Property Tax or Rent Rebate Claim 04-19 (FI)										
PA Department of Revenue P.O. Box 280503 Harrisburg PA 17128-0503	2019	9								
Check your label for accuracy. If inco	rrect. do n	– ot use the	label. Comi	olete Sectio	nl. 146-			II Fill in only one	OVAL USE ONLY	
Your Social Security Number	Spouse's Social Security Number Deceased,							section.		
					in th	ne oval.		1. I am filing for a r		
						$\bigcirc$		P. Property C instruction		
PLEASE WRITE IN YOUR SOCI Last Name	AL SECUR		BER(S) AB st Name	OVE			МІ	R. Renter – S	ee instructions	
			stiname				IVII	B. Owner/Rei		
First Line of Address								2. I Certify that as o I am (a):	IT DEC. 31, 2019	
								A. Claimant a	age 65 or older	
								B. Claimant u		
Second Line of Address									ouse age 65 or resided in the	
								same hous		
City or Post Office			State	ZIP Co	de			C. Widow or 50 to 64	widower, age	
								D. Permanen	tlv disabled	
								and age 18		
Spouse's First Name	MI	County	Code		School Distri	ct Code				
			🗢 REC	UIRED 🔿				3.	abalf of a	
Claimant's Birthdate Spouse's Bi	rthdate	Da	vtime Tele	phone Nur	mber			Filing on b decedent	lenan or a	
	Tindato		yanno roio							
								Dollars	Cents	
III TOTAL INCOME received by	you and	your spo	use durir	ng 2019				Donard	ociito	
4. Social Security, SSI and SSP Income	e (Total be	nefits \$		divi	ded by 2)		4.			
					uou by 27					
5. Railroad Retirement Tier 1 Benefits (	Total bene	efits \$		divide	ed by 2)		5.			
6. Total Benefits from Pension, Annuity,					•		6.			
include federal veterans' disability pa	yments or	state vet	erans' pay	ments.)						
7. Interest and Dividend Income							7.			
						LOSS	0			
8. Gain or Loss on the Sale or Exchang	e of Prop	erty	If a lo	oss, fill in t	his oval		8.			
			16 - 1	CII 14 (	bite and t	LOSS	9.			
9. Net Rental Income or Loss			If a lo	oss, till in t	nis oval	LOSS	5.			
10. Net Business Income or Loss			lfal	oss fill in t	his oval		10.			
Other Income.										
11a. Salaries, wages, bonuses, commission	ons, and e	state and	trust inco	me			11a.			
11b. Gambling and Lottery winnings, inclu	ding PA L	ottery win	nings, priz	e winnings	s and the valu	е	116			
of other prizes							11b.			
11c. Value of inheritances, alimony and sp	مريادها وينه	port					11c.			
11d. Cash public assistance/relief. Unemp	-						110.			
except Section 306(c) benefits							11d.			
11e. Gross amount of loss of time insuran	ce benefit	s and disa	ability insu	rance ben	efits,					
and life insurance benefits, except th	e first \$5,0	000 of tota	al death be	enefit paym	nents		11e.			
11f. Gifts of cash or property totaling mor		· ·	0				11f			
members of a household							11f.			
11g. Miscellaneous income and annualize	d income	amount.					11g.			
12. Claimants with Federal Civil Service							3.			
See the instructions.							12.			
13. TOTAL INCOME. Add only the positi	ve income	amounts	from Line	s 4 throug	h 11g and sub	otract	40			
the amount on Line 12. See Page 3 t	for income	imitation	is. Enter th	nis amount	on Line 23.		13.			

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IMPORTANT: You must submit proof of the income you reported - See the instructions on Pages 7 to 9.



PA-1000



## PA-1000 2019 04-19 (FI)

Your Social Security Number

	Your Name:							
PROPERTY OWNERS ONLY								
14. Total 2019 property tax. Submit copies	of receipted tax bills.			14.				
15. Property Tax Rebate. Enter the maxim amount from Table A for your income le <b>RENTERS ONLY</b>		ompare this amount to nter the lesser amount		15.				
16. Total 2019 rent paid. Submit PA Rent	Certificate and/or rent re	ceipts		16.				
17. Multiply Line 16 by 20 percent (0.20)				17.				
18. Rent Rebate. Enter the maximum reba from Table B for your income level here	mpare this amount to liner the lesser amount to		18.					
OWNER – RENTER ONLY	e. ()   ent		the right.	10.				
19. Property Tax/Rent Rebate. Enter the rebate amount from Table A for your in level here: ()	npare this amount to th es 15 and 18 and enter ount to the right.		19.					
<b>DIRECT DEPOSIT.</b> Banking rules do not do not complete the direct deposit Lines 20 account within the U.S., you have the option into your checking or savings account, com	), 21 and 22. The departi n to have your rebate dire	ment will mail you a pa ctly deposited. If you wa	per check. If y	our rebate will	be going to a ban			
20. Place an X in one box to authorize the	Department of Revenue	to directly deposit your	<sup>-</sup> rebate	C	Checking			
into your:				20. S	avings			
					3			
21. Routing number. Enter in boxes to the	right		21.					
22. Account number. Enter in boxes to the	right 22.							
	TABLE A - OW	NERS ONLY	TABL	E B - RENTI	ERS ONLY			
23.	INCOME LEVEL	Maximum Standard Rebate	INCOME	LEVEL	Maximum Rebate			
Enter the amount from Line 13 of the claim form on this line and circle	\$ 0 to \$ 8,000	\$650		to \$ 8,000	\$650			
the corresponding Maximum Rebate amount for your income level.	\$ 8,001 to \$15,000 \$15,001 to \$18,000		\$ 8,001	to \$15,000	\$500			
Owners use Table A and Renters use Table B.	\$18,001 to \$35,000							
IV An excessive claim with intent to defraue upon conviction. The claimant is also su				d/or imprisonme	ent for up to one yea			
CLAIMANT OATH: I declare that this claim in members of my household. I authorize the PA De Social Security Administration records and/or completeness of the information reported in this Claimant's Signature	epartment of Revenue acces my Department of Human	s to my federal and state	Personal Incor access is for	me Tax records, verifying the tr	my PACE records, m uth, correctness and			
U U U U U U U U U U U U U U U U U U U		1.		,				
Spouse's Signature	Date							
PREPARER: I declare that I prepared this return, a	and that it is to the best of my	2.	<i>c</i>					
knowledge and belief, true, correct and complete.	Name of claimant's power of attorney or nearest relative. Please print.							
Preparer's Signature, if other than the claiman	t Date	Telephone number of claimant's power of attorney or nearest relative.						
Preparer's Name. Please print.		Home address of claim	ant's power of a	ttorney or nearest	t relative. Please print.			
Preparer's telephone number		City or Post Office		State	ZIP Code			
()			<u> </u>					
You can call 1-888-				our claim.				
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