Daytime Telephone Number

Spouse's Social Security Number

PA-1000 Property Tax or Rent Rebate Claim 08-18 (FI)

PA Department of Revenue P.O. Box 280503 Harrisburg PA 17128-0503

Your Social Security Number

Claimant's Birthdate



A Check your label for accuracy. If incorrect, do not use the label. Complete Part A.

If Spouse is

Deceased, fill

				in the ova	ıl.
PLEASE WRITE IN YOUR SOCIAL SE Last Name	ECURIT	<b>Y NUMBER(S) ABO</b> First Name	VE		M
First Line of Address					
Second Line of Address					
City or Post Office		State	ZIP Co	de	
Spouse's First Name	MI	County Code  REQU	IRED ⇒	School District Cod	le

Spouse's Birthdate

OFFICIAL USE ONLY B Fill in only one oval in each section.

- 1. I am filing for a rebate as a:
  - P. Property Owner See instructions
  - R. Renter See instructions
  - B. Owner/Renter See instructions
- 2. I Certify that as of Dec. 31, 2018, I am (a):
  - A. Claimant age 65 or older
  - B. Claimant under age 65, with a spouse age 65 or older who resided in the same household
  - C. Widow or widower, age 50 to 64
  - D. Permanently disabled and age 18 to 64

3.	
	Filing on behalf of a
	decedent

Dollars	Cents

C	TOTAL INCOME received by you and your spouse during 2018	
4.	Social Security, SSI and SSP Income (Total benefits \$divided by 2)	4.
5.	Railroad Retirement Tier 1 Benefits (Total benefits \$ divided by 2)	5.
6.	Total Benefits from Pension, Annuity, IRA Distributions and Railroad Retirement Tier 2 (Do not include federal veterans' disability payments or state veterans' payments.)	6.
7.	Interest and Dividend Income	7.
	LOSS	_
8.	Gain or Loss on the Sale or Exchange of Property If a loss, fill in this oval	8.
	LOSS	
9.	Net Rental Income or Loss	9.
	LOSS	
	Net Business Income or Loss	10.
	Income.	
11a.	Salaries, wages, bonuses, commissions, and estate and trust income.	11a.
11b.	Gambling and Lottery winnings, including PA Lottery winnings, prize winnings and the value of other prizes	11b.
11c.	Value of inheritances, alimony and spousal support.	11c.
11d.	Cash public assistance/relief. Unemployment compensation and workers' compensation, except Section 306(c) benefits.	11d.
11e.	Gross amount of loss of time insurance benefits and disability insurance benefits, and life insurance benefits, except the first \$5,000 of total death benefit payments.	11e.
11f.	Gifts of cash or property totaling more than \$300, except gifts between members of a household.	11f.
11g.	Miscellaneous income and annualized income amount.	11g.
12.	Claimants with Federal Civil Service Retirement System Benefits enter \$8,231.  See the instructions.	12.
13.	<b>TOTAL INCOME.</b> Add only the positive income amounts from Lines 4 through 11g and subtract the amount on Line 12. See Page 3 for income limitations. Enter this amount on Line 23	13.

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



## PA-1000 2018 08-18 (FI)

Your Social Security Number

	Your Nam	9:			
PROPERTY OWNERS ONLY 14. Total 2018 property tax. Submit copies	of receipted tax bills.			14.	
15. Property Tax Rebate. Enter the maxim		Compare this amount to			
amount from Table A for your income le RENTERS ONLY	evel here: ()	enter the lesser amount	to the right.	15.	
16. Total 2018 rent paid. Submit PA Rent	Certificate and/or rent	receipts		16.	
17. Multiply Line 16 by 20 percent (0.20)				17.	
18. Rent Rebate. Enter the maximum reba	ite amount   C	ompare this amount to li	ne 17 and		
from Table B for your income level her  OWNER – RENTER ONLY	e: ()   e	nter the lesser amount to	the right.	18.	
Property Tax/Rent Rebate. Enter the rebate amount from Table A for your in level here: ()	come L	ompare this amount to thines 15 and 18 and enter mount 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 depa to have your rebate di	rtment will mail you a parectly deposited. If you wa	per check. If y	our rebate wi	Il be going to a bank
20. Place an X in one box to authorize the	Department of Revenu	ue to directly deposit you	rebate		Checking
into your:				20.	Savings
					Ü
21. Routing number. Enter in boxes to the	right		21.		
22. Account number. Enter in boxes to the	right 22				
	TABLE A - O	WNERS ONLY	TABL	E B - RENT	ERS ONLY
23. Enter the amount from Line 13 of	TABLE A - O	WNERS ONLY  Maximum Standard  Rebate	TABL		Maximum Rebate
Enter the amount from Line 13 of the claim form on this line and circle	## 10 to \$ 8,00	Maximum Standard Rebate 00 \$650	INCOME \$ 0 t	<b>LEVEL</b> to \$ 8,000	Maximum Rebate \$650
Enter the amount from Line 13 of the claim form on this line and circle the corresponding Maximum Rebate amount for your income level.	\$ 0 to \$ 8,00 \$ 8,001 to \$15,00	Maximum Standard Rebate 00 \$650 00 \$500	INCOME \$ 0 t	LEVEL	Maximum Rebate
Enter the amount from Line 13 of the claim form on this line and circle the corresponding Maximum Rebate	## 10 to \$ 8,00	Maximum Standard Rebate 90 \$650 90 \$500 9300	INCOME \$ 0 t	<b>LEVEL</b> to \$ 8,000	Maximum Rebate \$650
Enter the amount from Line 13 of the claim form on this line and circle the corresponding Maximum Rebate amount for your income level. Owners use Table A and Renters use Table B.  D An excessive claim with intent to defraue	\$ 0 to \$ 8,00 \$ 8,001 to \$15,00 \$15,001 to \$18,00 \$18,001 to \$35,00 d is a misdemeanor pun	Maximum Standard Rebate 00 \$650 00 \$500 00 \$300 00 \$250 shable by a maximum fine	\$ 0 t \$ 8,001 t	to \$ 8,000 to \$15,000	Maximum Rebate \$650 \$500
Enter the amount from Line 13 of the claim form on this line and circle the corresponding Maximum Rebate amount for your income level.  Owners use Table A and Renters use Table B.  D An excessive claim with intent to defraud upon conviction. The claimant is also su  CLAIMANT OATH: I declare that this claim in the members of my household. I authorize the PA Delocial Security Administration records and/or ompleteness of the information reported in this	\$ 0 to \$ 8,00 \$ 8,00 \$ 8,001 to \$15,00 \$15,001 to \$18,00 \$18,001 to \$35,000 disa misdemeanor punipulation of the strue, correct and compartment of Revenue accomp Department of Hum claim.	Maximum Standard Rebate  00 \$650 00 \$500 00 \$300 00 \$250  shable by a maximum fine percent of the entire amount lete to the best of my know ess to my federal and state an Services records. This	\$ 0 t \$ 8,001 t \$ 6 of \$1,000, and of claimed.	to \$ 8,000 to \$15,000 do so to the state of	Maximum Rebate \$650 \$500  tent for up to one year the only claim filed by my PACE records, my truth, correctness and
Enter the amount from Line 13 of the claim form on this line and circle the corresponding Maximum Rebate amount for your income level.  Owners use Table A and Renters use Table B.  D An excessive claim with intent to defraud upon conviction. The claimant is also su  CLAIMANT OATH: I declare that this claim in the members of my household. I authorize the PA Decocial Security Administration records and/or	\$ 0 to \$ 8,00 \$ 8,00 \$ 8,001 to \$15,001 to \$18,00 \$18,001 to \$35,001 to \$35,001 to \$35,001 to \$35,001 to \$35,001 to \$35,001 to a penalty of 25 to	Maximum Standard Rebate  00 \$650 00 \$500 00 \$300 00 \$250  shable by a maximum fine percent of the entire amount lete to the best of my knowness to my federal and state an Services records. This	\$ 0 t \$ 8,001 t \$ 6 of \$1,000, and of claimed.	to \$ 8,000 to \$15,000 do so to the state of	Maximum Rebate \$650 \$500  tent for up to one year the only claim filed by my PACE records, my truth, correctness and
Enter the amount from Line 13 of the claim form on this line and circle the corresponding Maximum Rebate amount for your income level.  Owners use Table A and Renters use Table B.  D An excessive claim with intent to defraud upon conviction. The claimant is also su  CLAIMANT OATH: I declare that this claim in the members of my household. I authorize the PA Delocial Security Administration records and/or ompleteness of the information reported in this	\$ 0 to \$ 8,00 \$ 8,00 \$ 8,001 to \$15,00 \$15,001 to \$18,00 \$18,001 to \$35,000 disa misdemeanor punipulation of the strue, correct and compartment of Revenue accomp Department of Hum claim.	Maximum Standard Rebate  00 \$650 00 \$500 00 \$300 00 \$250  shable by a maximum fine percent of the entire amount lete to the best of my know ess to my federal and state an Services records. This	\$ 0 t \$ 8,001 t \$ 6 of \$1,000, and of claimed.	to \$ 8,000 to \$15,000 do so to the state of	Maximum Rebate \$650 \$500  tent for up to one year the only claim filed by my PACE records, my truth, correctness and
Enter the amount from Line 13 of the claim form on this line and circle the corresponding Maximum Rebate amount for your income level.  Owners use Table A and Renters use Table B.  D An excessive claim with intent to defraud upon conviction. The claimant is also su  CLAIMANT OATH: I declare that this claim in the members of my household. I authorize the PA Decical Security Administration records and/or completeness of the information reported in this Claimant's Signature	S 0 to \$ 8,00 \$ 8,00 \$ 8,001 to \$15,001 to \$15,001 to \$18,001 to \$35,001 tis a misdemeanor punification of the strue, correct and compartment of Revenue accomply Department of Humiclaim.	Maximum Standard Rebate  00 \$650 00 \$500 00 \$300 00 \$250  Shable by a maximum fine percent of the entire amount lete to the best of my known ess to my federal and state an Services records. This  Witnesses' Signature  1.  2.	\$ 0 t \$ 8,001 t \$ 1,000, and of \$1,000, and of claimed. vledge and beli Personal Incon access is for s: If the claiman	to \$ 8,000 to \$15,000 do \$15,000	Maximum Rebate \$650 \$500  tent for up to one year the only claim filed by my PACE records, my rruth, correctness and out only makes a mark.
Enter the amount from Line 13 of the claim form on this line and circle the corresponding Maximum Rebate amount for your income level.  Owners use Table A and Renters use Table B.  D An excessive claim with intent to defraud upon conviction. The claimant is also su  CLAIMANT OATH: I declare that this claim in the members of my household. I authorize the PA Defocial Security Administration records and/or ompleteness of the information reported in this Claimant's Signature  Spouse's Signature  PREPARER: I declare that I prepared this return, a	S 0 to \$ 8,00 \$ 8,001 to \$15,00 \$ 15,001 to \$18,00 \$ 18,001 to \$35,00  It is a misdemeanor puniplect to a penalty of 25 partment of Revenue accomparatment of Humiclaim.  Date  Date	Maximum Standard Rebate  00 \$650 00 \$500 00 \$300 00 \$250  Shable by a maximum fine percent of the entire amount lete to the best of my known ess to my federal and state an Services records. This  Witnesses' Signature  1.	s 0 t \$ 8,001 t s 8,001 t s 8,001 t s 9 s 1,000, and to claimed.	to \$ 8,000 to \$15,000  d/or imprisonm  ief, and this is ne Tax records, verifying the to the cannot sign, but cannot relations or nearest relations.	Maximum Rebate \$650 \$500  whent for up to one year  the only claim filed by, my PACE records, my irruth, correctness and the only makes a mark.  The only makes a mark.
Enter the amount from Line 13 of the claim form on this line and circle the corresponding Maximum Rebate amount for your income level.  Owners use Table A and Renters use Table B.  D An excessive claim with intent to defraud upon conviction. The claimant is also su  CLAIMANT OATH: I declare that this claim in members of my household. I authorize the PA De ocial Security Administration records and/or ompleteness of the information reported in this Claimant's Signature  PREPARER: I declare that I prepared this return, a knowledge and belief, true, correct and complete.	S 0 to \$ 8,00 \$ 8,001 to \$15,00 \$ 15,001 to \$18,00 \$ 18,001 to \$35,00  It is a misdemeanor puniplect to a penalty of 25 partment of Revenue accomparatment of Humiclaim.  Date  Date	Maximum Standard Rebate  00 \$650 00 \$500 00 \$300 00 \$250  shable by a maximum fine percent of the entire amount lete to the best of my know ess to my federal and state an Services records. This  Witnesses' Signature 1.  2.  Name of claimant's poor	s 0 t \$ 8,001 t s 8,001 t s 8,001 t s 9,000 t claimed.	to \$ 8,000 to \$15,000  d/or imprisonm  ief, and this is ne Tax records, verifying the to the cannot sign, but cannot sign, but cannot rearest relations or nearest relations.	Maximum Rebate \$650 \$500  sent for up to one year  the only claim filed by my PACE records, my truth, correctness and but only makes a mark.  ve. Please print.
Enter the amount from Line 13 of the claim form on this line and circle the corresponding Maximum Rebate amount for your income level.  Owners use Table A and Renters use Table B.  D An excessive claim with intent to defraud upon conviction. The claimant is also su  CLAIMANT OATH: I declare that this claim in the probate of my household. I authorize the PA Decial Security Administration records and/or completeness of the information reported in this Claimant's Signature  PREPARER: I declare that I prepared this return, a knowledge and belief, true, correct and complete.  Preparer's Signature, if other than the claimant	S 0 to \$ 8,00 \$ 8,001 to \$15,00 \$ 15,001 to \$18,00 \$ 18,001 to \$35,00  It is a misdemeanor puniplect to a penalty of 25 partment of Revenue accomparatment of Humiclaim.  Date  Date	Maximum Standard Rebate  00 \$650 00 \$500 00 \$300 00 \$250  shable by a maximum fine percent of the entire amount lete to the best of my known ess to my federal and state an Services records. This  Witnesses' Signature  1.  2.  Name of claimant's pounts.	s 0 t \$ 8,001 t s 8,001 t s 8,001 t s 9,000 t claimed.	to \$ 8,000 to \$15,000  d/or imprisonm  ief, and this is ne Tax records, verifying the to the cannot sign, but cannot sign, but cannot rearest relations or nearest relations.	Maximum Rebate \$650 \$500  sent for up to one year  the only claim filed by my PACE records, my truth, correctness and but only makes a mark.  ve. Please print.

Claim filing deadline – June 30, 2019 You can call 1-888-728-2937 after June 1 to verify the status of your claim.



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