



2015

1505010056

OFFICIAL USE ONLY

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

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

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, 2015, 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

C TOTAL INCOME received by you and your spouse during 2015

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.	8.		
9. Net Rental Income or Loss If a loss, fill in this oval.	9.		
10. Net Business Income or Loss If a loss, fill in this oval.	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 and annualized income amount.	11g.		
12. TOTAL INCOME. Add only the positive income amounts from Lines 4 through 11g. See Page 3 for income limitations. Enter this amount on line 22.	12.		

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



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PA-1000 2015

Your Social Security Number

Your Name: _____

PROPERTY OWNERS ONLY

13. Total 2015 property tax. Submit copies of receipted tax bills. 13.
14. Property Tax Rebate. Enter the maximum standard rebate amount from Table A for your income level here: () | Compare this amount to line 13 and enter the lesser amount to the right. 14.

RENTERS ONLY

15. Total 2015 rent paid. Submit PA Rent Certificate and/or rent receipts 15.
16. Multiply Line 15 by 20 percent (0.20) 16.
17. Rent Rebate. Enter the maximum rebate amount from Table B for your income level here: () | Compare this amount to line 16 and enter the lesser amount to the right. 17.

OWNER - RENTER ONLY

18. Property Tax/Rent Rebate. Enter the maximum rebate amount from Table A for your income level here: () | Compare this amount to the sum of Lines 14 and 17 and enter the lesser amount to the right. 18.

DIRECT DEPOSIT. Banking rules do not permit direct deposits 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. The department will mail you a paper check. 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	<input type="checkbox"/>
Savings	<input type="checkbox"/>

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

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

22. <input style="width: 100%;" type="text"/> Enter the amount from Line 12 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.	TABLE A - OWNERS ONLY		TABLE B - RENTERS ONLY	
	INCOME LEVEL	Maximum Standard Rebate	INCOME LEVEL	Maximum Rebate
	\$ 0 to \$ 8,000	\$650	\$ 0 to \$ 8,000	\$650
	\$ 8,001 to \$15,000	\$500	\$ 8,001 to \$15,000	\$500
	\$15,001 to \$18,000	\$300		
	\$18,001 to \$35,000	\$250		

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 Human Services records. This access is for verifying the truth, correctness and completeness of the information reported in this claim.

Claimant's Signature	Date	Witnesses' Signatures: If the claimant cannot sign, but only makes a mark.	
		1. _____	
Spouse's Signature	Date	2. _____	
PREPARER: I declare that I prepared this return, and that it is to the best of my 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 claimant	Date	Telephone number of claimant's power of attorney or nearest relative.	
Preparer's Name. Please print.		Home address of claimant's power of attorney or nearest relative. Please print.	
Preparer's telephone number		City or Post Office	State ZIP Code

**Call 1-888-728-2937 to check the status of your claim or to update your address.
Deadline - June 30, 2016.**

