

PA-1000 2008

Your Social Security Number

Grid for Social Security Number: [][]-[][]-[][][][]

Your Name: _____

PROPERTY OWNERS ONLY

- 13. Total 2008 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 2008 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.

IMPORTANT. Please follow the instructions beginning on Page 8 of this booklet. Do not make additional changes to the amount of your rebate.

DIRECT DEPOSIT. If you want the Department to directly deposit your rebate check 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 20.

21. Account number 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		TABLE B - RENTERS ONLY	
INCOME LEVEL	Your maximum rebate is	INCOME LEVEL	Your maximum rebate is
\$ 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 Public Welfare 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.
PREPARER: I declare that I prepared this return, and that it is to the best of my knowledge and belief, true, correct, and complete.		2.
Preparer's Signature, if other than the claimant	Date	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.

PA-1000 Mailing Address

PA DEPT OF REVENUE
PROPERTY TAX OR RENT REBATE PROGRAM
PO BOX 280503
HARRISBURG PA 17128-0503



David R. Yarnall, Inc.

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