

District of Columbia Property Tax Credit Information

If renting, enter rental information below (Residents only)

Type of property (1 = Private home, 2 = Apartment, 3 = Rooming house, 4 = Condominium, 5 = Cooperative) _____ [1]
 Landlord's name _____ [2]
 Landlord's address (Number and street) _____ [3]
 _____ [4]
 Apartment number _____ [5]
 City _____ [6]
 State _____ [7]
 Zip code _____ [8]
 Landlord's telephone number _____ [9]
 Rent paid _____ [10]

If property owner, enter real property information below

Square number _____ [11]
 Suffix number _____ [12]
 Lot number _____ [13]

Use Tax

Purchases subject to use tax _____
 Merchandise, services and rentals _____ [14] Purchases of catered food or drink _____ [16]
 Alcoholic beverages _____ [15] Rentals of non-commercial vehicles _____ [17]

Health Care Shared Responsibility

Mark if entire family has qualifying health insurance coverage for every month in 2024 _____ [18]
 Mark if exemption applies to health insurance requirements _____ [19]

Contribution

Amount of contribution you wish to make to:

DC Statehood Delegation Fund (Political Contribution) _____ [20]
 Public Trust for Drug Prevention and Children at Risk (Charitable Contribution) _____ [21]
 Anacostia River Cleanup and Prevention Fund (Charitable Contribution) _____ [22]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in the District of Columbia

	From	To
Part-year residency dates	_____ [23]	_____ [24]

Disability Information

	Name of Employer	Payer, if other than employer	No. of Weeks
Taxpayer	_____ [25]	_____ [26]	_____ [27]
Spouse	_____ [28]	_____ [29]	_____ [30]
		Taxpayer	Spouse
Mark if physician's certification previously filed		_____ [31]	_____ [32]

Otherwise, enter:

Taxpayer's physician's name	_____ [33]	_____ [34]	_____ [35]
Address, apartment number	_____ [36] _____ [37]		
City, state, zip code	_____ [38] _____ [39] _____ [40]		
Telephone number	_____ [41]		
Spouse's physician's name	_____		
Address, apartment number	_____		
City, state, zip code	_____		
Telephone number	_____		