

Maryland State Department of Assessments & Taxation  
**2020** Renters' Tax Credit Application RTC-1 Form • Filing Deadline **October 1, 2020**

**Apply online [www.taxcredits.sdat.maryland.gov](http://www.taxcredits.sdat.maryland.gov)**  
**Deadline extended through October 31 for 2020 only**

**APPLICANT DETAILS**

1. Name: Last, First, Middle Initial		2. Social Security Number		3. Date of Birth	
4. Mailing Address (If different from Property Address and provide an explanation on a separate sheet of paper and include with this application.)			5. Current Marital Status:		
			<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed  If Married, Separated, Divorced, or Widowed, please include Month and Year <div style="text-align: right;">_____ (MM/YYYY)</div>		
6. Name of Spouse or Residential Co-Tenant: Last, First, Middle Initial		7. Social Security Number		8. Date of Birth	
9. Principal Address (Include Apartment Number – No P.O. Box)		10. City, Town or Post Office		11. County	12. Zip Code
13. Applicant Status: <input type="checkbox"/> Age Sixty (60) or Over <input type="checkbox"/> Totally Disabled (Submit Proof) <input type="checkbox"/> Under Age Sixty (60) with Dependent(s)					
14. Check one of the following which describes your rented residence: <input type="checkbox"/> Apartment Building Unit <input type="checkbox"/> Single Family House <input type="checkbox"/> Mobile Home <input type="checkbox"/> Other (Specify) _____					
15. Address from Previous Year (Include Apartment Number – No P.O. Box)		16. City, Town or Post Office		17. County	18. Zip Code
19. Did you reside in public housing in the previous year? <input type="checkbox"/> No <input type="checkbox"/> Yes					
20. Do you receive any rental assistance/subsidy? <input type="checkbox"/> No <input type="checkbox"/> Yes – From whom _____					
21. Do you own any real estate in the State of Maryland or elsewhere? <input type="checkbox"/> No <input type="checkbox"/> Yes					
22. Do you rent from a person related to you, including In-Laws? <input type="checkbox"/> No <input type="checkbox"/> Yes – Name and relationship _____					

**RENTAL INFORMATION**

23. Enter the amount of rent applicant paid each month in 2019:						
\$ _____ January	\$ _____ February	\$ _____ March	\$ _____ April	\$ _____ May	\$ _____ June	<b>TOTAL RENT PAID 2019:</b>
\$ _____ July	\$ _____ August	\$ _____ September	\$ _____ October	\$ _____ November	\$ _____ December	\$ _____
24. Mark which utilities and/or services were included in the monthly rent:						
Utilities: <input type="checkbox"/> None <input type="checkbox"/> Electric (other than for heat) <input type="checkbox"/> Heat <input type="checkbox"/> Gas (other than for heat)						
Services: <input type="checkbox"/> None <input type="checkbox"/> Meals <input type="checkbox"/> Pet Fee <input type="checkbox"/> Housecleaning <input type="checkbox"/> Parking Garage Fee <input type="checkbox"/> Other _____						
25. Management Company or person (Landlord) to whom the applicant paid rent for at least six months in 2019.						
Name: _____			Address: _____			
26. Current Management Company or person (Landlord) to whom the applicant is now paying rent:						
Name: _____			Address: _____			

**HOUSEHOLD MEMBERS**

27. List all household residents who lived with you in 2019 below. If <b>none</b> , please check this box: <input type="checkbox"/>				
27a. Dependent? <input type="checkbox"/> No <input type="checkbox"/> Yes	27b. Name	27c. Date of Birth	27d. Social Security Number	27e. 2019 Gross Income \$ _____

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**2019 WAGES & INCOME**

28. All accompanying schedules and documents <b>MUST</b> be submitted with this application. <b>DO NOT SEND ORIGINALS.</b>	Applicant	Spouse/Resident Co-Tenant	Household Member(s)	Office Use Only
Wages, Salary, Tips, Bonuses, Commissions, Fees	\$	\$	\$	\$
Interest & Dividends (Includes both taxable and non-taxable)	\$	\$	\$	\$
Capital Gains (Includes non-taxed gains)	\$	\$	\$	\$
Rental Income (Net)	\$	\$	\$	\$
Business Income (Net)	\$	\$	\$	\$
Room & Board paid to you by a nondependent household member, see instructions for Fields 27a-27e	\$	\$	\$	\$
Workers' Compensation	\$	\$	\$	\$
Unemployment Insurance	\$	\$	\$	\$
Alimony and/or Spousal Support	\$	\$	\$	\$
Public Assistance Grants (Include copy of AIMS)	\$	\$	\$	\$
Social Security (Include copy of 2019 Form SSA-1099)	\$	\$	\$	\$
S.S.I Benefits for 2019 (Include Proof)	\$	\$	\$	\$
Railroad Retirement (Include copy of 2019 Verification or Rate Letter)	\$	\$	\$	\$
Other Federal Pensions (Not including VA Benefits) per year	\$	\$	\$	\$
Veterans Benefits per year	\$	\$	\$	\$
Pensions and Annuities (If a rollover, include proof)	\$	\$	\$	\$
IRAs (If a rollover, include proof)	\$	\$	\$	\$
Deferred Compensation (Include W-2 Statement)	\$	\$	\$	\$
Gifts over \$300.00	\$	\$	\$	\$
Expenses Paid by Others	\$	\$	\$	\$
Inheritances	\$	\$	\$	\$
All other monies received last year not reported above	\$	\$	\$	\$
<b>TOTAL HOUSEHOLD INCOME FOR 2019</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

29. Did you, and/or your spouse, file a Federal Income Tax Return for 2019?  Yes  No If yes, a copy of your return (and if married & filing separately, a copy of your spouse's return) with all accompanying schedules **MUST** be submitted with this application

**CERTIFICATION**

I declare under the penalties of perjury, pursuant to Sec. 1-201 of the Maryland Tax-Property Code Ann., that this application (including any accompanying forms and statements) has been examined by me and the information contained herein, to the best of my knowledge and belief, is true, correct and complete, that I have reported all monies received, that I have a legal interest in this property, that this dwelling will be my principal residence for the prescribed period, and that my net worth is less than \$200,000 excluding the value of the subject dwelling and homesite, IRAs and qualified retirement savings plans. I understand that the Department may request at a later date additional information to verify the statements reported on this form, and that independent verifications of the information reported may be made. Further, I hereby authorize the Social Security Administration, Comptroller of the Treasury, Internal Revenue Service, the Income Maintenance Administration, Unemployment Insurance, the State Department of Human Resources, and Credit Bureaus to release to the Department of Assessments and Taxation any and all information concerning the income or benefits received.

Applicant's Signature	Date
Applicant's Email Address	Applicant's Daytime Telephone Number ( )
Spouse's or Resident Co-Owner's Signature	Date

<b>RETURN TO: Department of Assessments and Taxation</b> <b>Renters' Tax Credit Program</b> <b>P.O. Box 49006</b> <b>Baltimore, Maryland 21297</b>	<b>FOR IMMEDIATE INFORMATION:</b> <b>Email: <a href="mailto:sdattaxcredits@Maryland.gov">sdattaxcredits@Maryland.gov</a></b> <b>Telephone: Baltimore Area 410.767.4433</b> <b>Toll Free 1.800.944.7403</b>
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**INFORMATION**

The State of Maryland provides a direct check payment of up to \$1000.00 a year for renters who paid rent in the State of Maryland and who meet certain eligibility requirements. For more information, please visit our website at <https://dat.maryland.gov/Pages/Tax-Credit-Programs.aspx>

**Requirements**

A new application must be filed every year if applicant wishes to be considered for a tax credit. Applicant must satisfy all five (5) legal requirements listed below before eligibility can be considered:

1. Applicant must have a bona fide leasehold interest in the property and be legally responsible for the rent; **and**
2. First time applicants, and those who have moved during the previous year, must submit a copy of their lease(s), rental agreement, cancelled checks, money order receipts, or other proof of rent paid. Other applicants must submit a copy upon request; **and**
3. The principal residence must be in Maryland and where the applicant resided for at least six (6) months in calendar year 2019; **and**
4. The dwelling may be any type of rented residence or a mobile home pad on which the residence rests, but it may not include any unit rented from a public housing authority or from an exempt organization; **and**
5. Applicant, spouse and/or co-tenant(s) must have a combined net worth of less than \$200,000 as of December 31, 2019.

Applicant may later be requested to submit additional information to verify what was reported on the application. This request may include a statement of living expenses when it appears that the applicant has reported insufficient means to pay the rent and other living expenses.

**Chart 1 – Age 60 or Older OR 100% Disabled**

If you are a renter age sixty (60) or older or one hundred percent (100%) disabled, use this chart to see if you should file an application to have the State determine your eligibility.

- Find your approximate 2019 total gross household income in Column A.
- If your monthly rent is more than the figure in Column B (across from your income), you may be eligible and are encouraged to apply.

Example: Applicant Mary Jones, age 67, lives alone, total income in 2019 was \$19,000 and paid \$550 per month in rent. She also paid all her own utilities. With an income close to \$20,000 and rent that is more than \$423 per month, Mary Jones should apply for the credit.

- ❖ The rent in Chart 1 assumes that you pay all your own utilities, separate from the monthly rent. If rent includes gas, electric or heat, you may need to have as much as an eighteen

percent (18%) higher monthly rent to qualify for the credit.

- ❖ Trailer park residents are advised to submit an application and allow the state to determine eligibility.

Chart 1 is only a guide, the exact amount of your total gross income and rent will be used to determine your eligibility

Column A	Column B
\$1 – 10,000	\$117
20,000	423
25,000	576
33,000	800
39,000	1,000
43,000	1,100
46,000	1,200
49,000	1,300
53,000	1,400
56,000	1,500
59,000	1,600
62,000	1,700
66,000	1,800
69,000	1,900
73,000	2,000

**Chart 2 – Under 60 Years of Age**

If you are a renter under the age of sixty (60), who during 2019 had at least one dependent under the age of eighteen (18) living with you, **and** did not receive federal or state housing subsidies or reside in public housing, **and** the combined income of all residents of your dwelling is below the following guidelines, you are encouraged to apply.

Persons in Household (Includes Applicant and Dependents)	2019 Gross Income Limit
2	\$17,308
3	19,985
4	25,701
5	30,459
6	34,533
7	39,194
8	43,602
9	51,393

If you qualify based upon the income limits above, the state will determine your eligibility using the formula comparing rent and gross income.

Example: George and Robin Smith, ages 34 and 33, have two dependents under the age of eighteen (18). Their total household income for 2019 was \$16,200 and paid \$500.00 per month in rent. They also paid all their own utilities. Since their income is below \$25,701 and there are four persons in the household (see Chart 2), the Smith's should apply for the credit.

**Eligibility**

In order to be eligible for a Renters' Tax Credit, you must meet one of the following eligibility requirements and all five legal requirements.

1. AGE SIXTY (60) OR OVER, **or** ONE HUNDRED PERCENT (100%) DISABLED

- Have reached the age sixty (60) or over, on or before December 31, 2019; **or**
- Be one hundred percent (100%) totally and permanently disabled as of December 31, 2019, and submit proof of disability from the Social Security Administration, other federal retirement system, federal Armed Services or the local City/County Health Officer.

2. UNDER SIXTY (60) YEARS OF AGE
  - Had at least one dependent under the age of eighteen (18) living with you during 2019 **and** is listed on your Federal Income Tax Return (if filed), **and** you must include a copy of their social security card(s) and birth certificate(s) with this application; **and**
  - Did not receive federal or state housing subsidies; **and**
  - Your 2019 total gross household income was below the limit listed in Chart 2.

**Important Filing Deadlines**

The deadline for filing an application is October 1, 2020. A properly completed application means that all questions are answered, the form is signed, copies of the entire federal income tax return, schedules and forms, necessary Social Security form (SSA-1099), Railroad Retirement Verification or Rate Letter are all included and applicant has provided responses to any subsequent inquiries made by the Department in a reasonable time frame.

**Privacy and State Data System Security Notice**

The principal purpose for which this information is sought is to determine your eligibility for a tax credit. Failure to provide this information will result in a denial of your application. Some of the information requested would be considered a "Personal Record" as defined in State Government Article, § 10-624 consequently, you have the statutory right to inspect your file and to file a written request to correct or amend any information you believe to be inaccurate or incomplete. Additionally, it is unlawful for any officer or employee of the state or any political subdivision to divulge any income particulars set forth in the application or any tax return filed except in accordance with judicial legislative order. However, this information is available to officers of the state, county or municipality in their official capacity and to taxing officials of any other state, or the federal government, as provided by statute.

**INSTRUCTIONS FOR COMPLETING THE APPLICATION**

- **Please Print Clearly**
- **Do Not Staple Documents**
- **Do Not Send Original Documents**

**Applicant Details**

**Field 1:** Name - Enter the full legal name of applicant (last name, first name, middle initial). Applicant must have a bona fide leasehold interest in the property and be legally responsible for the rent.

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**Field 2:** Social Security Number - Enter applicant's nine (9) digit Social Security Number.

**Field 3:** Date of Birth - Month, Day, and Year the applicant was born.

**Field 4:** Mailing Address - Enter the address the applicant would like mail sent to if it differs from the principal address.

**Field 5:** Current Marital Status - Mark which option best describes the applicant's current status: single; or provide the month and date for: married, separated, divorced (finalized) or widowed.

**Field 6:** Enter the full, legal name of Spouse and/or Residential Co-Tenant (last name, first name, middle initial). Spouse and/or Residential Co-Tenant must have a leasehold interest in the property. If more space is needed, enter information on a separate sheet of paper and include to this application.

**Field 7:** Social Security Number - Enter Spouse and/or Residential Co-Tenant(s) nine (9) digit Social Security Number.

**Field 8:** Date of Birth - Month, Day, and Year the Spouse and/or Residential Co-Tenant(s) was born.

**Field 9:** Principal Address – Rental unit where the applicant regularly resides and is the location designated by the renter for the legal purpose of voting, obtaining a driver's license, filing income tax returns, and for which the tax credit is being applied.

**Field 10:** City, Town or Post Office - State the name of the city or town where the rental unit is located.

**Field 11:** County - Provide the two (2) digit code of the county where the rental unit is located.

County	Code
Allegany	01
Anne Arundel	02
Baltimore City	03
Baltimore County	04
Calvert	05
Caroline	06
Carroll	07
Cecil	08
Charles	09
Dorchester	10
Frederick	11
Garrett	12
Harford	13
Howard	14
Kent	15
Montgomery	16
Prince George's	17
Queen Anne's	18
St. Mary's	19
Somerset	20
Talbot	21
Washington	22
Wicomico	23
Worcester	24

**Field 12:** Zip Code - List the postal code in which the rental unit is located.

**Field 13:** Applicant Status – Mark whether the applicant is: Age Sixty (60) or Over as of December 31st of the year for which a credit is sought, Totally Disabled or Under Age Sixty (60) with Dependent Children. If applicant is totally disabled, please provide proof of disability. If applicant is under age sixty (60) with dependent children, include a copy of their social security card(s) and birth certificate(s).

**Field 14:** Check one of the following which describes your rented residence – Mark whether the rented residence is an Apartment Building Unit, Single Family House or Mobile Home. If none of these, please mark 'Other' and write-in building structure.

**Field 15:** Address from Previous Year – Enter address including house number, apartment number, street name or rural route, (No P.O. Box), of the place the applicant resided in the previous year.

**Field 16:** City, Town or Post Office - State the name of the city or town where the rental unit the applicant lived in the previous year is located.

**Field 17:** County - Provide the two (2) digit code of the county where the rental unit the applicant lived in the previous year is located. See Field 11.

**Field 18:** Zip Code - List the postal code in which the rental unit the applicant lived in the previous year is located.

**Field 19:** Did you reside in public housing in the previous year? – Mark 'No' or 'Yes'.

**Field 20:** Do you receive any rental assistance/subsidy? – Mark 'No' or 'Yes'. If 'Yes', state whom the assistance or subsidy is from.

**Field 21:** Do you own any real estate in the State of Maryland or elsewhere? – Mark 'No' or 'Yes'.

**Field 22:** Do you rent from a person related to you, including In-Laws? - Mark 'No' or 'Yes'. If 'Yes', state name and relationship to applicant.

**Rental Information**

**Field 23:** Enter the amount of rent applicant actually paid each month in the State of Maryland from January 1 through December 31, 2019, and do not include subsidies paid on their behalf such as HUD/Section 8 payments. Do not include monthly fees for any services such as meals, pet fees, garage charges, late charges, security deposits, etc. If applicant lives in a home in a trailer park, report only the rent paid for the trailer pad or lot.

**Field 24:** Mark which utilities and/or services were included in the monthly rent from the previous

year. If none, mark 'None'. If not listed, mark 'Other' and write-in service.

**Field 25:** Enter the name and address of the Management Company or person to whom the applicant paid rent for at least six (6) months of the previous year.

**Field 26:** Enter the name and address of the current Management Company or person to whom the applicant is now paying rent.

**Household Members**

**Field 27:** List all household residents who lived with you in 2019. If there were none, PLEASE check the box and move to Field 28. If there were household residents who lived with you in 2019, complete Fields 27a. - 27e.

**Fields 27a. – 27e.:** Applicant must state whether each household member is a dependent, provide their name(s) (last, first and middle initial), date(s) of birth (month, day and year), social security number, and their gross income from last year. If additional household members, write responses to these fields on a separate sheet of paper and include with this application.

**Wages & Income**

**Field 28:** Wages & Income - All resident co-tenants, including the applicant and spouse, must report their gross income. Income from all sources must be reported, including taxable and non-taxable income. Income for this application is not limited to the definition of gross income for federal or state income tax filing purposes. Social security benefits, worker's compensation, deferred compensation, etc., must be reported. The full amount of an inheritance is income. All gifts in excess of \$300 and expenses paid on applicant's behalf by others must be reported as income. Losses from business, rental or other endeavors may not be used to reduce the amount of gross income reported. Any household occupant not being claimed as a dependent and who is not paying reasonable fixed charges, such as room and board, must report their total gross income(s) from the previous year.

**Field 29:** If you filed a Federal Income Tax Return for last year, or if married and filed separately, include a photocopy of the completed federal tax return(s), including all accompanying schedules and other forms, when submitting this application. If income was derived from a partnership or corporation, a copy of the partnership return (Form 1065, including Schedule K-1) and/or a copy of the corporate return (Form 1120 or 1120S, including Schedule K-1) must also be included.

**Do not send original documents as we are unable to return them.**