEFGHIJKLMN A ABCDEFGHIJKLMNOPQRSTUVWXYZ 123456789
 ABCDEFGHIJKLMN A ABCDEFGHIJKLMNOPQRSTUVWXYZ 123456789