

## 2013 SCHEDULE H Homeowner and Renter Property Tax Credit

Important: Read eligibility requirements before completing. Print in CAPITAL letters using black ink.

FILL III CAFITAL letters using black link.					
Personal information Your social security number (SSN)	Fill in if you are: 62 or older Blind	or disabled			
	Your daytime telephone nur	mher			
Your first name	M.I. Last name				
Spouse's/registered domestic partner's SSN	Fill in if spouse/registered domestic partner is:	62 or older Blind or disabled			
Spouse's/registered domestic partner's first name	M.I. Last name				
Mailing addyces (number street and anathropyt)					
Mailing address (number, street and apartment)					
City	State	Zip Code			
	State	Zip douc			
Address of <b>DC</b> property (number, street and apartn	nent) for which you are claiming the credit if different from	above			
Type of property for which you are claiming the cred.	it. Fill in only one: House Apartment	Rooming house			
Complete Section A or Section B, which	chever applies. •				
Do not claim this credit for an exempt prop		Round cents to the nearest dollar.			
worship or a non-profit organization.  Section A Credit claim based on rent p	aaid	If the amount is zero <u>, leave the line blan</u> k.			
•	oanu w on page 3. <b>If over \$20,000, do not claim this cred</b> i	<i>t.</i> 1 \$	00		
2 Rent paid on the property in 2013. \$	.00 x.15	> 2 \$	00		
If 15% of the rent paid amount is more	e than the line 1 amount do not claim the credit.		00		
3 Property tax credit. Use the worksheet.					
4 Rent supplements received in 2013 by you or your landlord on your behalf.  4 \$					
5 Property tax credit. Subtract Line 4 from Lin	e 3, D-40 filers enter here and on Line 29 of D-40.	5 \$	00		
6 Landlord's name					
Landlord's address (number and street)		Apartment number			
	Landlord's telephone nu				
City	State	Zip Code			
Section B <u>Credit claim based on real p</u>	property tax paid	Round cents to the nearest dollar. If the amount is zero, leave the line blank.			
·	e w on page 3. If over \$20,000, do not claim this credi	t. 7\$	00		
8 DC real property tax paid by you on th	· -		00		
9 Property tax credit <i>Use the worksheet.</i>		00			
	ax bill or assessment. If a section is blank on your prop				
	suffix number Lot number	orty an <u>om, reave it biann</u> 11616.			

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ast name and SSN															
Physician's certification of blindness or disability have not needed.	oility.												onal c	ertifica	ations
Claimant's first name	N	И.І.	Last na	ame											
Claimant's social security number															
certify that the above-named claiman(fill in all the is blind;  has a physical or mental impairment that is experate was physically or mentally impaired on January 1	cted to last cor	ntinuc	ously fo	or 12 r	nonths	or mo	re;								
Physician's first name		M.I.	Last r	name											
Physician's address (number and street)												Suite	numb	er	
City					St	ate	Zip	Code							
Dhysisian's signature		Data			\A/b a w	a Linan	and			Lio	!	Numaha			
Physician's signature		Date			vvner	e Licen	seu			LIC	ense i	Numbe	r		
Definitions Blind Central visual acuity that does not exceed 20/200 with correcting lenses, or visual acuity that is great	er than 20/20	0,													
but is accompanied by a limitation in the field of the widest diameter of the visual field subtends an than 20 degrees.															
Disabled Unable to engage in any gainful activity due to a meable physical or mental impairment which can be for 12 months or more.															
Under penalties of law, I declare that I have Declaration of preparer is based on the info					t of my	knowle	dge, it	is true	and c	orrect	t.				
our signature	Date		Prepa	rer's sig	gnature							Da	ate		
				_											
	Prepare	er's Tax	x Identi	fication	Numbe	r (PTIN	)	Prepa	arer's t	teleph	one n	umber			

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