2013 SCHEDULE H WORKSHEET PAGE 3

Last name and SSN

Total Household Gross Income – Report the total income of every member of your household, including 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 governmental agency.

		You	Your spouse/dom. partner	Other household members
	\$		\$	\$
a Wages, salaries, tips, bonuses, commissions, fees and any compensation for personal services.	а			
b Dividends and interest.	b			
C Lottery winnings.	С			
d Trade or business income (or loss).	d			
e Taxable and nontaxable pensions and annuities.	е			
f Capital gain (or loss).	f			
g Alimony received.	g			
h Net rental and royalty income.	h			
i Social security and/or railroad retirement.	i			
j Unemployment insurance and workers' compensation.	j			
k Support money and public assistance grants.	k			
I Interest on U.S. obligations (to the extent not included in line b).	1			
m Disability income (from DC Form D-2440, Line 10) (to the extent not included in other lines).	m			
n Nontaxable portion of military compensation.	n			
O Fellowship and scholarship awards and grants (to the extent not included in line a).	0			
p Life insurance proceeds.	р			
q Veteran's pension and disability payments.	q			
r GI Bill benefits.	r			
S Unincorporated business income (to the extent not included in other lines).	S			
t Cash distributions from a business or investment.	t			
u Other.	u			
V Total gross income. Add Lines a-u for each column.	V			
W Total household gross income. Add amounts entered on Line v, enter here and on Section A, Line 1 or Section B, Line 7.	w \$			

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.

attach with this form.			
First name	M.I.	Last name	SSN
#1			

#2 #3

#4