

Form ID: DC D	istrict of Columbia Prop	perty Tax Credit Information	
	•	mation below (Residents only)	
Type of property (1 = Private home, 2 = Apartment		-	[1]
Landlord's name	-	· ·	[2]
Landlord's address (Number and street)			[3]
			[4]
Apartment number			[5]
City State			[6]
Zip code			[7] [8]
Landlord's telephone number			[9]
Rent paid			[10]
	lf property owner enter r	eal property information below	
Square number	in property owner, enter to	bioperty mornation below	[11]
Suffix number			[12]
Lot number			[13]
	Use	Тах	
Purchases subject to use tax	[14]		[1/]
Merchandise, services and rentals Alcoholic beverages	[14] [15]	Purchases of catered food or drink Rentals of non-commercial vehicles	[16] [17]
Alcoholic beverages	[.0]		[''']
	Health Care Shar	ed Responsibility	
Mark if entire family has qualifying health Mark if exemption applies to health insura	÷ •	month in 2020	[18] [19]
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	Contri	bution	
	001111	DULION	
	Amount of contribution	on you wish to make to:	
DC Statehood Delegation Fund (Political Contr	Amount of contribution)	on you wish to make to:	[20]
Public Trust for Drug Prevention and Child	Amount of contribution ribution) ren at Risk (Charitable Contribution)	on you wish to make to:	[21]
•	Amount of contribution ribution) ren at Risk (Charitable Contribution)	on you wish to make to:	
Public Trust for Drug Prevention and Child	Amount of contribution ren at Risk (Charitable Contribution) und (Charitable Contribution)	on you wish to make to:	[21]
Public Trust for Drug Prevention and Child Anacostia River Cleanup and Prevention Fi	Amount of contribution ribution) ren at Risk (Charitable Contribution) und (Charitable Contribution) Part-year Resid	on you wish to make to: dent Information ar, enter the dates you lived in the Dis	[21] [22]
Public Trust for Drug Prevention and Child Anacostia River Cleanup and Prevention Free If you were a part-ye	Amount of contribution ribution) ren at Risk (Charitable Contribution) und (Charitable Contribution) Part-year Resid	on you wish to make to: dent Information	[21] [22] trict of Columbia To
Public Trust for Drug Prevention and Child Anacostia River Cleanup and Prevention Fi	Amount of contribution ribution) ren at Risk (Charitable Contribution) und (Charitable Contribution) Part-year Resid	on you wish to make to: dent Information ar, enter the dates you lived in the Dis	[21] [22] trict of Columbia
Public Trust for Drug Prevention and Child Anacostia River Cleanup and Prevention Free If you were a part-ye	Amount of contribution ribution) ren at Risk (Charitable Contribution) und (Charitable Contribution) Part-year Resident during the tax ye	on you wish to make to: dent Information ar, enter the dates you lived in the Dis	[21] [22] trict of Columbia To
Public Trust for Drug Prevention and Child Anacostia River Cleanup and Prevention Free If you were a part-ye	Amount of contribution ribution) ren at Risk (Charitable Contribution) und (Charitable Contribution) Part-year Resid ar resident during the tax ye Disability	on you wish to make to: dent Information ar, enter the dates you lived in the Dis From	[21] [22] trict of Columbia To [23] [24]
Public Trust for Drug Prevention and Child Anacostia River Cleanup and Prevention Fr If you were a part-ye Part-year residency dates Name of Er Taxpayer	Amount of contribution ribution) ren at Risk (Charitable Contribution) und (Charitable Contribution) Part-year Resid ar resident during the tax ye Disability mployer	on you wish to make to: dent Information ar, enter the dates you lived in the Dis From Information	[21] [22] trict of Columbia To [23] [24]
Public Trust for Drug Prevention and Child Anacostia River Cleanup and Prevention Fi If you were a part-ye Part-year residency dates Name of El	Amount of contribution ribution) ren at Risk (Charitable Contribution) und (Charitable Contribution) Part-year Resid ar resident during the tax ye Disability mployer	on you wish to make to:	[21] [22] trict of Columbia To [23][24] No. of Weeks [26][27] [29][30]
Public Trust for Drug Prevention and Child Anacostia River Cleanup and Prevention File If you were a part-ye Part-year residency dates Name of Ei Taxpayer Spouse	Amount of contribution ribution) ren at Risk (Charitable Contribution) und (Charitable Contribution) Part-year Resid ar resident during the tax ye Disability mployer [25] [28]	on you wish to make to: dent Information ar, enter the dates you lived in the Dis From Information Payer, if other than employer	[21] [22] trict of Columbia [23][24] [26][27] [29][30] ayer Spouse
Public Trust for Drug Prevention and Child Anacostia River Cleanup and Prevention Fr If you were a part-ye Part-year residency dates Name of Er Taxpayer	Amount of contribution ribution) ren at Risk (Charitable Contribution) und (Charitable Contribution) Part-year Resid ar resident during the tax ye Disability mployer [25] [28]	on you wish to make to:	[21] [22] trict of Columbia To [23][24] No. of Weeks [26][27] [29][30]
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Public Trust for Drug Prevention and Child Anacostia River Cleanup and Prevention File If you were a part-ye Part-year residency dates Part-year residency dates Name of Ei Taxpayer Spouse Mark if physician's certification previously Otherwise, enter: Taxpayer's physician's name Address, apartment number	Amount of contribution ribution) ren at Risk (Charitable Contribution) und (Charitable Contribution) Part-year Resid ar resident during the tax ye Disability mployer [25] [28] filed	Den you wish to make to: dent Information ar, enter the dates you lived in the Dis From Information Payer, if other than employer	[21] [22] trict of Columbia To [23][24] [26][27] [29][30] ayer[30] ayer[32] [31][32] [35][35]
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