Government of the District of Columbia

2023 SCHEDULE H SUB Homeowner and Renter Property Tax Credit

Imp	ortant: Read the eligibility requirements befo	re completing.			
Personal information Your daytime telephone number			SOFTWARE DEVELOPER USE ONLY		
Vour t	axpayer identification number (TIN) and Date of Birth (MMDD)	VVV)	Spouse's/registered domestic pa		
rour i	axpayer identification number (TIN) and Date of Birth (MMDD	1111)	Spouse s/registered domestic par	tilers IIIV	and Date of Birth (MMDDYYYY)
Your	rirst name M.I.	Last name			
Spous	se's/registered domestic partner's first name M.I.	Last name			
Mailii	ng address (number, street and suite/apartment number if applicable	e)			
City			State Zipcode	+ 4	
Email					
Addr	ess of DC property (number, street and suite/apartment nu	mber if applicable) f	or which you are claiming crec	dit if different fro	om above
Туре	of property for which you are claiming credit. M	Mark only one:			
ı	House Apartment Rooming house	Your daysine telephone number YOUNDR ID# ### WINDOR ID# ### WINDOR ID# ### WINDOR ID# ### M.I. Lest name M.I. Lest name ### And Suite/apartment number if applicable) **State Zipcode + 4* ### Prompter, street and suite/apartment number if applicable) **State Zipcode + 4* ### Prompter, street and suite/apartment number if applicable) ### State Zipcode + 4* ### Prompter, street and suite/apartment number if applicable) for which you are claiming credit if different from above ### Vinite you are claiming credit. Mark only one: rtment Rooming house Condominium Cooperative ### Operative ##			
Con	uplete Section A or Section B. whichever one a	nnlies.			
		N) and Date of Birth (MMDDYYYY) Spouse's registered domestic partners TIN M.I. Last name M.I. Last name M.I. Last name State Zipcode + 4 Street and suite/apartment number if applicable) State Zipcode + 4 Street and suite/apartment number if applicable) State Zipcode + 4 Street and suite/apartment number if applicable) for which you are claiming credit if different from above but are claiming credit. Mark only one: Rooming house Condominium Cooperative tion B, whichever one applies. In exempt property owned by a government, a house of worship or a non-profit organization ed on rent paid. Income of the tax filing unit (see instructions). If less than zero, enter zero. 1 e property in 2023. 2 2 2 3 3 8 Roundcontsts the reasest dollar. If amount is zero, leave line blank. 1 and or Property Tax Credit worksheet. Apartment number Landlord's telephone number State Zipcode + 4 Roundcontsts the reasest dollar. If amount is zero, leave line blank. 1 and or real property tax owed. Income of the tax filing unit (see instructions). If less than zero, enter zero. 5 and or real property tax owed. If for tax year 2023. Do not include special assessments, interest, penalties and service charges 6 at the Computing YourProperty Tax Credit* worksheet. 7 and Date of Birth (MMDDYYYY) and Date of Birth (Mark only one: An and Date of Birth (Mark only one: An and Date of Birth (Mark one) Birth (An and Date of Birth (Mark one) An and Date of B			
Sac	tion A Credit claim based on rent paid.				
1	•	Init (see instructions).	If less than zero, enter zero.		
2	Rent paid by you on the property in 2023.		x .20 =		
3	Property tax credit. Use the "Computing Your Property Ta	ıx Credit" worksheet.		3	3
4	Landlord's name				
	Lordlandla adduses (mumber akvesk and suite/en	autoa autoa un la autoa	Familiashla) Anorto	aant numbar	
	Landiord's address (number, street and suite/ap.	artment number i	гаррисаріе) Арагит	nent number	
			•	ne number	
	City		State Zipcode + 4		
Sec	tion B Credit claim based on real property tax	owed.			
5	Federal adjusted gross income of the tax filing	unit (see instructions). If less than zero, enter zero.		<i>'</i>
					-
6	6 DC real property tax bill for tax year 2023. Do not include special assessments, interest, penalties and service charges			rice charges	0
7	Property tax credit. Use the "Computing YourProperty Tax	Credit" worksheet.			7
8	Enter information from your real property tax bill	l or assessment I	f a section in blank on you	ır nronerty ta	x hill leave it blank here
-			a section in blank on you	a property ta	a oiii, icave it bialik licie.

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Last name and TIN

For STANDALONE FILERS only, please complete the following " Refund Options: For information on the tax refund card and	•		<u> </u>		Yes No
•	Reliacard (see in	•	Paper check		
Direct deposit. To have your refund deposited to your account numbers. See instructions.	checking or	savings acc	ount, fill in and er	nter bank routing	and
Routing Number Acco	ount Number				
Signature Under penaltiesof law, Ideclare that I have examined this return and, to t	he best of my knowledg	e, it iscorrect. Declaratio	n of paid preparer is based	d 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 Identi	fication Number (PTIN)	PTIN telep	phone 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 Ret	urn, do not complete this worksheet. COLUMN A (YOU)	COLUMN B (SPOUSE/DOMESTIC PARTNER)
1	Wages, salaries, tips, etc.		1	
2	Taxable interest		2	
3	Ordinary Dividends		3	
4	Taxable refunds, credits, or offsets of state and loca	al income	4	
	taxes			
5	Alimony received (only if divorce or separation agreement on o	r before 12/31/2018)	5	
6	Business Income	Mark if loss	6	Mark if loss
7	Capital gain	Mark if loss	7	Mark if loss
8	Other gains	Mark if loss	8	Mark if loss
9	IRA distributions: Taxable amount		9	
10	Pensions and annuities: Taxable amount		10	
11	Rental real estate, royalties, partnerships,	Mark if loss	11	Mark if loss
	S Corporations, trusts, etc.			
12	Farm Income	Mark if loss	12	Mark if loss
13	Unemployment compensation		13	
14	Social security benefits: Taxable amount		14	
15	Other taxable income: Attach separate sheet(s)	Mark if loss	15	Mark if loss
16	Add Lines 1 through 15 in each column.	Mark if loss	16	Mark if loss
17	Educator expenses		17	
18	Certain business expenses of reservists,		18	
	performing artist, and fee-basis government official	S		
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 agreementon 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	
	Add Lines 17 through 28 in each column		29	
30	Subtract Line 29 from Line 16	Mark if loss	30	Mark if loss
31	Total federal adjusted gross income. Add amounts	entered on Line 30	Ο,	
	Columns A-B and enter total here on Line 31 and	on Section A, Line	l	
	or Section B, Line 5. If less than zero, enter zero.		31	