



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

OFFICIAL USE ONLY

Personal information *Fill in if you are:*  62 or older  Blind or disabled

Your first name \_\_\_\_\_ M.I. \_\_\_\_\_ Last name \_\_\_\_\_

Your social security number (SSN) \_\_\_\_\_ Spouse's/domestic partner's SSN \_\_\_\_\_ Your daytime phone number \_\_\_\_\_

Mailing address (number, street and apartment) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code +4 \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code +4 \_\_\_\_\_

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

▶ **Complete either Section A or Section B, whichever applies.** ◀

**Section A Credit claim based on rent paid**

Round cents to the nearest dollar.  
If the amount is zero, leave the line blank.

1 Total household gross income <i>From Line w on back. If over \$20,000, do not claim this credit.</i>	1 \$									00
2 Rent paid on this property in 2007 \$ _____ .00 x.15=	2 \$									00
3 Property tax credit <i>If under age 62 and not blind or disabled, use Table A, pages 62-65. If 62 or older, or blind, or disabled, use Table B, pages 66-68.</i>	3 \$									00
4 Rent supplements received in 2007 by you or your landlord on your behalf	4 \$									00
5 Allowable property tax credit <i>Subtract Line 4 from Line 3. D-40 filers, enter here and on Line 29 of D-40.</i>	5 \$									00

6 Landlord's name \_\_\_\_\_

Landlord's address (number and street) \_\_\_\_\_ Apartment number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code +4 \_\_\_\_\_

Landlord's telephone number \_\_\_\_\_

**Section B Credit 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 <i>from Line w on back. If over \$20,000, do not claim this credit.</i>	7 \$									00
8 DC real property tax paid by you on this property in 2007	8 \$									00
9 Property tax credit <i>If under age 62 and not blind or disabled, use Table A, pages 62-65. If 62 or older, or blind, or disabled, use Table B, pages 66-68. D-40 filers, enter the amount here and on Line 29 of D-40.</i>	9 \$									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 \_\_\_\_\_ Suffix number \_\_\_\_\_ Lot number \_\_\_\_\_



Last name and SSN

**Calculation of total household gross income** *Report the total income of every member of your household, including income not subject to DC tax.*

	You	Your spouse/dom. partner	Other household members
a Wages, salaries, tips, bonuses, commissions, fees	a \$	\$	\$
b Dividends and interest	b		
c Lottery winnings	c		
d Business income or loss	d		
e Taxable and nontaxable pensions and annuities	e		
f Capital gain (loss)	f		
g Alimony received	g		
h Net rental income	h		
i Social security and/or railroad retirement	i		
j Unemployment insurance and worker's compensation	j		
k Support money and public assistance grants	k		
l Interest on U.S. obligations	l		
m Disability income exclusion (from DC Form D-2440, Line 10)	m		
n Nontaxable portion of military compensation	n		
o Fellowship and scholarship awards and grants	o		
p Life insurance proceeds	p		
q Veteran's pension and disability payments	q		
r GI Bill benefits	r		
s Income subject to unincorporated business franchise tax	s		
t Cash distributions	t		
u Other	u		
<b>v Total gross income Add Lines a–u for each column</b>	<b>v</b>		
<b>w Total household gross income. Add amounts on Line v, enter here and on correct Line (1 or 7) on front of this schedule.</b>	<b>w \$</b>		

**Other members of your household** *List all those, other than your spouse or domestic partner, whose income is included above in the other household members column.*

First name, middle initial, last name	Social security number
<input type="text"/>	<input type="text"/>
First name, middle initial, last name	Social security number
<input type="text"/>	<input type="text"/>
First name, middle initial, last name	Social security number
<input type="text"/>	<input type="text"/>

**Signature** Under penalties of 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 the information available to the preparer.

Your signature	Date	Paid preparer's signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Paid preparer's Federal ID, SSN or PTIN		Paid preparer's phone number	
<input type="text"/>		<input type="text"/>	



Last name and SSN

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 and submit it with your Schedule H.

Claimant's first name M.I. Last name

Claimant's social security number

I certify that the above-named claimant (fill in 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, 2007

Physician's first name M.I. Last name

Physician's address (number and street) Suite number

City State Zip Code +4

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 a medically determinable physical or mental impairment which can be expected to last for 12 months or more.