PA - 1 0 0 0 Property Tax or Rent Rebate Claim 08-18 (FI) PA Department of Revenue P.O. Box 280503 Harrisburg PA 17128-0503



OFFICIAL USE ONLY

Your Social Securit	bel for accuracy. If inc y Number		e's Social Security		If Spouse i Deceased, in the oval	fill	se 1. I an	Il in only one of ection. In filing for a re P. Property Of instruction	ebate as a:)wner – See
PLEASE Last Name	WRITE IN YOUR SOO	CIAL SECURI	TY NUMBER(S) ABO First Name	OVE		MI		R. Renter – Se B. Owner/Ren instruction	ee instructions nter – See
First Line of Addres	SS .						I an	ertify that as of n (a): A. Claimant a	ge 65 or older
Second Line of Add	dress								use age 65 or resided in the
City or Post Office			State	ZIP Code				C. Widow or v 50 to 64 D. Permanent and age 18	tly disabled
Spouse's First Nan	пе	MI	County Code REQ	Sch UIRED →	nool District Code	Э	3.	Filing on b	
Claimant's Birthdat	e Spouse's E	Birthdate	Daytime Tele	ohone Number				decedent	
C TOTAL INC	COME received by	, you and y	our engues durin	g 2018] ,	Dollars	Cents
Total Benefits fr include federal	ment Tier 1 Benefits om Pension, Annuity veterans' disability p	y, IRA Distrib payments or s	outions and Railroad state veterans' pay	d Retirement T ments.)	ïer 2 (Do not	6.			
	ridend Income In the Sale or Exchar				LOSS				
	me or Loss				LOSS	9.			
ner Income.	ncome or Loss				oval				
1b. Gambling and L	s, bonuses, commiss ottery winnings, incl	luding PA Lo	ttery winnings, priz	e winnings and	d the value	11b.			
1d. Cash public ass	ances, alimony and sistance/relief. Unem 306(c) benefits	ployment co	mpensation and w	orkers' comper	nsation,	11c. 11d.			
1e. Gross amount of	of loss of time insura ce benefits, except t	nce benefits	and disability insu	rance benefits,		11e.			
	property totaling molousehold					11f.			
•	ncome and annualiz					11g.			
See the instruct	Federal Civil Service ions					12.			
	E. Add only the posi Line 12. See Page 3					13.			

 $\textbf{IMPORTANT:} \ \ \text{You must submit proof of the income you reported} - \text{See the instructions on Pages 7 to 9}.$





PA-1000 2018 08-18 (FI)

Your Social Security Number	er						
	Your Name: _			_			
PROPERTY OWNERS ONLY 14. Total 2018 property tax. Submit copies	of receipted tax bills.			14.			
 15. Property Tax Rebate. Enter the maximiamount from Table A for your income to RENTERS ONLY 16. Total 2018 rent paid. Submit PA Rent 0 	evel here: () en	ompare this amount to ter the lesser amount	to the right.				
17. Multiply Line 16 by 20 percent (0.20)18. Rent Rebate. Enter the maximum reba from Table B for your income level here	te amount Con	npare this amount to ling the lesser amount to	ne 17 and	17.			
OWNER – RENTER ONLY 19. Property Tax/Rent Rebate. Enter the rebate amount from Table A for your in level here: ()	pare this amount to th s 15 and 18 and enter unt to the right.		19.				
DIRECT DEPOSIT. Banking rules do not do not complete the direct deposit Lines 20 account within the U.S., you have the optior into your checking or savings account, com), 21 and 22. The departn to have your rebate direc	nent will mail you a pa tly deposited. If you wa	per check. If	f your re	bate will b	e going to a	bank
20. Place an X in one box to authorize the into your:				20.		ecking	
into your.					Sa	vings	
21. Routing number. Enter in boxes to the	right		21.				
22. Account number. Enter in boxes to the	right 22.						
22. Account number. Enter in boxes to the	right 22.	NERS ONLY	TAE	BLE B -	RENTE	RS ONLY	
23.		Maximum Standard		BLE B -		Maximum	
	TABLE A - OW	Maximum Standard Rebate \$650 \$500 \$300	INCOM	to \$	8,000		
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	TABLE A - OW INCOME LEVEL \$ 0 to \$ 8,000 \$ 8,001 to \$15,000 \$15,001 to \$18,000 \$18,001 to \$35,000 d is a misdemeanor punish	Maximum Standard Rebate \$650 \$500 \$300 \$250 able by a maximum fine	\$ 0 \$ 8,001	to \$ 8 to \$18	- 8,000 5,000	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 defraue	TABLE A - OW INCOME LEVEL \$ 0 to \$ 8,000 \$ 8,001 to \$15,000 \$15,001 to \$18,000 \$18,001 to \$35,000 d is a misdemeanor punish bject to a penalty of 25 per s true, correct and complete partment of Revenue access my Department of Human	Maximum Standard Rebate \$650 \$500 \$300 \$250 able by a maximum fine cent of the entire amounts to to the best of my knows to to my federal and state	\$ 0 \$ 8,001	to \$ 15 to \$15 nd/or im	8,000 5,000 prisonmen	Maximum Rebate \$650 \$500 t for up to on	le yea
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 is members of my household. I authorize the PA De Social Security Administration records and/or	TABLE A - OW INCOME LEVEL \$ 0 to \$ 8,000 \$ 8,001 to \$15,000 \$15,001 to \$18,000 \$18,001 to \$35,000 d is a misdemeanor punish bject to a penalty of 25 per s true, correct and complete partment of Revenue access my Department of Human	Maximum Standard Rebate \$650 \$500 \$300 \$250 able by a maximum fine cent of the entire amounts to to the best of my knows to to my federal and state	\$ 0 \$ 8,001	to \$ 15 to \$15 nd/or im	9,000 5,000 prisonmen I this is the records, m	Maximum Rebate \$650 \$500 t for up to on only claim fi y PACE record h, correctnes	le yea led by ds, my ss 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 is members of my household. I authorize the PA De Social Security Administration records and/or completeness of the information reported in this	TABLE A - OW INCOME LEVEL \$ 0 to \$ 8,000 \$ 8,001 to \$15,000 \$15,001 to \$18,000 \$18,001 to \$35,000 d is a misdemeanor punish bject to a penalty of 25 per strue, correct and complete partment of Revenue access my Department of Human claim.	Maximum Standard Rebate \$650 \$500 \$300 \$250 able by a maximum fine cent of the entire amount to the best of my know to to my federal and state Services records. This Witnesses' Signature 1.	\$ 0 \$ 8,001	to \$ 15 to \$15 nd/or im	9,000 5,000 prisonmen I this is the records, m	Maximum Rebate \$650 \$500 t for up to on only claim fi y PACE record h, correctnes	le yea led by ds, my ss 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 is 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	TABLE A - OW INCOME LEVEL \$ 0 to \$ 8,000 \$ 8,001 to \$15,000 \$15,001 to \$18,000 \$18,001 to \$35,000 d is a misdemeanor punish bject to a penalty of 25 per strue, correct and complete partment of Revenue access my Department of Human claim. Date Date	Maximum Standard Rebate \$650 \$500 \$300 \$250 able by a maximum fine cent of the entire amou to to the best of my know to to my federal and state Services records. This	\$ 0 \$ 8,001	to \$ 15 to \$15 nd/or im elief, and ome Tax or verifying	prisonmen I this is the records, ming the trut	Maximum Rebate \$650 \$500 t for up to on only claim fi y PACE record, correctnes	le yea led by ds, my ss 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 is 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 PREPARER: I declare that I prepared this return, a	TABLE A - OW INCOME LEVEL \$ 0 to \$ 8,000 \$ 8,001 to \$15,000 \$15,001 to \$18,000 \$18,001 to \$35,000 d is a misdemeanor punish bject to a penalty of 25 per s true, correct and complete partment of Revenue access my Department of Human claim. Date Date	Maximum Standard Rebate \$650 \$500 \$300 \$250 able by a maximum fine cent of the entire amou to the best of my know to to my federal and state Services records. This Witnesses' Signature 1.	s of \$1,000, a nt claimed. vledge and be Personal Incacess is for strength of the claimed.	to \$ 6 to \$15 nd/or im elief, and ome Tax or verifying ant cannot	B,000 5,000 prisonmen I this is the records, m ng the trut ot sign, but	Maximum Rebate \$650 \$500 t for up to one only claim fi y PACE record, correctnes only makes a	le yea led by ds, my ss 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 is 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 PREPARER: I declare that I prepared this return, a knowledge and belief, true, correct and complete.	TABLE A - OW INCOME LEVEL \$ 0 to \$ 8,000 \$ 8,001 to \$15,000 \$15,001 to \$18,000 \$18,001 to \$35,000 d is a misdemeanor punish bject to a penalty of 25 per s true, correct and complete partment of Revenue access my Department of Human claim. Date Date	Maximum Standard Rebate \$650 \$500 \$300 \$250 able by a maximum fine cent of the entire amou to the best of my know to my federal and state Services records. This Witnesses' Signature 1. 2. Name of claimant's por	s 0 \$ 8,001 of \$1,000, a nt claimed. wledge and b Personal Inc access is fo s: If the claim	to \$ 15 to \$15 nd/or im elief, and ome Tax or verifyin ant cannot	B,000 5,000 prisonmen I this is the records, m ng the trut bit sign, but a	Maximum Rebate \$650 \$500 t for up to one only claim fi y PACE record, correctnes only makes a Please print.	led by ds, my mark.

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

