1005010010

PA-1000

Property Tax or Rent Rebate Claim
PA-1000 (09-10)
PA Department of Revenue
Harrisburg PA 17128-0503

PENNSYLVANIA LOTTERY

2010

OFFICIAL USE ONLY

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

START ➜

Your Social Security Number | Spouse's Social Security Number | **If Spouse is Deceased, fill in the oval.**

PLEASE WRITE IN YOUR SOCIAL SECURITY NUMBER(S) ABOVE

Last Name | First Name | MI

First Line of Address

Second Line of Address

City or Post Office | State | ZIP Code

Spouse's First Name | MI | County Code | School District Code

⬅ REQUIRED ➡

Claimant's Birthdate | Spouse's Birthdate | Daytime Telephone Number

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, 2010, 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. Have you received Property Tax/Rent Rebates in the past?

1. Yes 2. No (See instructions)

Deadline - June 30, 2011.

C **TOTAL INCOME** received by you and your spouse during 2010

		Dollars	Cents
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, Veterans' Disability and Railroad Retirement Tier 2	6.		
7. Interest and Dividend Income	7.		
8. Gain or Loss on the Sale or Exchange of Property. If a loss, fill in this oval. LOSS	8.		
9. Net Rental Income or Loss. If a loss, fill in this oval. LOSS	9.		
10. Net Business Income or Loss. If a loss, fill in this oval. LOSS	10.		
Other 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 that is not listed above.	11g.		
12. **TOTAL INCOME.** Add only the positive income amounts from Lines 4 through 11g. **If your total income exceeds $35,000, you may not claim a rebate.**	12.		

IMPORTANT: You must submit proof of the income you reported – See the instructions on Pages 6 and 7.

1005010010 1005010010

Reset Form NEXT PAGE PRINT

1005120017

PA-1000 2010

START ➜ Your Social Security Number

Your Name: _____

PROPERTY OWNERS ONLY

13. Total 2010 property tax. Submit copies of receipted tax bills. . . . . 13.

14. Property Tax Rebate. Compare Line 13 to the maximum rebate amount determined by your income level in Table A and enter the lesser amount. . . . . 14.

RENTERS ONLY

15. Total 2010 rent paid. Submit **Rent Certificate** and/or rent receipts . . . . . 15.

16. Multiply Line 15 by 20 percent (0.20) . . . . . 16.

17. Rent Rebate. Compare Line 16 to the maximum rebate amount determined by your income level in Table B and enter the lesser amount. . . . . 17.

OWNER – RENTER ONLY

18. **Property Tax/Rent Rebate.** Add Lines 14 and 17, then compare total to the maximum rebate amount determined by your income level in Table A and enter the lesser amount. . . . . 18.

DIRECT DEPOSIT. In order to comply with new banking rules, direct deposits are not available for rebates going to bank accounts outside the U.S. If your bank account is outside the U.S., do not complete the direct deposit Lines 19, 20 and 21. You will receive a check from the Department.

If your rebate will be going to a bank account within the U.S., you have the option to have your rebate directly deposited.

If you want the Department to directly deposit your rebate into your checking or savings account, complete Lines 19, 20 and 21.

19. Place an X in one box to authorize the Department of Revenue to directly deposit your rebate into your. . . . . 19. Checking ☐ Savings ☐

20. Routing number. Enter in boxes to the right. . . . . 20.

21. Account number. Enter in boxes to the right. . . . . 21.

OWNERS ONLY.

If you are eligible for a supplemental payment above the maximum rebate, the Department will calculate it for you.

TABLE A - OWNERS ONLY	
INCOME LEVEL	Maximum Standard Rebate
$ 0 to $ 8,000	$650
$ 8,001 to $15,000	$500
$15,001 to $18,000	$300
$18,001 to $35,000	$250

TABLE B - RENTERS ONLY	
INCOME LEVEL	Maximum Rebate
$ 0 to $ 8,000	$650
$ 8,001 to $15,000	$500

D **An excessive claim with intent to defraud is a misdemeanor punishable by a maximum fine of $1,000, and/or imprisonment for up to one year upon conviction. The claimant is also subject to a penalty of 25 percent of the entire amount claimed.**

CLAIMANT OATH: I declare that this claim is true, correct and complete to the best of my knowledge and belief, and this is the only claim filed by members of my household. I authorize the PA Department of Revenue access to my federal and state Personal Income Tax records, my PACE records, my Social Security Administration records and/or my Department of Public Welfare records. This access is for verifying the truth, correctness and completeness of the information reported in this claim.

Claimant's Signature Please sign the PA-1000 after printing. MM/DD/YY	**Witnesses' Signatures:** If the claimant cannot sign, but only makes a mark. 1. Please sign the PA-1000 after printing.
PREPARER: I declare that I prepared this return, and that it is to the best of my knowledge and belief, true, correct and complete. **Preparer's Signature, if other than the claimant** Please sign the PA-1000 after printing. MM/DD/YY **Date**	2. Please sign the PA-1000 after printing. Name of claimant's power of attorney or nearest relative. Please print.
Preparer's Name – please print	Telephone number of claimant's power of attorney or nearest relative.
Preparer's telephone number	Home address of claimant's power of attorney or nearest relative. Please print.
	City or Post Office / State / ZIP Code

Call 1-888-728-2937 to check the status of your claim or to update your address.

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RETURN TO PAGE ONE

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