

2013 SCHEDULE H Homeowner and Renter Property Tax Credit

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

FINIT IN CAPITAL letters using black link.		
Personal information Your social security number (SSN) Fill in if you are: 62 or of	der Blind or disabled	
	ytime telephone number	
Your first name M.I. Last name	yame telephone nambel	
Spouse's/registered domestic partner's SSN Fill in if spouse/registered dome	stic partner is: 62 or older Blind	d or disabled
Spouse's/registered domestic partner's first name M.I. Last name		
Mailing address (number, street and apartment)		
City	State Zip Code	
Address of DC annuals (autobased and anthonous Manuals become an altimized by	us dik if different forms above	
Address of DC property (number, street and apartment) for which you are claiming the c	redit if different from above	
Type of property for which you are claiming the credit. Fill in only one: House	Apartment Rooming house	
Complete Section A or Section B, whichever applies. ◆ Do not claim this credit for an exempt property owned by a government, worship or a non-profit organization. Section A Credit claim based on rent paid		nearest dollar. ro <u>, leave the line blan</u> k.
1 Total household gross income. From Line w on page 3. If over \$20,000, do	not claim this credit. 1 \$.00
2 Rent paid on the property in 2013. \$.00 x.15 > 2 \$.00
If 15% of the rent paid amount is more than the line 1 amount do not cl 3 Property tax credit. Use the worksheet.	3 \$	00
4 Rent supplements received in 2013 by you or your landlord on your		00
5 Property tax credit. Subtract Line 4 from Line 3, D-40 filers enter here and on Line		.00
6 Landlord's name		
Landlord's address (number and street)		Apartment number
Lan	dlord's telephone number	
City	State Zip Code	
	Round cents to the n	earest dollar. , leave the line blank.
Section B <u>Credit claim based on real property tax paid</u> 7 Total household gross income. From Line w on page 3. If over \$20,000, do		00
	not claim this credit. 7 \$	00
		00
9 Property tax credit <i>Use the worksheet.</i>	9\$	
10 Enter information from your real property tax bill or assessment. If a section is Square number Suffix number	s <i>blank on your property tax <u>bill, leave it blank</u> he</i> Lot number	ere.

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Dalmant's first name M.I. Last name Administry first name M.I. Last name Certify that the above-named claimant/fill in all that apply): Is blind; In as 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 M.I. Last name Physician's sirst name M.I. Last name Physician's address (number and street) Suite number	ast name and SSN						
Certify that the above-named claimantiii in all that apply):	Physician's certification of blindness or disa	bility.					al certifications
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 M.I. Last name Physician's address (number and street) City State Zip Code City State Zip Code Characterian Signature Date Where Licensed License Number 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 it 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 a medically determinable physical or mental impairment which can be expected to last for 12 months or more. Date Preparer's signature Date Preparer's signature Date Date Preparer's signature Date	Claimant's first name Claimant's social security number	M.I	. Last name				
Physician's address (number and street) Suite number City State Zip Code Physician's signature Date Where Licensed License Number 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 a medically determinable physical or mental impairment which can be expected to last for 12 months or more. Dispature Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is true and correct. Declaration of preparer is based on the information available to the preparer. Our signature Date Preparer's signature Date	is blind; has a physical or mental impairment that is exp	ected to last conti	nuously for 12	months or more;			
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Preparer's Tax Identification Number (PTIN) Preparer's telephone number		ormation available to	the preparer.		t is true and corre		
		Preparer's	Tax Identification	n Number (PTIN)	Preparer's tele	phone number	

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