



Clergy Financial Resources

Tax | Payroll & HR | Consulting

Form ID: DC

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) _____ [1]
Landlord's name _____ [2]
Landlord's address (Number and street) _____ [3]

Apartment number _____ [5]
City _____ [6]
State _____ [7]
Zip code _____ [8]
Landlord's telephone number _____ [9]
Rent paid _____ [10]
Rent supplements received _____ [11]

If property owner, enter real property information below
Square number _____ [12]
Suffix number _____ [13]
Lot number _____ [14]

Use Tax

Purchases subject to use tax
Merchandise, services and rentals _____ [15]
Alcoholic beverages _____ [16]
Purchases of catered food or drink _____ [17]
Rentals of non-commercial vehicles _____ [18]

Contribution

Amount of contribution you wish to make to:

DC Statehood Delegation Fund (Political Contribution) _____ [19]
Public Trust for Drug Prevention and Children at Risk (Charitable Contribution) _____ [20]
Anacostia River Cleanup and Prevention Fund (Charitable Contribution) _____ [21]

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

Part-year residency dates:
From _____ [22]
To _____ [23]

Disability Information

	Name of Employer	Payer, if other than employer	No. of Weeks
Taxpayer	_____ [24]	_____ [25]	_____ [26]
Spouse	_____ [27]	_____ [28]	_____ [29]

Mark if physician's certification previously filed _____ [30]
Otherwise, enter:
Physician's name _____ [31] _____ [32] _____ [33]
Address, apartment number _____ [34] _____ [35]
City, state, zip code _____ [36] _____ [37] _____ [38]
Telephone number _____ [39]

NOTES/QUESTIONS: